Commonly Coded for General	
Surgery	
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AAPC ICD-10-CM Coding for General Surgery	
Agenda	
• GI Conditions	
Skin Conditions	
Other Conditions	
Injury Coding	
AAPC ICD-10-CM Coding for General Surgery	

## 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



ICD-10-CM Coding for General Surgery

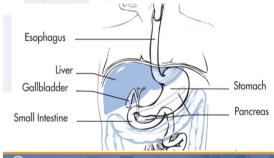
## **Diverticular Disease**

- 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



ICD-10-CM Coding for General Surgery

## Diseases of the Appendix



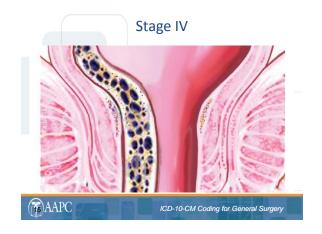
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<ul> <li>Dull pain near the navel or the upper abdomen that becomes sharp as it moves to the lower, right abdomen</li> <li>Loss of appetite</li> <li>Nausea and/or vomiting</li> <li>Abdominal swelling</li> <li>Fever</li> <li>Inability to pass gas</li> </ul>
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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  ICD-10-CM Coding for General Surgery

Disorders of Gallbladder	
<ul> <li>K80.0 Calculus of gallbladder, with acute cholecystitis</li> <li>K80.1 Calculus of gallbladder with other cholecystitis</li> <li>K80.2 Calculus of gallbladder without cholecystitis</li> <li>K80.3 Calculus of bile duct with cholangitis</li> <li>K80.4 Calculus of bile duct with cholecystitis</li> <li>K80.5 Calculus of bile duct without cholangitis or cholecystitis</li> <li>K80.6 Calculus of gallbladder and bile duct with cholecystitis</li> <li>K80.7 Calculus of gallbladder and bile duct without cholecystitis</li> <li>K80.8 Other cholelithiasis</li> </ul>	
AAPC ICD-10-CM Coding for General Surgery	
Example	
Patient was diagnosed with choledocholithiasis	
K80.50 Calculus of bile duct without cholangitis or cholecystitis without obstruction	
AAPC ICD-10-CM Coding for General Surgery	
Hemorrhoids	
Hemorrhoids are swollen blood vessels of the rectum.  External	
Internal	
AAPC ICD-10-CM Coding for General Surgery	







#### 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



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## 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



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#### 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



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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 illiopubic tract to Cooper's ligament.

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



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#### 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



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#### 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.	
AAPC ICD-10-CM Coding for General Surgery	
Polyps	
Example	
53-year-old-male presents for colonoscopy. Physician documents polyp of the colon.	
K63.5 Polyp of colon	
After colonoscopy the biopsy results show the patient has adenomatous polyps of the ascending colon.	
D12.2 Benign neoplasm of ascending colon	
AAPC ICD-10-CM Coding for General Surgery	
AAPC ICD-10-CM Coding for General Surgery	
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	
AAPC ICD-10-CM Coding for General Surgery	

### 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



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## 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 ther 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



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#### **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



	Example 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 enythema, 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
)./	APC ICD-10-CM Coding for General Surgery

## 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)



ICD-10-CM Coding for General Surgery

## 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	
Exam	ple	
exa	tient presents with complaints of a cyst. Upon amination the physician determines the patient s a sebaceous cyst on the trunk.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	L72.3 Sebaceous cyst	
sw	ple tient present with complaint of redness and relling. Upon examination the physician termines the patient has an epidermal cyst.	
ue	L72.0 Epidermal cyst	
(F)AAI		
The state of the s		
	Pressure Ulcers	
The sub	categories for the specific sites are listed below.	
	0- Elbow (right and left)	
	1- Back, upper and lower (right and left)	
	s sacral region (L89.15-) 2- Hip (right and left)	
	3- Buttock (right and left)	
	4- Contiguous site of back, buttock, and hip 5- Ankle (right and left)	
	6- Heel (right and left)	
· 1,89.	8- Other sites	
(32)AAI		
[32]/A/AI	ICD-10-CM Coding for General Surgery	
	Stage I	
	o table :	-
	ginning stage of a pressure sore has the following acteristics:	
	skin is intact.	
	skin appears red on people with lighter skin color, and the doesn't briefly lighten (blanch) when touched.	
	people with darker skin, there may be no change in the color	
skin	ne skin, and the skin doesn't blanch when touched. Or the may appear ashen, bluish, or purple.	
	site may be painful, firm, soft, warmer, or cooler compared the surrounding skin.	
<b>₽</b> MAT		
(33)AAI	ICD-10-CM Coding for General Surgery	

# 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. (₹AAPC ICD-10-CM Coding for General Surgery 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. 35 AAPC ICD-10-CM Coding for General Surgery 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. 36)AAPC ICD-10-CM Coding for General Surgery

Exam	nl	e

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



ICD-10-CM Coding for General Surgery

### 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 (196)

Atherosclerosis of the lower extremities (170,23-, 170,24-, 170,33-, 170,34-, 170.43-, 170.44-, 170.53-, 170.54-, 170.63-, 170.64-, 170.73-, 170.74-)

Chronic venous hypertension (187.31-, 187.33-)

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 (187.01-, 187.03-)

Varicose ulcer (183.0-, 183.2-)



ICD-10-CM Coding for General Surgery

### **Diabetes Mellitus**

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

- E08 Diabetes mellitus due to an underlying condition
- £09 Drug or chemical induced diabetes mellitus
- £10 Type 1 diabetes mellitus
- £11 Type 2 diabetes mellitus
- £13 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	-	
<b>AAPC</b>	ICD-10-CM Coding for General Surgery		
	Obesity	_	
<ul> <li>Inactive lifestyle</li> </ul>			
<ul> <li>Overconsumption</li> </ul>	of calories	_	
<ul> <li>Underactive thyro</li> </ul>			
Medicines		_	
<ul> <li>Smoking cessation</li> </ul>		_	
<ul> <li>Emotional factors</li> </ul>			
<ul> <li>Crushing syndrom</li> </ul>	<b>P</b>	_	
Crashing synaroni			
<b>⊋</b> AADO	Berne States	_	
MAAPC	ICD-10-CM Coding for General Surgery	_	
Codir	g of Injuries		
	0 - 1	_	
	rious injury, as determined by the		
	treatment, is sequenced first. Sabrasions or contusions are not coded	_	
	ore severe injuries of the same site.	_	
	ults in minor damage to peripheral		
with additional code(s) for	the primary injury is sequenced first or injuries to nerves and spinal cord	_	
	ssels. When the primary injury is to the that injury should be sequenced first.		
biood vessels of fielves,	mac mjury snoulu be sequenceu ilist.	-	
AAPC		_	

Code Extensions
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- 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.



ICD-10-CM Coding for General Surgery

#### 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



ICD-10-CM Coding for General Surgery

### **External Cause Codes**

- External Cause
- Place of Occurrence
- Activity
- External Cause Status



## 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 dishwater 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



ICD-10-CM Coding for General Surgery

## **Open Wounds**

Codes for open wounds are broken down by the following:

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



ICD-10-CM Coding for General Surgery

#### **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



