Internal Medicine Coding Alert

Reader Question: Underlying Cause Important for Coding ED

Question: Recently, our internist reviewed a male patient and made a diagnosis of erectile dysfunction. What diagnosis code should I report for this patient?

Minnesota Subscriber

Answer: You have not given details about whether the patient's erectile dysfunction (ED) is of organic origin or not. This is important as you have totally different diagnosis codes depending on this factor.

If the patient's erectile dysfunction is of organic origin, then you have to report N52.- (Male erectile dysfunction). You will have to opt for proper expansion of this code based on what physiologic condition has caused the erectile dysfunction. The code expansions that you can choose from, depending on the condition which has caused the erectile dysfunction, include:

- N52.01 (Erectile dysfunction due to arterial insufficiency)
- N52.02 (Corporo-venous occlusive erectile dysfunction)
- N52.03 (Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction)
- N52.1 (Erectile dysfunction due to diseases classified elsewhere)
- N52.2 (Drug-induced erectile dysfunction)
- N52.8 (Other male erectile dysfunction)
- N52.9 (Male erectile dysfunction, unspecified)

For instance, if the patient is suffering from ED due to arterial insufficiency, you have to choose N52.01. If the ED is due to another condition such as diabetes mellitus, you need to choose N52.1. However, when using N52.1, ICD-10-CM directs you to code first the underlying disease, so N52.1 should be the secondary diagnosis. If the ED has been caused as an adverse effect of a drug that has been prescribed for another condition, you will need to report this diagnosis of ED with N52.2. For erectile dysfunction caused after a surgical procedure, use N52.3- (Post-surgical erectile dysfunction).

If the patient's ED is not of organic origin and is more due to a mental disturbance, you need to report such a condition of ED with F52.21 (Male erectile disorder).