

Commonly Coded for General Surgery



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Agenda

- GI Conditions
- Skin Conditions
- Other Miscellaneous Conditions
- Neoplasms



Diverticulitis/Diverticulosis

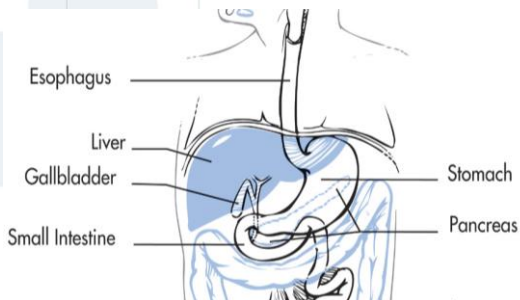
- Signs and symptoms:
 - Abdominal pain in the lower left side
 - Fever and chills
 - Bloating and gas
 - Diarrhea or constipation
 - Nausea and vomiting
 - Lack of appetite



- K57.0 Diverticulitis of small intestine with perforation and abscess
- K57.1 Diverticular disease of small intestine without perforation or abscess
- K57.2 Diverticulitis of large intestine with perforation and abscess
- K57.3 Diverticular disease of large intestine without perforation or abscess
- K57.4 Diverticulitis of both small and large intestine with perforation or abscess
- K57.5 Diverticular disease of both small and large intestine without perforation or abscess
- K57.8 Diverticulitis of intestine, part unspecified, with perforation and abscess
- K57.9 Diverticular disease of intestine, part unspecified, with perforation and abscess



Diseases of the Appendix



Common Symptoms

- Dull pain near the navel or the upper abdomen that becomes sharp as it moves to the lower
- right abdomen.
- ☑Loss of appetite
- ☑Nausea and/or vomiting
- ☑Abdominal swelling
- ☑Fever

☑Inability to pass gas



Biliary Disease

- Upper abdominal pain
 - Penetrating aching or tightness
 - Typically severe
 - Located in the epigastrium
 - Develop/resolve suddenly



Gallbladder Disease

- Gallstones
 - Cholesterol stones
 - Pigment stones



- K80.0 Calculus of gallbladder, with acute cholecystitis
- K80.1 Calculus of gallbladder with other cholecystitis
- K80.2 Calculus of gallbladder without cholecystitis
- K80.3 Calculus of bile duct with cholangitis
- K80.4 Calculus of bile duct with cholecystitis
- K80.5 Calculus of bile duct without cholangitis or cholecystitis
- K80.6 Calculus of gallbladder and bile duct with cholecystitis
- K80.7 Calculus of gallbladder and bile duct without cholecystitis
- K80.8 Other cholelithiasis



Example

Patient was diagnosed with choledocholithiasis

K80.50 Calculus of bile duct without cholangitis or cholecystitis without obstruction



Hemorrhoids

Hemorrhoids are swollen blood vessels of the rectum.

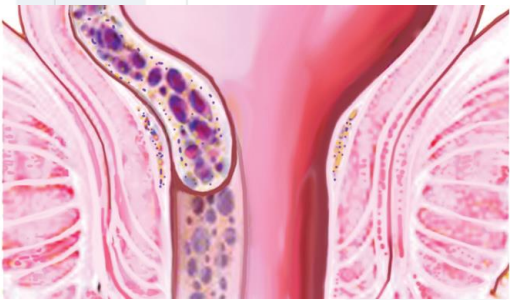
- External
- Internal



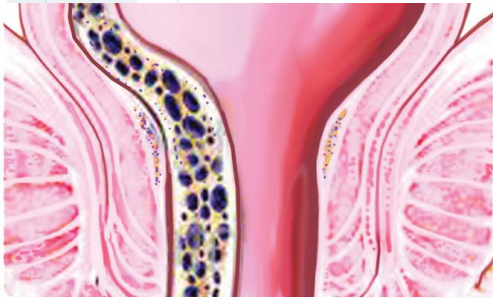
Stage I



Stage II



Stage IV



Internal Hemorrhoids

- K64.0 First degree hemorrhoids
- K64.1 Second degree hemorrhoids
- K64.2 Third degree hemorrhoids
- K64.3 Fourth degree hemorrhoids
- K64.8 Other hemorrhoids



Example

A 68-year-old male patient came to the office with complaints of prolapsing pile mass during defecation and bleeding while passing stool. The patient was diagnosed at 11 & 7 o' clock position II degree internal hemorrhoids, deeply situated, projecting one with bleeding tendency. Application of caustic alkaline paste intervention was done to internal hemorrhoids under local anesthesia. No complications were reported after the procedure.

K64.1 Second degree hemorrhoids



Hernia

- Inguinal (groin) hernia
 - Indirect inguinal hernia
 - Direct inguinal hernia

Example

Jennifer has been diagnosed with a unilateral inguinal hernia with obstruction and gangrene that has been recurrent.

K40.41 Unilateral inguinal hernia, with gangrene, recurrent



Femoral Hernia

A 78-year-old man presented with a 2-day history of a painful mass in his right groin. Abdominal examination disclosed mild tenderness in the right lower quadrant. A 6 cm right inguinal mass was palpated that was non-reducible and exquisitely tender to palpation. At laparotomy, a large, edematous, inflamed femoral mass, medial to the femoral vein, was identified. The anterior surface was opened, and purulent fluid was drained. The femoral hernia was repaired by suturing the iliopubic tract to Cooper's ligament.

K41.90 Unilateral femoral hernia, without obstruction or gangrene, not specified as recurrent

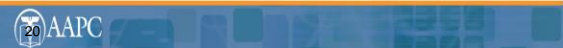


Umbilical Hernia

A 42-year-old female patient presents with a gangrenous Meckel's diverticulum in a strangulated umbilical hernia sac and was treated by dissection of diverticulomesenteric bands and diverticulectomy.

K42.0 Umbilical hernia with obstruction, without gangrene

Q43.0 Meckel's diverticulum



Ventral Hernia

Tina noticed a bulge in her abdominal wall. She indicates the bulge appears to expand under increased abdominal pressure, such as when she coughs or lifts a heavy object. The physician diagnosed her with ventral hernia.

K43.9 Ventral hernia without obstruction or gangrene



Diaphragmatic Hernia

A 17-year-old female with presents with of congenital diaphragmatic hernia. She originally presented with vague abdominal pain and was thought to have urinary tract infection, ruptured ovarian cyst, and appendicitis by different medical teams in the first few days. Recently she underwent a diagnostic laparoscopy with no significant findings. In the early postoperative recovery period, she suffered from severe cardiorespiratory distress and a large intestinal left diaphragmatic hernia was diagnosed subsequently. Today during surgery a strangulated loop of large bowel herniating through a left antero-lateral congenital diaphragmatic hernia was discovered, which was reduced and repaired with a Prolene mesh through thoracotomy.

K44.0 Diaphragmatic hernia with obstruction without gangrene.



Polyps

Example

53-year-old-male presents for colonoscopy. Physician documents polyp of the colon.

K63.5 Polyp of colon

Example

After colonoscopy the biopsy results show the patient has adenomatous polyps of the ascending colon.

D12.2 Benign neoplasm of ascending colon



Irritable Bowel Syndrome

35-yr-old female presents for ongoing digestive complaints. After examination and history the physician documents irritable bowel syndrome.

K58.9 Irritable bowel syndrome without diarrhea



Crohn's Disease

- K50.0 Crohn's disease of the small intestine
- K50.1 Crohn's disease of the large intestine
- K50.8 Crohn's disease of both small and large intestine
- K50.9 Crohn's disease, unspecified



Example

A 21-year-old female presents with a 6-week history of 5 loose, nonbloody stools daily, right lower quadrant abdominal pain that occur especially after eating, 20 lb weight loss, and bilateral knee and ankle pains. Findings from the physical examination show a definite and moderately tender 5 cm mass in the right lower quadrant of her abdomen. No joint effusion or skin lesions are noted. Results from the stool studies are negative for enteric pathogens, and the results from her blood work show mild anemia with a normal metabolic panel and normal thyroid-stimulating hormone levels. Radiographic findings demonstrate a 10 cm narrowing in the terminal ileum with a separation of bowel loops around the terminal ileum. Physician's diagnosis is Crohn disease.

K50.00 Crohn's disease of small intestine without complications



Ulcerative Colitis

- K51.0 Ulcerative (chronic) pancolitis
- K51.2 Ulcerative (chronic) proctitis
- K51.3 Ulcerative (chronic) rectosigmoiditis
- K51.4 Inflammatory polyps of the colon
- K51.5 Left sided colitis
- K51.8 Other ulcerative colitis
- K51.9 Ulcerative colitis, unspecified



A 23-year-old woman with a history of dysmenorrhea associated with abdominal cramping goes to her primary care physician because of a 1-year history of episodic diarrhea and blood-streaked stools; symptoms have become more bothersome over the past 4 weeks. She reports loose stools with increasing amounts of blood and abdominal cramping over the past 4 days. On further questioning, the patient reports that her bowel movements are sometimes dark and watery. She reports moving her bowels about 5 times per day and about 2 to 3 times during the night.

The physician performs a flexible sigmoidoscopy examination that reveals a diffuse pattern of erythema, superficial ulceration, friability, and mucopus extending in a continuous pattern from the anal verge to the splenic flexure. A demarcation is noted 55 cm from the anal verge. Pathologic examination of the biopsy samples reveals diffuse, continuous crypt architectural distortion with crypt abscesses and expanded acute and chronic inflammatory cells in the lamina propria from the macroscopically involved areas. Histologic examination for ulcerative colitis in a patient with acute symptoms usually shows an inflammatory infiltrate consistent with acute colitis with polymorphonuclear cells and background findings of chronic inflammation.
K51.514 Left sided colitis with abscess



Constipation

Constipation is coded to the subcategory of K59.0. Code choices include:

- K59.00 Constipation unspecified
- K59.01 Slow transit constipation
- K59.02 Outlet dysfunction constipation
- K59.09 Other constipation

Category K59 includes an Excludes1 note for:

- Change in bowel habit NOS (R19.4)
- Intestinal malabsorption (K90.-)
- Psychogenic intestinal disorders (F45.8)



Patient presents for complaints of a change in bowel habits. She used to be very regular with three bowel movements daily. Now she states she is only have bowel movements once a week. After testing the physician determines she has dysmotility of the colon and after discussion with the patient they decide to have an antegrade colonic enema.

K59.01 Slow transit constipation.



Skin Conditions

Example

Patient presents with complaints of a cyst. Upon examination the physician determines the patient has a sebaceous cyst on the trunk.

L72.3 Sebaceous cyst

Example

Patient present with complaint of redness and swelling. Upon examination the physician determines the patient has an epidermal cyst.

L72.0 Epidermal cyst



Pressure Ulcers

The subcategories for the specific sites are listed below.

- L89.0- Elbow (right and left)
- E89.1- Back, upper and lower (right and left)

Includes sacral region (L89.15-)

- E89.2- Hip (right and left)
- E89.3- Buttock (right and left)
- E89.4- Contiguous site of back, buttock, and hip
- E89.5- Ankle (right and left)
- E89.6- Heel (right and left)
- E89.8- Other sites



Stage I

The beginning stage of a pressure sore has the following characteristics:

- The skin is intact.
- The skin appears red on people with lighter skin color, and the skin doesn't briefly lighten (blanch) when touched.
- On people with darker skin, there may be no change in the color of the skin, and the skin doesn't blanch when touched. Or the skin may appear ashen, bluish, or purple.
- The site may be painful, firm, soft, warmer, or cooler compared with the surrounding skin.



Stage II

The stage II ulcer is an open wound:

- The outer layer of skin (epidermis) and part of the underlying layer of skin (dermis) is damaged or lost.
- The pressure ulcer may appear as a shallow, pinkish-red, basin-like wound.
- It may also appear as an intact or ruptured fluid-filled blister.



Stage III

At this stage, the ulcer is a deep wound:

- The loss of skin usually exposes some amount of fat.
- The ulcer has a crater-like appearance.
- The bottom of the wound may have some yellowish dead tissue (slough).
- The damage may extend beyond the primary wound below layers of healthy skin.



Stage IV

A stage IV ulcer exhibits large-scale loss of tissue:

- The wound may expose muscle, bone, and tendons.
- The bottom of the wound likely contains slough or dark, crusty dead tissue (eschar).
- The damage often extends beyond the primary wound below layers of healthy skin.



Patient is 72 and has recently been admitted to the hospital. She complains of pain in her left buttock. It hurts when she sits down, so she has been shifting her weight to her right side to stop the pain, but this is causing stiffness. On examination, there is an oval area of broken skin, with dermal and epidermal skin loss, about 1 cm in diameter, indicating a Stage 2 pressure ulcer.

L89.322 Pressure ulcer of left buttock, stage 2



Non-Pressure Chronic Ulcers

- Site
- Laterality
- Severity
- There are also instructional notes for the codes that state to code first and associated underlying conditions, such as:

Any associated gangrene (I96)
 Atherosclerosis of the lower extremities (I70.23-, I70.24-, I70.33-, I70.34-, I70.43-, I70.44-, I70.53-, I70.54-, I70.63-, I70.64-, I70.73-, I70.74-)
 Chronic venous hypertension (I87.31-, I87.33-)
 Diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)
 Postphlebitic syndrome (I87.01-, I87.03-)
 Postthrombotic syndrome (I87.01-, I87.03-)
 Varicose ulcer (I83.0-, I83.2-)



Diabetes Mellitus

There are five diabetes mellitus categories in the ICD-10-CM. They are:

- E08 Diabetes mellitus due to an underlying condition
- E09 Drug or chemical induced diabetes mellitus
- E10 Type 1 diabetes mellitus
- E11 Type 2 diabetes mellitus
- E13 Other specified diabetes mellitus



Obesity

BMI	
19.5-24.9	Normal weight
25.0-29.9	Overweight
30.0-39.9	Obese
40.0 and above	Extreme Obesity

Obesity

- Inactive lifestyle
- Overconsumption of calories
- Underactive thyroid
- Medicines
- Smoking cessation
- Emotional factors
- Crushing syndrome

Carcinoma In Situ

- Carcinoma In Situ (CIS)
 - Cancerous tumors
 - Noninvasive
 - Confined
 - Latin for “in its place”
 - Bowen’s disease

Example

- A 57-year-old patient presents for anesthesia evaluation. The patient has a family history of a mother and sister with premenopausal breast cancer. Digital mammography shows area of calcifications. Magnification views demonstrate intraductal pleomorphic microcalcifications in the right 11:00 area. Final diagnosis indicated intraductal carcinoma in situ.
D05.11 Intraductal carcinoma in situ of right breast
Z80.3 Family history of malignant neoplasm of breast



Synonyms for in situ carcinoma

- Adenocarcinoma in an adenomatous polyp with no invasion of the stalk
- Confined to the epithelium
- Noninfiltrating
- Intraepithelial
- Intraepidermal (anus)
- Involvement up to but not including the basement membranes
- Noninvasive
- No stromal involvement
- Papillary noninfiltrating



Benign Neoplasms

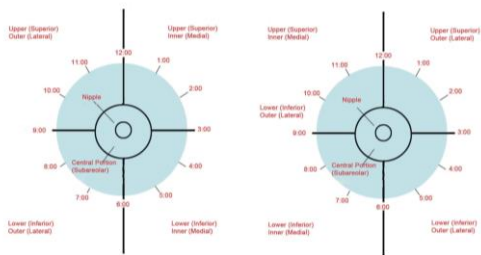
- Nock
- Noncancerous
- Do not metastasize
- Have defined edges
- Do not grow back



Types of Breast Cancers

- Ductal carcinoma
- Lobular carcinoma
- Inflammatory breast cancer
- Medullary carcinoma
- Mucinous carcinoma
- Page disease of the nipple
- Phyllodes tumor
- Tubular carcinoma





Example

- A 57-year-old patient presents for evaluation of right nipple discomfort. The patient has family history of a mother and sister with premenopausal breast cancer. Digital mammography shows area of calcifications. Magnification views demonstrate intraductal pleomorphic microcalcifications in the right 11 o' clock area. Final diagnosis indicated intraductal carcinoma in situ.

D05.11 Intraductal carcinoma in situ of right breast
 Z80.3 Family history of malignant neoplasm of breast



CIS

- Carcinoma in situ (CIS) identifies cancerous tumors that are noninvasive, or confined.

Example

Patient was seen in follow up for carcinoma in situ of the skin of the breast.

D04.5 Carcinoma in situ of skin of trunk

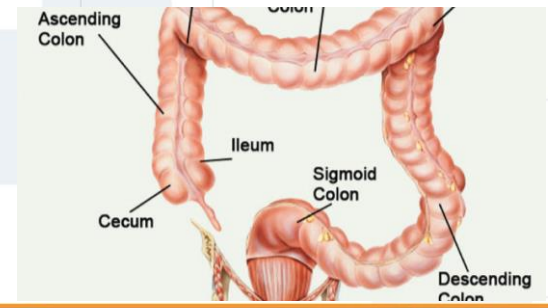


Synonyms for In Situ Carcinoma

- Adenocarcinoma in an adenomatous polyp with no invasion of the stalk
- Confined to the epithelium
- Noninfiltrating
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- Involvement up to but not including the basement membranes
- Noninvasive
- No stromal involvement
- Papillary noninfiltrating



Colorectal Neoplasms



Document by Centimeters

- 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
- Sigmoid 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.

- C18.0 Malignant neoplasm of cecum
- C18.1 Malignant neoplasm of appendix
- C18.3 Malignant neoplasm of ascending colon
- C18.4 Malignant neoplasm of hepatic flexure
- C18.5 Malignant neoplasm of transverse colon
- C18.6 Malignant neoplasm of splenic flexure
- 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 4th character.

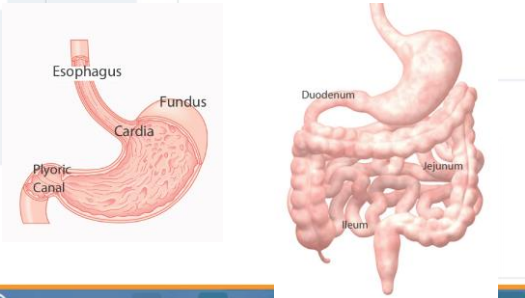
Example

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

D12.4 Benign neoplasm of descending colon

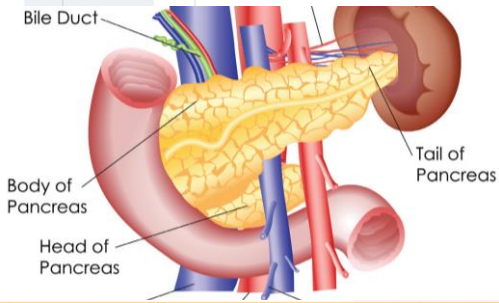


Upper GI Neoplasms



155 AAPC

Neoplasms of Pancreas



156 AAPC

Neoplasms of Pancreas

- 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
 - Malignant neoplasm of islets of Langerhans
 - Use additional code to identify functional activity
- C25.7 Malignant neoplasm of other parts of pancreas
 - Malignant neoplasm of neck of pancreas
- C25.8 Malignant neoplasm of overlapping sites of pancreas
- C25.9 Malignant neoplasm of pancreas, unspecified

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Example

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

C25.2 Malignant neoplasm of tail of pancreas



Neoplasm

Melanoma (malignant)

Skin

knee C43.7-

labium C51.9

majus C51.0

minus C51.1

leg C43.7-

lip (lower) (upper) C43.0

- C43.472 Malignant melanom of left lower limb, including hip



	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified
skin NOS	C44.09	C79.2	D04.9	D23.9	D48.5	D49.2
calf (see also Neoplasm, skin, limb, lower)	C44.70-	C79.2	D04.7-	D23.7-	D48.5	D49.2
limb NEC	C44.90	C79.2	D04.9	D23.9	D48.5	D49.2
basal cell carcinoma	C44.11-	---	---	---	---	---
lower	C44.70-	C79.2	D04.7-	D23.7-	D48.5	D49.2
basal cell carcinoma	C44.71-	---	---	---	---	---
specified type NEC	C44.79-	---	---	---	---	---
squamous cell carcinoma	C44.72-	---	---	---	---	---

Neoplasm

- C44.70- Unspecified malignant neoplasm of skin of lower limb, including hip
 - C44.79- Other specified malignant neoplasm of skin of lower limb, including hip
- C44.793 Other specified malignant neoplasm of skin of left lower limb, including hip
- Correct code C43.72 Malignant melanoma of left lower limb, including hip



Melanoma

- In males, more common on the back
- In females, more common on the legs
- Terminology
 - Breslow thickness
 - Clark level
 - Level 1 In situ melanoma
 - Level 2 Melanoma has invaded the papillary dermis
 - Level 3 Melanoma has filled the papillary dermis
 - Level 4 Melanoma has invaded the reticular dermis
 - Level 5 Melanoma has invaded subcutaneous tissue



Melanoma

- C43.1- Malignant melanoma of eyelid, including canthus
- C43.3- Malignant melanoma of other an unspecified parts of face
- C43.5- Malignant melanoma of trunk
- C43.6- Malignant melanoma of upper limb, including shoulder
- C43.7- Malignant melanoma of lower limb, including hip



Example

- Jack returns to the dermatologist's office after a biopsy of a mole on his back. He is diagnosed with malignant melanoma of the back.
- C43.59 Malignant melanoma of other part of trunk



Example

- A patient presents for treatment options to the dermatologist after having a biopsy-proven melanoma in situ on her right shoulder.
- D03.61 Melanoma in situ of right upper limb, including shoulder



Basal cell carcinoma (BCC)

- Most common type of skin cancer
- About 80% of skin cancer cases are BCC
- Begins in the basal cells located in the epidermis
- Tend to grow slowly
- Rarely metastasize



Basal cell carcinoma (BCC)

- Category C44 contains the codes for BCC
 - Broken down in the same manner as melanoma and Merkel cell carcinoma
 - 5th character 1 in the code category indicates the type of carcinoma to be basal cell
 - C44.112 **Basal cell** carcinoma of skin of right eyelid, including canthus
 - C44.219 **Basal cell** carcinoma of skin of left ear and external auricular canal



Example

- 70-year-old May presents with a history of basal cell carcinoma of the right thigh two years ago. She complains of 2 months of crusting on the right nasal tip. Patient with a long history of sun exposure with multiple bad sunburns. Biopsy reveals new basal cell carcinoma of the nasal tip. The patient will undergo Mohs surgery.
- C44.311 Basal cell carcinoma of skin of nose
- Z85.828 Personal history of other malignant neoplasm of skin



Example

- A patient presents for treatment options for his basal cell carcinoma on his left ear. He has done some research and is asking about excision, Mohs, radiation, cryosurgery, photodynamic therapy, and 5-fluorouracil. After discussion, he decides on surgical excision.
- C44.219 Basal cell carcinoma of skin of left ear and external auricular canal



Squamous cell carcinoma (SCC)

- Second most common type
- About 700,000 cases in the U.S. each year
- Tend to grow and metastasize more than BCCs
- More likely to invade fatty tissue beneath the skin
- More likely to metastasize to lymph nodes



Squamous cell carcinoma (SCC)

- Category C44 contains the codes for BCC
 - Broken down in the same manner as melanoma and Merkel cell carcinoma
 - 5th character 2 in the code category indicates the type of carcinoma to be squamous cell
 - C44.122 **Squamous cell** carcinoma of skin of right eyelid, including canthus
 - C44.229 **Squamous cell** carcinoma of skin of left ear and external auricular canal



Example

- A patient returns to the dermatologist to discuss removal of his SCC on his lower lip.
- C44.02 Squamous cell carcinoma of skin of lip



Example

- A patient has a suspicious lesion removed from the back of his right hand. The patient is informed that the biopsy results confirm squamous cell carcinoma.
- C44.622 Squamous cell carcinoma of skin of right upper limb, including shoulder



Merkel cell carcinoma (MCC)

- Rare form
- Develops in the neuroendocrine cells
 - Hormone-making cells in the skin
- Thought to be caused from sun exposure and Merkel cell polyomavirus (MCV)
- About 1,500 cases in the U.S. each year
- Often metastasize the lymph nodes and internal organs



Non-Melanoma skin cancer

- Category C44 contains the codes for basal cell carcinoma, squamous cell carcinoma, other, and unspecified malignant neoplasms of the skin
- Category C4A contains the codes for Merkel cell carcinoma
- Break down by type, site, and laterality (in some cases)



Example

- 75-year-old male patient presents with a rapidly enlarging mass near his upper lip. He is fair skinned and lives on a farm, using no sun protection other than a baseball cap. The mass has been rapidly increasing in size for the past 2 months. After diagnostic testing he is diagnosed with Merkel cell carcinoma of the peri-oral area.
- C4A.39 Merkel cell carcinoma of other parts of face



Thank you!

Questions?