

ICD-10-CM
Specialty Code Set Training
Urology

2014

Module 1



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AAPC believes it is important in training and testing to reflect as accurate a coding setting as possible to students and examinees. All examples and case studies used in our study guides and exams are *actual*, *redacted* office visit and procedure notes donated by AAPC members.

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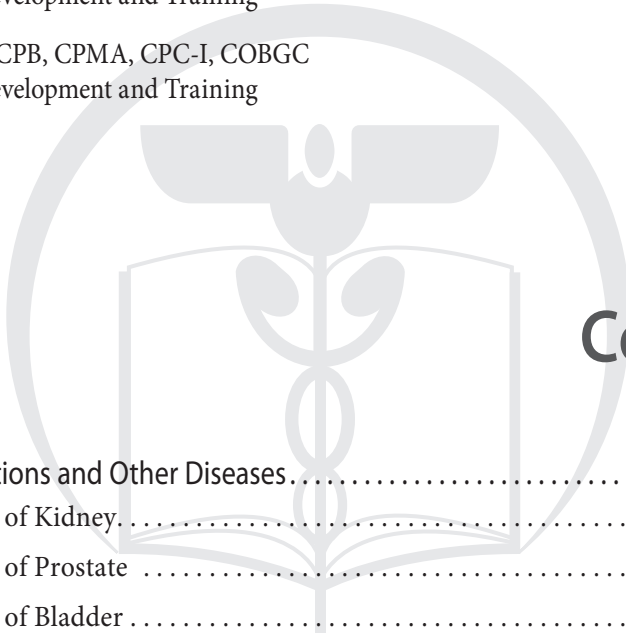
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Neoplasms/Infections and Other Diseases

ICD-10-CM chapter 2 contains codes for most benign and malignant neoplasms. To properly code neoplasms, the documentation in the medical record must indicate if the neoplasm is benign, in situ, malignant, or of uncertain histologic behavior. If there is a malignancy, the secondary (metastatic) site should also be reported as it is currently with ICD-9-CM.

As in ICD-9-CM there is a separate Table of Neoplasms. The codes should be selected from the table. The guidelines in ICD-10-CM (I.C.2) state; “If the histology (cell type) of the neoplasm is documented, that term should be referenced first, in the main section of the Index, rather than going immediately to the Neoplasm Table, in order to determine which column in the Neoplasm Table is appropriate.” Specific terms include: adenocarcinoma, sarcoma, leiomyoma, and transitional cell carcinoma.

Also, as in ICD-9-CM, the Neoplasm Table is broken down by type (malignant, benign, uncertain, and unspecified) and site. But the sites are much more specific in ICD-10-CM, so there are many more codes available for reporting purposes. The coder needs to be mindful of these additional choices for multiple reasons, including: to ensure that the codes reported to the payer are at the highest level of specificity and to ensure that the correct codes are tracked for research and public health purposes.

Urologic cancers include cancers of the bladder, kidney, prostate, and testicles.

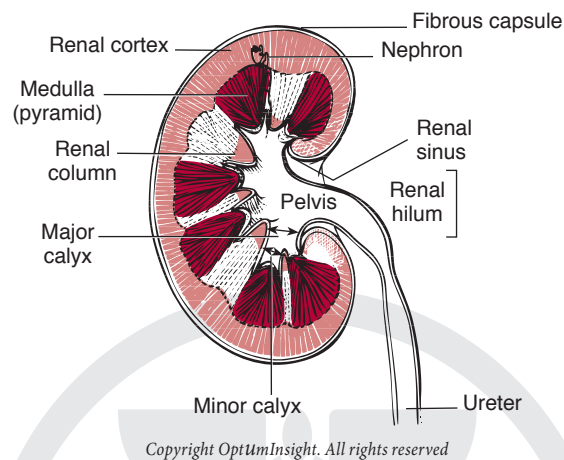
Neoplasm of Kidney

The kidneys are fist-sized organs whose major function is to remove waste products and excess fluids from the body through urine. Each kidney contains more than one million nephrons, which are microscopic tubules that make urine. The kidneys perform the following functions:

- Remove waste products,
- Remove drugs from the body,
- Balance the body’s fluids,
- Release hormones that regulate blood pressure,
- Produce an active form of vitamin D that promotes strong, healthy bones, and
- Control the production of red blood cells.

There are three distinct portions of the kidney: the renal cortex, the renal medulla, and the renal pelvis. The renal cortex is the reddish, smooth outer portion. The Bowman’s capsules are located in the cortex, which serve as a filter to remove organic waste, excess inorganic salts, and water. The renal medulla is the inner portion consisting mostly of collecting tubules (minute canals that secrete, collect, and conduct urine) organized into a group of structures called the renal pyramids. There are 5–18 of these striated triangular structures that comprise the medulla. The renal pelvis is a funnel-shaped basin into which urine is discharged before passing into the ureter, formed by the renal calyces. The renal calyx has two divisions: the minor renal calyx that drains into a larger

major renal calyx. The renal calices carry urine from the renal pyramid in the medulla to the renal pelvis for excretion through the ureters.



According to the American Cancer Society, renal cancer is among the 10 most common cancers in both men and women. The most common type of kidney cancer is renal cell carcinoma, which starts in the lining of the tubules in the kidney. Other types are renal pelvis cancer and Wilms tumor, which is a type of kidney cancer that develops in children under the age of five.

In ICD-10-CM, there are only two categories of codes for kidney cancer, C64 and C65:

- C64.1 Malignant neoplasm of right kidney, except renal pelvis;
- C64.2 Malignant neoplasm of left kidney, except renal pelvis;
- C64.9 Malignant neoplasm of unspecified kidney, except renal pelvis;
- C65.1 Malignant neoplasm of right renal pelvis;
- C65.2 Malignant neoplasm of left renal pelvis; and
- C65.9 Malignant neoplasm of unspecified renal pelvis

Category C65 has an Includes note that states it includes malignant neoplasm of pelviureteric junction, and malignant neoplasm of renal calyces.

There is also a code, C7A.093, for malignant carcinoid tumor of the kidney. A carcinoid tumor is a low-grade malignant tumor that originates from neuroendocrine cells and is extremely uncommon.

EXAMPLE

A patient presents with abdominal pain. Abdominal CT reveals a 7.5 X 8 cm mass in the lower pole of the left kidney and a 4.7 X 4.1 cm mass in the mid to upper pole of the right kidney. After further testing, the patient is diagnosed with renal cell carcinoma of both kidneys.

C64.1 Malignant neoplasm of right kidney, except renal pelvis

C64.2 Malignant neoplasm of left kidney, except renal pelvis

The other codes for neoplasm of the kidneys are:

- C79.0- Secondary malignant neoplasm of kidney and renal pelvis,

- D09.19 Carcinoma in situ of other urinary organs,
- D30.0- Benign neoplasm of kidney,
- D30.1- Benign neoplasm of renal pelvis,
- D41.0- Neoplasm of uncertain behavior of kidney,
- D41.1- Neoplasm of uncertain behavior of renal pelvis, and
- D49.5 Neoplasm of unspecified behavior of other genitourinary organs.

EXAMPLE

A woman presents with vague discomfort in her right flank and microscopic hematuria. Imaging studies indicate a solid mass in the right renal pelvis. Further diagnostics confirm this to be benign.

D30.11 Benign neoplasm of right renal pelvis

Neoplasm of Prostate

The prostate is a gland in men that surrounds the urethra. It helps make semen and is about the size of a walnut in a young male, but grows as a man ages. Prostate cancer is common in older men, but rare in men younger than 40. Symptoms include: problems passing urine, like pain, difficulty starting or stopping the stream of urine, or urine dribbling; low back pain; and pain with ejaculation. Prostate cancer is the most common in American men with one out of every 10 men to develop the disease at some point in his life.

ICD-10-CM contains a limited number of codes for neoplasms of the prostate:

- C61 Malignant primary,
- C79.82 Malignant secondary,
- D07.5 Carcinoma in situ,
- D29.1 Benign,
- D40.0 Uncertain behavior, and
- D49.5 Unspecified behavior.

There are also codes in the Neoplasm Table under *Prostate* for the prostatic utricle (Latin for pouch). This is a small, epithelium-lined diverticulum near the prostate that opens into the urethra, and is a rare site for cancer. The Neoplasm Table lists code C68.0 for primary malignant neoplasm of the utricle. The descriptor of the code is malignant neoplasm of the urethra, as the utricle is not technically part of the prostate. There are also codes in the Table for the utricle (secondary, carcinoma in situ, etc) also code to the urethra.

EXAMPLE

A 64-year-old man presents with increased frequency, dribbling, and nocturia. He also complains of increasing low back pain. On digital rectal exam, he is noted to have a hard nodule in the right lobe of his prostate and a PSA of 18.6. A biopsy reveals a high-grade adenocarcinoma. An MRI scan showed bony metastasis to L2 and L3.

C61 Malignant neoplasm of prostate

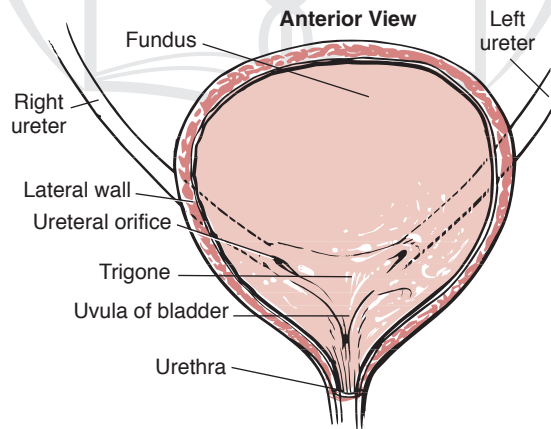
C79.51 Secondary malignant neoplasm of bone

Neoplasm of Bladder

The urinary bladder serves as a muscular urine reservoir that sits behind the pubis symphysis in the pelvis. The bladder functions through involving musculoskeletal, neurologic, and psychological functions to allow it to fill and empty its contents. Bladder cancer is the fourth most common cancer among men and the ninth most common among women in the United States.

Cancer can occur in any portion of the bladder:

- Trigone (C67.0): The trigone of the bladder is a triangle region on the posterior wall. Two ureteric orifices and the internal urethral orifice mark the three points.
- Dome (C67.1): The dome of the bladder is the superior surface (or roof) of the bladder.
- Lateral wall (C67.2): The lateral walls are on either side of the trigone.
- Anterior wall (C67.3): The front wall of the bladder.
- Posterior wall (C67.4): The back wall of the bladder.
- Bladder neck (C67.5): The bladder neck is the portion on the floor of the bladder where the urethra begins.
- Ureteric orifice (C67.6): The two ureteric orifices are openings of the ureters in the bladder, situated at each lateral angle of the trigone.
- Urachus (C67.7): The urachus is a remnant of a channel between the bladder and the umbilicus, which normally disappears before birth, but remains in some people. Urachal cancer is very rare, making up less than one percent of all bladder cancers.
- Overlapping sites (C67.8).



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EXAMPLE

A patient presents with hematuria for the past three years. It is recurring, usually once or twice a month during activities. The hematuria does not affect the urination process, though it comes and goes by itself. He has no discomfort urinating, no back discomfort, and no lumbar pain. His father had bladder cancer. A CT of the bladder indicates a cauliflower-like lump that measures 4.2 X 3.1 cm mass. Biopsy confirms cancer of the anterior wall.

C67.3 Malignant neoplasm of anterior wall of bladder

Z80.52 Family history of malignant neoplasm of bladder

The other codes for the neoplasms of the bladder are:

- C79.11 Secondary malignant neoplasm of bladder,
- D09.0 Carcinoma in situ of bladder,
- D30.3 Benign neoplasm of bladder,
- D41.4 Neoplasm of uncertain behavior of bladder, and
- D49.4 Neoplasm of unspecified behavior of bladder.

EXAMPLE

A patient presents for evaluation. He originally was seen by his family physician for increased urination and was found to have microscopic hematuria. Patient is a current cigarette smoker with a 2 pack per day habit. Cystoscopic biopsy reveals carcinoma in situ of the bladder.

D09.0 Carcinoma in situ of bladder

F17.210 Nicotine dependence, cigarettes, uncomplicated

Neoplasm of Testicles

The testicles (also called testes or gonads) are male sex glands that produce sperm and are the main source of testosterone in men. They sit under the penis in the scrotum. Among men age 15 to 44, testicular cancer is the most common. Overall, they account for only one percent of all cancers in men in the United States.

The codes in ICD-10-CM for testicular neoplasms are separated by whether the testicle is descended, undescended, or unspecified as to whether descended or undescended and include laterality:

- Subcategory C62.0- Malignant neoplasm of undescended testis;
- Subcategory C62.1- Malignant neoplasm of descended testis; and
- Subcategory C62.9- Malignant neoplasm of testis, unspecified as to whether descended or undescended.

There is an instructional note under category C62 states to use an additional code to identify any functional activity, giving sequencing guidance.

The codes for all other neoplasms of the testis(es) is the same whether descended or undescended:

- C79.82, Secondary malignant neoplasm of genital organs,
- D07.69, Carcinoma in situ of other male genital organs,
- D29.20, Benign neoplasm of unspecified testis,
- D29.21, Benign neoplasm of right testis,
- D29.22, Benign neoplasm of left testis,
- D40.10, Neoplasm of uncertain behavior of unspecified testis
- D40.11, Neoplasm of uncertain behavior of right testis,
- D40.12, Neoplasm of uncertain behavior of left testis, and
- D49.5, Neoplasm of unspecified behavior of other genitourinary organs.

EXAMPLE

Jon, a 30-year-old patient presents to the office. He complains of recent, mild bilateral breast enlargement and tenderness. He further states that about 2 months ago, he began to get a dull ache and sensation of heaviness in his right testicle. He was born with both testes descended. On physical exam, a 3.5 cm nodule was noted in the right testis. X-ray and CT of the chest are unremarkable. Right radial inguinal orchiectomy is performed and the patient is diagnosed with testicular cancer.

C62.11 Malignant neoplasm of descended right testis

Z90.79 Acquired absence of other genital organ(s)

History of Cancer

An important guideline to discuss with providers is the one regarding the assignment of a code for a current malignancy versus a code for history of malignancy (I.C.2.m). When a primary malignancy has been excised but further treatment, such as additional surgery for the malignancy, radiation therapy or chemotherapy is directed at the site, the primary malignant code should be used until treatment is completed. This portion of the guideline is clear and does not cause many issues. If the cancer is still present, or is still being treated, it needs to be coded as still existing.

When a primary malignancy has been previously excised or eradicated from its site, there is no further treatment (of the malignancy) directed to that site, and there is no evidence of any existing primary malignancy, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy. This is an important portion of the guideline to ensure the provider understands. It seems straightforward, but many factors need to be considered in the office/facility in regards to this. How are certain drugs regarded as far as cancer is concerned (prophylactic versus treatment)? This guideline is the same as the current ICD-9-CM guidelines in reference to current malignancy versus history of malignancy.

EXAMPLE

Ron comes in to the clinic with a complaint of urinary frequency and lower abdominal cramping. He has a history of left kidney cancer with nephron-sparing surgery 10 years ago. Cystoscopy is performed and reveals a mass in the bladder (the cause of his recent complaints) that is biopsied and sent for pathology.

N32.9 Bladder disorder, unspecified

Z85.528 Personal history of other malignant neoplasm of kidney

Urinary Tract Infections (UTI) and Inflammation

A UTI can occur anywhere in the urinary system—kidneys (pyelonephritis), ureters (ureteritis), bladder (cystitis), or urethra (urethritis). Bacteria are the most common cause of UTI, with *Escherichia coli* (*E. coli*) being the most common infectious agent. Urinary tract infections are the second most common type of infection in the body. Women are more prone to UTIs because the female urethra is shorter (allowing bacteria quicker access to the bladder) and the urethral opening is near the anus and vagina (sources of bacteria). A woman's chance of having a UTI is greater than 50 percent. UTIs account for approximately 8.1 million visits to healthcare providers each year.

The codes for urinary tract infections and inflammation in ICD-10-CM are grouped by site, additionally broken down by temporal parameters and whether or not hematuria is present. They include:

- Acute cystitis (N30.00 without hematuria and N30.01 with hematuria): Infection of the bladder, usually bacterial in nature;
- Interstitial cystitis (N30.10 without hematuria and N30.11 with hematuria): Chronic condition that results in recurring discomfort or pain in the bladder and the surrounding pelvic region. It may also be referred to as painful bladder syndrome;
- Other chronic cystitis (N30.20 without hematuria and N30.21 with hematuria);
- Trigonitis (N30.30 without hematuria and N30.31 with hematuria): Although the name suggests inflammation of the trigone, it is actually a metaplastic (changing of one tissue into another) process. The cause is unknown, but usually occurs in response to an irritative or infectious process;
- Irradiation cystitis (N30.40 without hematuria and N30.41 with hematuria): Inflammation of the urinary bladder following radiation therapy of pelvic organs;
- Other cystitis (N30.80 without hematuria and N30.81 with hematuria);
- Nonspecific urethritis (N34.1): Inflammation of the urethra due to an unknown cause (sometimes called non-gonococcal urethritis); and
- Other urethritis (N34.2): The examples under this code include urethral meatitis, postmenopausal urethritis, ulcer of urethra, and urethritis NOS.

There is an instructional note with all of these codes that states to use an additional code to identify the infectious agent.

EXAMPLE

Janet presents for bladder instillation for her chronic interstitial cystitis with associated hematuria. She states she is in a lot of discomfort and says she cannot function on a daily basis and care for her children in this condition. She was given 10 mg of morphine subcutaneously for comfort during the procedure. The bladder was instilled with lidocaine gel, and after a 10-minute wait, DMSO (Dimethyl Sulfoxide), Kenalog, heparin, and sodium bicarbonate. The catheter was removed and the solution retained for one hour, with changing position every 15 minutes. Patient tolerated the procedure well.

N30.11 Interstitial cystitis (chronic) with hematuria

EXAMPLE

Monica presents for a follow-up visit for urethritis. Patient originally presented with complaints of burning, urgent urination, abdominal pain, and fever/chills. Urine culture revealed *E. coli*. She has completed her course of antibiotics and presents for a repeat urine culture. Will call with results.

N34.1 Nonspecific urethritis

B96.20 Unspecified *Escherichia coli* as the cause of diseases classified elsewhere

Kidney Disease/Disorders

Urologists treat many types of kidney diseases and disorders. For purposes of this manual hydronephrosis, chronic kidney disease, and kidney failure will be addressed. Calculus of the kidneys will be addressed in a separate section with other types of calculi.

Hydronephrosis

Hydronephrosis is a dilation of the kidney with urine, caused by backward pressure on the kidney when urinary flow is obstructed. It usually occurs due to an obstruction at the ureteropelvic junction. Causes include structural abnormalities (congenital obstruction), kidney ptosis (kidney shifts downward and causes a kinking at the ureteropelvic junction), and renal pelvis stones that cause blockage. Hydronephrosis can also result from obstruction below the junction or from urine reflux in the bladder. These conditions could be caused by stones or blood clots in the ureter, tumor near the ureter, or an ureterocele.

The codes for noncongenital hydronephrosis are located in category N13, *Obstructive and reflux uropathy*:

- Hydronephrosis with ureteral stricture, not elsewhere classified (N13.1);
- Hydronephrosis with renal and ureteral calculous obstruction (N13.2);
- Unspecified hydronephrosis (N13.38);
- Other hydronephrosis (N13.39); and
- Pyonephrosis (N13.6): hydronephrosis with infection.
 - There is an instructional note for this code that states to use an additional code (B95–B97) to identify the infectious agent.

Congenital hydronephrosis is coded to Q62.0.

There is an *Excludes2* listing for category N13, which includes: calculus of kidney and ureter without hydronephrosis; congenital obstructive defects of renal pelvis and ureter; hydronephrosis with ureteropelvic junction obstruction; and obstructive pyelonephritis. According to the guidelines (I.A.12.b), this indicates that these conditions are not part of the conditions represented in category N13, but a patient may have both conditions at the same time. When that occurs, it is acceptable to report both codes when the documentation supports it.

EXAMPLE

A patient presents with lower left back pain that is intermittent and sharp. She also has periodic fevers. Abdominal X-ray was negative, but IVP indicates moderate hydronephrosis of the left kidney with an obstruction in the ureter near the junction. The right kidney was unremarkable.

N13.1 Hydronephrosis with ureteral stricture, not elsewhere classified

Chronic Kidney Disease (CKD)

Chronic kidney disease is characterized by the gradual loss of kidney function over time. The kidneys have decreased ability to filter blood as well as possible, which can cause waste to build up in the body and lead to other health issues, like cardiovascular disease, anemia, and bone disease.

The Centers for Disease Control and Prevention (CDC) estimates more than 10 percent of people aged 20 and over in the United States have CKD, more than 35 percent of people aged 20 and over with diabetes have CKD, and more than 20 percent of people aged 20 and over with hypertension have CKD. It is usually irreversible and over time can lead to end stage renal disease (ESRD), for which the only treatment options are dialysis or kidney transplant.

ESRD is when the kidneys are no longer able to provide waste removal for the body. The leading causes of ESRD are diabetes and hypertension, but glomerulonephritis, hereditary kidney disease, and malignancies also are factors.

As in ICD-9-CM, the codes for CKD in ICD-10-CM are based on severity, designated by stage. The stages are mainly based on measured or estimated GFR (glomerular filtration rate), which estimates how much blood passes through the tiny filters in the kidneys (glomeruli) each minute. It indicates how well the kidneys are filtering creatinine (waste produced by the muscles). When the kidneys are not functioning properly, creatinine builds up in the blood.

The codes are located in category N18:

- N18.1 Chronic kidney disease, stage 1,
- N18.2 Chronic kidney disease, stage 2 (mild),
- N18.3 Chronic kidney disease, stage 3 (moderate),
- N18.4 Chronic kidney disease, stage 4 (severe),
- N18.5 Chronic kidney disease, stage 5,
- N18.6 End stage renal disease, and
- N18.9 Chronic kidney disease, unspecified.

The National Kidney Foundation Kidney Disease Outcomes Quality Initiative (NKF KDOQI) has provided evidence-based clinical practice guidelines for all stages of CKD, including a staging template for CKD based on the GFR:

Stage	GFR*	Description	Treatment stage
1	90+	Normal kidney function but urine findings or structural abnormalities or genetic trait point to kidney disease	Observation, control of blood pressure. More on management of Stages 1 and 2 CKD.
2	60-89	Mildly reduced kidney function, and other findings (as for stage 1) point to kidney disease	Observation, control of blood pressure and risk factors. More on management of Stages 1 and 2 CKD.
3A	45-59	Moderately reduced kidney function	Observation, control of blood pressure and risk factors. More on management of Stage 3 CKD.
3B	30-44		
4	15-29	Severely reduced kidney function	Planning for endstage renal failure. More on management of Stages 4 and 5 CKD.
5	<15 or on dialysis	Very severe, or endstage kidney failure (sometimes call established renal failure)	Treatment choices. More on management of Stages 4 and 5 CKD.

There are other factors to consider when coding CKD that may affect the sequencing of the codes reported. The instructional notes at the beginning of the category state to code first any associated diabetic chronic kidney disease or hypertensive chronic kidney disease. The guidelines (I.C.14.3) confirm this as they state, “The sequencing of the CKD code in relationship to codes for other contributing conditions is based on the conventions in the Tabular List.” The codes for diabetic chronic kidney disease (E08.22, E09.22, E10.22, E11.22, E13.22) and the codes for hypertensive chronic kidney disease (I12.-, I13.-) all have an instructional note to use an additional code to identify the stage of chronic kidney disease.

Category N18 also states to use an additional code to identify kidney transplant status, if applicable with code Z94.0. This relates to guideline (I.C.14.2) which acknowledges that patients that have undergone kidney transplant may still have some form of CKD because the kidney transplant may not fully restore kidney function. It also makes it clear that the presence of CKD in a transplant patient does not, by itself, denote a transplant complication. If the documentation is unclear as to whether the patient has a complication of the transplant, the provider should be queried.

There is an important *Excludes1* note for code N18.5 that states if the patient has CKD Stage 5 that requires chronic dialysis, it should be coded to N18.6, *End stage renal disease*

Under code N18.6 it also states to use an additional code to identify dialysis status with code Z99.2 (dependence on renal dialysis).

EXAMPLE

A 75-year-old patient presents for evaluation. He has stage 3 CKD and hypertension. He now has anemia of renal disease. He is feeling weak and tired. His GFR is at 31mL/min. He has no hematuria, foamy urine, pyuria, frequency, dysuria, weak stream or dribbling. His last creatinine was 2.2.

CKD stage 3

Hypertension. Well controlled. Cozaar dosage unchanged.

Anemia of renal disease. Will start on Aranesp 60 mcg every two weeks.

See him back in 3 months.

I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

N18.3 Chronic kidney disease, stage 3

D63.1 Anemia in chronic kidney disease

In this example, the instructional note under I12.9 and category N18 indicates the hypertension code should be first listed. Under the code for anemia (D63.1) it states to code first the chronic kidney disease. This creates the order of the codes listed above: hypertension, CKD, anemia.

EXAMPLE

Laura presents to the clinic. She is a 55-year-old diabetic patient with diabetic chronic kidney disease. She is overweight with a BMI at 29, not exercising, and not following her dietary regimen planned for her by the dietitian. She was diagnosed in her teens and states that she was used to eating whatever she wanted and has trouble sticking to her plan. I informed her that her GFR results have been declining and are now at 28, which makes her CKD stage 4.

E11.22 Type 2 diabetic chronic kidney disease

N18.4 Chronic kidney disease, stage 4

E66.3 Overweight

Z68.29 Body mass index (BMI) 29.0-29.9, adult

Z91.11 Patient's noncompliance with dietary regimen

In this example, the instructional note under E11.22 and the category N18 indicates the diabetes code should be first listed. Under the code for overweight (E66.3) it states to code the BMI, if known. The patient was also noted to be noncompliant with the dietary regimen given to her by the dietitian.

EXAMPLE

Vera presents to the clinic. She had a kidney transplant 30 years ago and has not been feeling well, noting some edema and weight loss. Her test results are discussed, showing an increase in BUN and creatinine and a GFR of 60. She is diagnosed with CKD stage 2.

N18.2 Chronic kidney disease, stage 2

Z94.0 Kidney transplant status

Patients with chronic kidney disease usually have other conditions that need to be considered when coding. A thorough understanding of the guidelines will ensure appropriate coding and sequencing when reporting these cases.

Acute Kidney Failure

Acute kidney failure occurs when the kidneys suddenly stop functioning properly. There are three main causes of acute renal failure:

- Sudden, serious drop in blood flow to the kidneys: Heavy blood loss, an injury, sepsis, or dehydration may be the cause
- Damage from medications: Some medications that may harm the kidneys include antibiotics, pain medications, and antihypertensive medications
- Sudden blockage that prevents urine from flowing from the kidneys: kidney stones, tumor, injury, or an enlarged prostate may be the cause

The codes for acute kidney failure are located in category N17 in ICD-10-CM:

- N17.0 Acute kidney failure with tubular necrosis: Tubular necrosis is usually caused by lack of oxygen to the kidney tissues. It may also be caused by damage to the kidneys from poison or harmful substance. The tissues in the tubules become damaged or destroyed;
- N17.1 Acute kidney failure with acute cortical necrosis: Rare cause of acute renal failure in which there is ischemic necrosis of the renal cortex;
- N17.2 Acute kidney failure with medullary necrosis: Also called renal papillary necrosis. Occurs with coagulative necrosis of the renal medullary pyramids and papillae (the location where the medullary pyramids empty urine into the minor calyx);
- N17.8 Other acute kidney failure; and
- N17.9 Acute kidney failure, unspecified.

There is an instructional note under category N17 that states to code also the associated underlying condition, indicating that the sequencing of the codes will be dependent upon the main reason for the visit as documented.

EXAMPLE

Urology is called for an inpatient consultation for acute renal failure with tubular necrosis. A postoperative patient was found to have a rising BUN and creatinine. An ultrasound revealed the patient to have a postoperative ureteral stricture.

N99.0 Postprocedural urethral stricture

N17.0 Acute kidney failure with tubular necrosis

NOTE: There is an *Excludes2* listing for code block N17-N19 *Acute kidney failure and chronic kidney disease* which includes: congenital renal failure; drug- and heavy-metal-induced tubulointerstitial and tubular conditions; extrarenal uremia; hemolytic-uremic syndrome; hepatorenal syndrome; postpartum hepatorenal syndrome; posttraumatic renal failure; prerenal uremia; renal failure complicating abortion or ectopic or molar pregnancy; renal failure following labor and delivery; and postprocedural renal failure. According to the guidelines (I.A.12.b), this indicates that

these conditions are not part of the conditions represented by code block N17-N19, but a patient may have both conditions at the same time. When that occurs, it is acceptable to report both codes when the documentation supports it.

