Commonly Coded for General Surgery

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Agenda

• GI Conditions
• Skin Conditions
• Other Conditions
• Injury Coding
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

Diverticular Disease

- 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, without perforation and abscess

Diseases of the Appendix

[Diagram of internal organs: Esophagus, Liver, Gallbladder, Stomach, Pancreas, Small Intestine]
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
Disorders of Gallbladder

- 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
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 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**

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**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)

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**Example**

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 presents 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)
- L89.1- Back, upper and lower (right and left)
  Includes sacral region (L89.15)
- L89.2- Hip (right and left)
- L89.3- Buttock (right and left)
- L89.4- Contiguous site of back, buttock, and hip
- L89.5- Ankle (right and left)
- L89.6- Heel (right and left)
- L89.8- 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.
Example

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, I70.46, I70.53, I70.54, I70.63, I70.64, I70.73, I70.74)
- Chronic venous hypertension (I87.31, I87.33)
- 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

<table>
<thead>
<tr>
<th>BMI</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>19.5-24.9</td>
<td>Normal weight</td>
</tr>
<tr>
<td>25.0-29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>30.0-39.9</td>
<td>Obese</td>
</tr>
<tr>
<td>40.0 and above</td>
<td>Extreme Obesity</td>
</tr>
</tbody>
</table>

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

Coding of Injuries

The code for the most serious injury, as determined by the provider and the focus of treatment, is sequenced first.

1. Superficial injuries such as abrasions or contusions are not coded when associated with more severe injuries of the same site.

2. When a primary injury results in minor damage to peripheral nerves or blood vessels, the primary injury is sequenced first with additional code(s) for injuries to nerves and spinal cord and/or injury to blood vessels. When the primary injury is to the blood vessels or nerves, that injury should be sequenced first.
Code Extensions

• A – initial encounter
• D – Subsequent encounter
• 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.

Example
Cathy presents for a recheck of her right forearm laceration. The dressing was removed and the wound was checked and is healing well.
S51.811D Laceration without foreign body of right forearm, subsequent encounter

Example
Michael presents with complaints of scar contracture from his 2nd degree burn to the left knee.
L90.5 Scar conditions and fibrosis of skin
T24.222S Burn of second degree of left knee, sequela

External Cause Codes

• External Cause
• Place of Occurrence
• Activity
• External Cause Status
A patient presents after cutting herself while washing dishes in the kitchen of her apartment after dinner. Patient states that she put her hand in the dishwasher and grabbed a steak knife. She ran the sponge down the knife to clean it, thinking it was turned down, but it was not. She comes to the surgical center with a laceration without foreign body to the palm of her left hand. Wound was cleaned and sutures were placed.

- S61.412A Laceration without foreign body of left hand, initial encounter
- W26.0XXA Contact with knife, initial encounter
- Y92.030 Apartment as the place of occurrence of the external cause
- Y93.G1 Activity, food preparation and clean up

### Example

A patient presents after cutting herself while washing dishes in the kitchen of her apartment after dinner. Patient states that she put her hand in the dishwasher and grabbed a steak knife. She ran the sponge down the knife to clean it, thinking it was turned down, but it was not. She comes to the surgical center with a laceration without foreign body to the palm of her left hand. Wound was cleaned and sutures were placed.

### Open Wounds

Codes for open wounds are broken down by the following:

- **Type of wound**—Laceration, Puncture, Open bite, Unspecified open wound
- **Site**—Anatomic location on the body
- **Laterality**
- **With or without foreign body**
- **Encounter (7th character extender)**—Initial, Subsequent, or Sequela

### Puncture Wounds

A patient presents for a recheck of a puncture wound to her left foot sustained after stepping on a nail. On the initial visit, the nail was found to be imbedded in the wound and was removed.

S91.342D Puncture wound with foreign body, left foot, subsequent encounter
Gunshot Wounds

Patient presents to emergency department after being involved in a bar brawl. He has a handgun wound to the right lower abdomen. The surgeon took the patient to the operating room to remove the bullet which was still lodged in the abdominal wall. No additional information was available from the patient regarding the injury.

S31.143A Puncture wound of abdominal wall with foreign body, right lower quadrant, initial encounter
X93.XXXA Assault by handgun discharge

Questions?