ICD-10-CM
Specialty Code Set Training
Gastroenterology

2014

Module 1

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Clinical Examples Used in this Book

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.

To preserve the *real world* quality of these notes for educational purposes, we have not re-written or edited the notes to the stringent grammatical or stylistic standards found in the text of our products. Some minor changes have been made for clarity or to correct spelling errors originally in the notes, but essentially they are as one would find them in a coding setting.

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Specificity in Code Selection

One of the reasons that we are transitioning to ICD-10-CM is the increased specificity to enable conditions to be clearly indicated. Care must be taken to ensure that providers and coders understand where the code set has expanded to be able to capture that information and denote it on a claim. Specificity issues include laterality, time parameters, site, and expansion of certain conditions under ICD-10-CM.

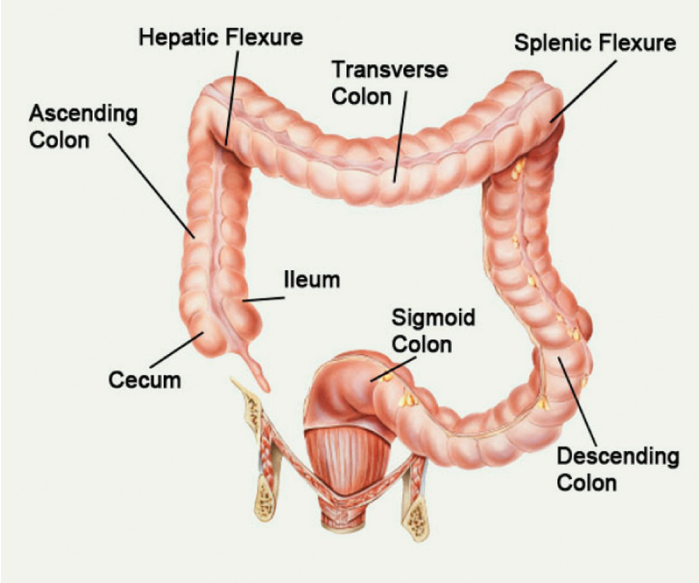
Neoplasms

ICD-10-CM offers greater specificity in this subcategory. When coding for neoplasms the choices include:

- Morphology
  - Malignant
    - Primary
    - Secondary
    - Carcinoma in Situ
  - Benign
  - Uncertain behavior
  - Unspecified
- Site
- Laterality
- Contributing Factors
  - Exposure to environmental tobacco smoke
  - Exposure to tobacco smoke in the perinatal period
  - History of tobacco use
  - Occupational exposure to environmental tobacco smoke

Colorectal Neoplasms

Colorectal cancer starts in the lining of the bowel. If left untreated, it can grow into the muscle layers underneath, and then through the bowel wall. Most begin as a small growth on the bowel wall: a colorectal polyp or adenoma. These growths are usually benign, but some develop into cancer over time.



Source: AAPC

Many physicians document by centimeters on procedures involving the colon.

- Anus 0–4 cm
- Rectum 4–16 cm
  - Upper third is covered by peritoneum; the lower third is not and it is also called the rectal ampulla
- Rectosigmoid 15–17 cm
  - From the anal verge
- Sigmoid 17–57 cm
  - Loop extending distally from border of left posterior major psoas muscle
- Descending 57–82 cm
  - Approximately 10–15 cm long and located behind the peritoneum
- Transverse 82–132 cm
  - Lies anteriorly in the abdomen and attached to the gastrocolic ligament
- Ascending 132–147 cm
  - Approximately 20–25 cm long and located behind the peritoneum
- Cecum 150 cm
  - Approximately 6x9 cm pouch covered with peritoneum

In ICD-10-CM the codes for neoplasms are site specific.

EXAMPLE

C18.0 Malignant neoplasm of cecum

C18.1 Malignant neoplasm of appendix

C18.2 Malignant neoplasm of ascending colon

C18.3 Malignant neoplasm of hepatic flexure

C18.4 Malignant neoplasm of transverse colon

C18.5 Malignant neoplasm of splenic flexure

C18.6 Malignant neoplasm of descending colon

C18.7 Malignant neoplasm of sigmoid colon

C18.8 Malignant neoplasm of overlapping sites of colon

C18.9 Malignant neoplasm of colon, unspecified

A benign neoplasm of the colon (adenomatous colon polyp) is coded to the subcategory of D12 according to the sites listed above as defined by the fourth character.

EXAMPLE

During a screening colonoscopy, Dr. Smith removes a polyp from the descending colon. Pathology reports confirm it is benign.

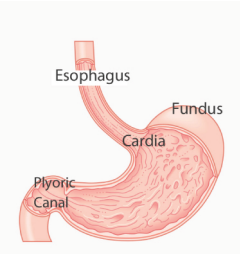
ICD-10-CM: D12.4 Benign neoplasm of descending colon

A polyp of the colon that is not considered adenomatous (D12.6), inflammatory (K51.4), or polyposis of colon (D12.6) and has no further definition is simply coded K63.5 for polyp of colon.

Adenomatous polyps may develop into cancer over time and they are coded in the neoplasm chapter. Inflammatory and simple benign polyps are coded in the diseases of the digestive system chapter.

Upper GI Neoplasms

Cancers of the esophagus, stomach, and small intestine are referred to as upper gastrointestinal tract (UGI) cancers. These cancers represent the second most common site of digestive system cancers.



Source: AAPC

There are two main types of esophageal cancer. The majority of cancers in the upper two thirds of the esophagus are squamous cell carcinomas. Adenocarcinomas start in glandular tissues and usually occur in the lower esophagus near the stomach.

Stomach or gastric cancers can develop in any part of the stomach and may spread throughout the stomach and other organs. Most stomach cancers are adenocarcinomas that arise in the glandular cells.

Cancer of the small intestine is rare and the majority of these are adenocarcinomas and most commonly start in the duodenum, jejunum, and the small intestine near the stomach. Adenocarcinoma of the small intestine is usually associated with Crohn's disease and celiac disease as well as familial polyposis syndromes.

Leiomyosarcomas most often occur in the ileum and some are carcinoid tumors.

Neoplasms of the Pancreas

Pancreas cancer can occur in the cells lining the ducts or in the islet cells. The pancreas is a digestive organ and has two main jobs in the body: produce juices that help digest food and to produce hormones, such as insulin and glucagon that help control blood sugar levels. These hormones help the body use and store the energy it gets from food.

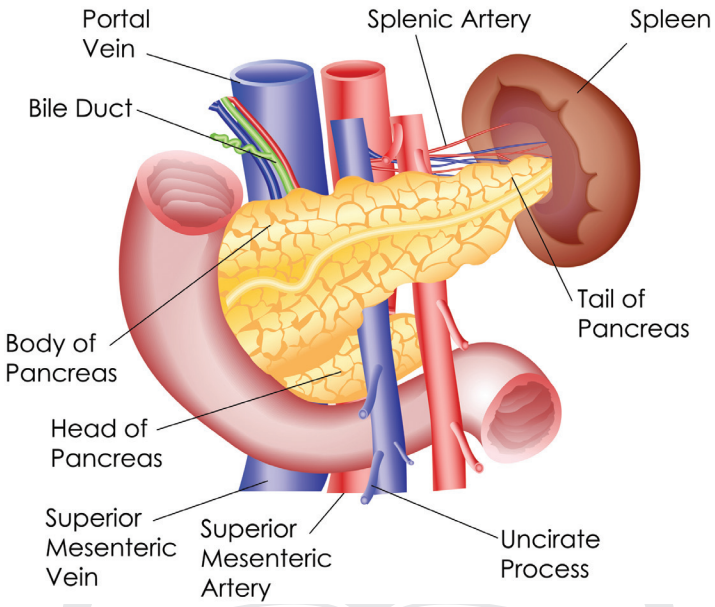
The pancreas is a thin pear-shaped gland, lying on its side, which is about 6 inches long. The pancreas is located in the upper abdomen surrounded by the stomach small intestine, liver, spleen, and gallbladder. It has three areas:

- Head—wider end
- Body—middle section
- Tail—narrow end

Pancreatic ductal adenocarcinoma accounts for 90 percent of cancers of the pancreas. Pancreatic cancer is the fourth and fifth most common cancer in men and women, respectively. It accounts for more than 30,000 new cases and 20,000 cancer-related deaths each year. Most patients are older than 60 years. It has the lowest five-year survival of any cancer, reflecting late diagnosis and low resection rates.

Pancreatic cancer is aggressive. Of pancreatic cancers, 60 percent develop in the pancreatic head and 40 percent develop in the body and tail. Symptoms include abdominal pain, anorexia, weight loss, and jaundice.

The American Cancer Society reports that only about 23 percent of patients with cancer of the exocrine pancreas are still living one year after diagnosis. Only about 4 percent are still living five years after being diagnosed.



Source: AAPC

Malignant neoplasms of the pancreas are assigned codes from the category C25 and the location of the neoplasm is essential for proper assignment.

Codes are broken down as:

C25.0 Malignant neoplasm of head of pancreas

C25.1 Malignant neoplasm of body of pancreas

C25.2 Malignant neoplasm of tail of pancreas

C25.3 Malignant neoplasm of pancreatic duct

C25.4 Malignant neoplasm of endocrine pancreas

C25.7 Malignant neoplasm of other parts of pancreas

C25.8 Malignant neoplasm of overlapping sites of pancreas

C25.9 Malignant neoplasm of pancreas, unspecified

EXAMPLE

A patient was diagnosed with operable adenocarcinoma of the pancreas tail.

C25.2 Malignant neoplasm of tail of pancreas

EXAMPLE

The patient is a 62-year-old male with long time alcohol dependence who recently presented with an obstructive jaundice and concerns for a pancreatic mass. He underwent an endoscopic ultrasound yesterday revealing a mass in the body of the pancreas. Cytology revealed malignant cells.

C25.1 Malignant neoplasm of body of pancreas

F10.20 Alcohol dependence, uncomplicated

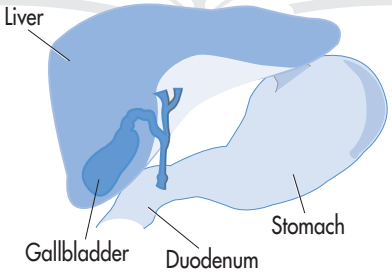
CODING TIP:

When coding for malignant neoplasm of the pancreas there is an instructional note that states: Use additional code to identify: alcohol abuse and dependence (F10.-).

Cirrhosis of Liver

The liver is the largest solid organ in the body. The liver is located on the right side and is made up of two large sections, right and left lobes. The liver is protected by the rib cage. The liver has a wide range of functions:

- Make proteins
- Help fight infections
- Cleans the blood
- Helps digest food
- Stores a form of sugar that your body uses for energy



Cirrhosis is a slow progressing scarring of the liver where healthy tissue is replaced by scar tissue which prevents the liver from functioning properly. The most common causes of cirrhosis of the liver are fatty liver, hepatitis, and alcohol abuse. According to the National Institutes of Health, cirrhosis is the 12th leading cause of death by disease.

ICD-10-CM offers greater specificity in this subcategory. When coding for the cirrhosis of the liver the choices include:

K74.60 Unspecified cirrhosis of liver

K74.69 Other cirrhosis of liver

Cryptogenic cirrhosis (of liver)

Macronodular cirrhosis (of liver)

Micronodular cirrhoisis (of liver)

Mixed type cirrhosis (of liver)

Portal cirrhosis (of liver)

Postnecrotic cirrhosis (of liver)

EXAMPLE

A 63-year-old man presents with progressive weakness, abdominal discomfort, and jaundice. He has no history of, or risk factors for viral hepatitis and he has no history of drinking alcohol. Ultrasound showed hepatosplenomegaly and a small amount of ascities. A liver biopsy showed micronodular cirrhosis.

K74.69 Other cirrhoisis of liver

When coding for the alcoholic cirrhosis of the liver the choices include:

K70.30 Alcoholic cirrhosis of liver without ascities

K70.31 Alcoholic cirrhosis of liver with ascities

EXAMPLE

A 52-year-old man presents to the GI office with new onset jaundice and ascities. He has been a heavy drinker of vodka for 18 years and is dependent.

K70.31 Alcoholic cirrhosis of liver with ascities

F10.20 Alcohol dependence, uncomplicated

CODING TIP

When coding for alcoholic cirrhosis of the liver there is an instructional note that states: Use additional code to identify: alcohol abuse and dependence (F10.-).

Foreign Bodies

A foreign body in the esophagus and GI tract is any object that does not belong in the esophagus and GI tract that becomes stuck there. There are many causes of foreign bodies in the esophagus and GI tract with a number of factors such as age, complications, and injury.

Esophagus

The largest cause of foreign bodies in the esophagus is food impactions.

In ICD-10-CM the codes for foreign body of esophagus are coded by type of contents and the complication it is causing.

T18.100- Unspecified foreign body in esophagus causing compression of trachea

T18.108- Unspecified foreign body in esophagus causing other injury

T18.110- Gastric contents in esophagus causing compression of trachea

T18.118- Gastric contents in esophagus causing other injury

T18.120- Food in esophagus causing compression of trachea

T18.128- Food in esophagus causing other injury

T18.190- Other foreign object in esophagus causing compression of trachea

T18.198- Other foreign object in esophagus causing other injury

EXAMPLE

A 68-year-old man presents to the ED with increasing shortness of breath. The patient was eating dinner when he felt like he had a piece of meat "stuck." He has been coughing to try to get it unstuck but it is still there and now the shortness of breath is getting worse. GI was consulted and after testing was completed it is determined the patient is experiencing compression of his trachea due to food in his esophagus. The patient will have endoscopy to remove the foreign body.

T18.120A Food in esophagus causing compression of trachea, initial encounter

Gastrointestinal (GI) Tract

The gastrointestinal tract is the tubular passage of mucous membrane and muscle extending about 8.3 meters from the mouth to anus.

In ICD-10-CM the codes for foreign body in gastrointestinal (GI) tract are coded by site.

T18.0- Foreign body in mouth

T18.2- Foreign body in stomach

T18.3- Foreign body in small intestine

T18.4- Foreign body in colon

T18.5- Foreign body in anus and rectum

T18.8- Foreign body in other parts of alimentary tract

T18.9- Foreign body of alimentary tract, part unspecified

Code Extensions

Codes for foreign bodies are located in chapter 19, Injury, Poising and Certain Other Consequences of External Causes. Most categories in chapter 19 have seventh character extensions that are required for each applicable code. For foreign bodies there are three extensions: A, initial encounter, D, subsequent encounter and S, sequela.

CODING TIP

Remember, the seventh character must always be the seventh character in the data field. If a code that requires a seventh character is not six characters in length, a placeholder X must be used to fill in the empty characters.

Extension A initial encounter is used while the patient is receiving active treatment for the injury. Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician.

CODING TIP

Don't latch on to the word "initial" as this could hinder your appropriate selection, instead keep in mind the words "active treatment" as identified in the guidelines.

Extension D subsequent encounter is used for encounters after the patient has received active treatment of the injury and is receiving routine care for the injury during the healing or recovery phase. Examples of subsequent care are: cast change or removal, removal of external of internal fixation device, medication adjustment, other aftercare, and follow-up visits following injury treatment.

The aftercare Z codes should not be used for aftercare for injuries. For aftercare of an injury, assign the acute injury code with the seventh character D (subsequent encounter).

Extension S, sequela, is for use for complications or conditions that arise as a direct result of an injury, such as scar formation after a burn. The scars are sequelae of the burn. When using extension S, it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself. The S is added only to the injury code, not the sequela code. The S extension identifies the injury responsible for the sequela. The specific type of sequela (eg, scar) is sequenced first, followed by the injury code.

Symptoms and Signs

Use of Symptom Codes

Codes that describe symptoms and signs are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider.

Symptoms and Signs Involving the Digestive System and Abdomen (R10-R19)

ICD-10-CM offers greater specificity in this subcategory. When coding for the abdomen the choices include:

- Type
  - Pain
  - Tenderness
  - Rebound tenderness
  - Swelling
  - Mass and lump
  - Rigidity

- Laterality
- Site
  - Right upper quadrant
  - Left upper quadrant
  - Right lower quadrant
  - Left lower quadrant
  - Epigastric
  - Periumbilic
  - Generalized

EXAMPLE

A patient visited his general surgeon with complaints of epigastric pain, the physician documents epigastric rebound abdominal tenderness and orders testing.

R10.826 Epigastric rebound abdominal tenderness

Dysphagia

Dysphagia is difficulty swallowing. It usually is a sign of a problem with the throat or esophagus.

ICD-10-CM offers greater specificity in this subcategory. When coding for dysphagia the choices include:

R13.10 Dysphagia, unspecified

R13.11 Dysphagia, oral phase

R13.12 Dysphagia, oropharyngeal phase

R13.13 Dysphagia, pharyngeal phase

R13.14 Dysphagia, pharyngoesophageal phase

R13.19 Other dysphagia

CODING TIP

When coding for dysphagia there is an instructional note that states: Code first, if applicable, dysphagia following cerebrovascular disease (I69. With final characters -91)

Dyspepsia and Other Specified Disorders of Function of Stomach

Dyspepsia is a discomfort in the upper abdomen or chest that may be described as gas, a feeling of fullness, gnawing, or burning.

ICD-10-CM offers greater specificity in this subcategory. When coding for dyspepsia and other specified disorders of function of the stomach the choices include:

R10.13 Epigastric pain (dyspepsia)

K30 Functional dyspepsia

K31.0 Acute dilatation of stomach

K31.1 Adult hypertrophic pyloric stenosis

K31.2 Hourglass stricture and stenosis of stomach

K31.3 Pylorospasm, not elsewhere classified

K31.4 Gastric diverticulum

K31.5 Obstruction of duodenum

K31.6 Fistula of stomach and duodenum

K31.7 Polyp of stomach and duodenum

K31.811 Angiodysplasia of stomach and duodenum with bleeding

K31.819 Angiodysplasia of stomach and duodenum without bleeding

K31.82 Dieulafoy lesion (hemorrhagic) of stomach and duodenum

K31.83 Achlorhydria

K31.84 Gastroparesis

K31.89 Other disorders of stomach and duodenum