Disorders of the Immune Mechanism Coding Guidelines

Disorders of the immune mechanism encompass a range of chronic and often complex conditions, including autoimmune diseases, immunodeficiencies, and hypersensitivity syndromes. These conditions can have systemic impacts and require lifelong monitoring or treatment.

Proper documentation and coding of immune mechanism disorders are essential for accurate risk adjustment, treatment planning, and continuity of care. Providers should clearly identify the type of disorder, specify whether it is active or historical, and indicate its impact on current patient care. Disorders involving the immune mechanism and immunodeficiency are frequently miscoded when the cause of the immunocompromised state is medication therapy or an underlying chronic condition.

Coding Examples - Disorder of the Immune Mechanism Guidelines

ICD-10 Code	Description	Coding Guidelines	Examples
D84.821	Immunodeficiency due to drugs	Medications that interfere with the immune system. These medications include immunosuppressants, corticosteroids, and chemotherapy.	Patient with multiple myeloma is being seen for an ear infection in the left ear. They are currently being treated with chemotherapy which has caused the patient to be immunosuppressed.
D84.822	Immunodeficiency due to external causes	Caused by external factors such as exposure to radiation therapy or due to transplant status.	A patient is undergoing radiation therapy as part of their cancer treatment and develops a weakened immune system, making them more susceptible to infections.

ICD-10 Code	Description	Coding Guidelines	Examples
D84.81	Immunodeficiency due to conditions classified elsewhere	Due to a specific medical condition such as HIV, AIDS, cancers, and genetic disorders	A patient is undergoing radiation therapy as part of their cancer treatment and develops a weakened immune system, making them more susceptible to infections.
D84.89	Other immunodeficiencies	Due to any other cause that does not fit within the other immunodeficiency cause codes	A patient who has undergone a splenectomy experiences recurrent bacterial infections due to a compromised immune system. In this situation, the immunodeficiency is a known consequence of the splenectomy, but it doesn't fall under the more specific D84 codes for drug-induced or disease-related immunodeficiencies.
D89.9	Disorder involving the immune mechanism, unspecified	Use when immunodeficiency is secondary to an autoimmune condition	Patient is here for follow-up. He is immunocompromised and after testing, we are unable to determine the cause of his immunocompromised state.

ICD-10 Code	Description	Coding Guidelines	Examples
D84.9	Immunodeficiency, unspecified	Use when specific type or cause of immunodeficiency remains undetermined, while also indicating the need for further investigation to reach a more precise diagnosis.	A patient presents with a history of recurrent infections (e.g., frequent respiratory infections). Blood tests reveal low levels of immunoglobulins, confirming immunodeficiency. However, after initial investigation, the underlying cause of this immunodeficiency (cannot yet be determined. In this case, D84.9 would be the appropriate code.
Z86.2	Personal history of diseases of the blood and blood-forming organs	Use when patient does no longer have condition or active treatment for immunodeficiency.	A patient is seeing a rheumatologist for routine follow-up. They have documented history of Systemic Lupus Erythematosus, which is currently in remission. During this visit, the physician performs a check-up and orders routine lab work to monitor for any signs of disease recurrence.

FAQs

What should be included in provider documentation for immune disorders?

Documentation should clearly identify the type of immune disorder (e.g., autoimmune, immunodeficiency, hypersensitivity), its severity, whether the condition is chronic or acute, and any current treatment or monitoring. Statements such as "history of," "in remission," or "resolved" must be clearly noted to guide appropriate code selection.

What criteria can providers use to validate immune disorders?

- Review of past medical history of medical conditions and medicine therapy to evaluate if at risk.

- Complete blood count (CBC)- Cytopenia/Cell abnormalities

- Immunoglobulin levels (IgG, IgM, IgA and IgE)

- Bone marrow or lymph node biopsy to determine specific immunodeficiency disorder

How can a Provider choose the correct ICD-10 code for an immune system disorder?

Choose the most specific code available that accurately reflects the patient's diagnosis and clinical presentation.

- Documentation: Ensure documentation clearly identifies the specific immune disorder, its type (e.g., immunodeficiency, autoimmune, unspecified), and any associated manifestations or complications.

- Specific codes: Avoid using "unspecified" codes (e.g., ICD-10 Data D89.9, disorder involving the immune mechanism, unspecified) if a more precise diagnosis has been determined.

When to use codes for immunodeficiency?

Codes for immunodeficiency fall within the D80-D84 range.

- Specific immunodeficiencies: Use specific codes for conditions like hereditary hypogammaglobulinemia (D80.0) or Di George's syndrome (D82.1).

- Immunodeficiency due to external causes: If the immunodeficiency is caused by external factors such as radiation therapy or transplant status, use D84.822.

- Immunodeficiency due to drugs: Use D84.821 for immunodeficiency caused by medications like immunosuppressants, corticosteroids, and chemotherapy.

- When an autoimmune disorder is being investigated or ruled out, **do not** code the autoimmune disorder itself, including unspecified codes. Only document the definitive diagnosis of any autoimmune disorder only after it has been clinically confirmed and is being actively managed or treated. Avoid using terms indicating uncertainty, like "probable," "suspected," "likely," or "rule out."

How can you properly report autoimmune diseases?

Many autoimmune diseases have specific ICD-10 codes, often found in ranges like D80-D89 (Certain disorders involving the immune mechanism) and M30-M36 (Systemic connective tissue disorders).

- Examples: Codes exist for rheumatoid arthritis (M06.9, M05.9), systemic lupus erythematosus (M32.9, M32.10), and multiple sclerosis (G35).

- Exclusions and related conditions: Note exclusions like HIV disease (Health Alliance B20) from certain autoimmune codes and consider using additional codes for related conditions, such as organ involvement in systemic lupus erythematosus (M32.10).

When is it appropriate to use an unspecified immune disorder code (D89.9)?

Use code D89.9 (Disorder involving the immune mechanism, unspecified) only when a more specific diagnosis is unavailable after a thorough evaluation.

- Clinical Documentation: Ensure documentation justifies the use of an unspecified code, stating the reasons why a specific diagnosis could not be reached.

- Potential for Risk Adjustment Impact: Inaccurate coding, including the overuse of unspecified codes, can affect risk adjustment models used by Commercial and Medicare payers.

References:

- AAPC. (2024). ICD-10-CM complete code set 2025. AAPC.

- Centers for Medicare & Medicaid Services. ICD-10-CM Official Guidelines for Coding and Reporting (FY2025): https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf page 38.

- E4health. (2025, May 16). *CDI tips: Immunodeficiency*. https://www.e4.health/cdi-tips-immunodeficiency/