ICD-10 Reference Guide: Gastroenterology

ICD-10 General Overview

ICD-10-CM
- Acute, Subacute, and Chronic
  - ICD-10-CM can accommodate more specificity when describing acute, subacute, and chronic conditions
  - Some conditions may meet both acute and chronic criteria and should be documented as such

Anatomic Site/Location
- More detail in terms of location of injury/condition
- Document precisely where injury/condition occurs
- Read through ICD-10-CM descriptions to understand the type of clinical detail that is required

Laterality
- Left
- Right
- Bilateral
- Multiple Locations (if applicable)

Signs/Symptoms
- Documentation of signs/symptoms continue to be acceptable when there is no definitive diagnosis identified by physician
- Document to highest degree of specificity (e.g. severity, acute vs chronic)

Type of Encounter (Episode of Care)
- Initial encounter
  - Actively receiving treatment
- Subsequent encounter
  - Active phase of treatment/receiving routine care during period of healing/recovery
    - Healing – routine vs delayed
    - Complications – nonunion or malunion
- Sequela
  - Complications or conditions that arise as direct result of an injury

ICD-10-PCS
- Access
  - How did you gain access to the procedure site?
    - Incision
    - Open
    - Natural Orifice/Artificial Opening (Mouth, Vagina, Ostomy, Urethra, etc.)
    - Scope
    - Needle
    - Directly on the Skin

Anatomic Site/Location
- Specify exact site of procedure to ensure accurate coding
- Some procedure codes cannot be identified (by coding staff) without the exact site/location being documented

Intent
- Be clear in documentation as to what procedure(s) are performed

Other Helpful Hints
- Insufficiencies vs Failure
  - Insufficiency adds no severity of illness
  - State Failure when appropriate
- Post-Operative Complications
  - Reserve “Post-Op” verbiage to reflect a true complication of the procedure
- Links:
  - Symptoms to etiology
  - Home Meds to Applicable Diagnosis
  - Manifestations to etiology
- History & Physical (Current, updated, signed copy)
- Present on Admission
  - Documentation should reflect the onset
- Abnormal Lab Values
- Document disease process

Clinical Scenario

54 year old male with a history of alcoholic cirrhosis is admitted with a 3 day history of diffuse abdominal pain, vomiting, and intermittent black tarry stools. His pain is constant, located in the epigastrium and right upper quadrant radiating to the back. He has a long standing history of alcoholic dependence and consumes two pints of whiskey daily. His last drink was 36 hours ago, and he reports shakiness, sweats and tremors for the past 12 hours. Exam shows patient to be fidgeting continuously and grossly tremulous but not in distress. Sclera are icteric, heart exam normal except for tachycardia. Abdomen is protuberant with epigastric tenderness. Liver percusses to 5 cm below the right costal margin and tender to palpate. Rectal exam shows hemoccult positive stool. Labs show hemoglobin of 9.2, Lipase 4325, AST 125, ALT 65, and Total Bili of 4.8. Abd CT scan shows cirrhotic and enlarged liver, moderate sized gastric and esophageal varices, peripancreatic inflammatory changes without pseudocyst. Impression: Acute on chronic alcoholic pancreatitis, acute alcoholic hepatitis, cirrhosis related to alcohol dependence, alcohol withdrawal, acute upper GI bleeding from esophageal varices, anemia from acute GI blood loss and portal hypertension.

CODING – DX

K85.2 Alcohol induced acute pancreatitis
K86.0 Alcohol-induced chronic pancreatitis
K70.10 Acute alcoholic hepatitis
F10.239 Alcohol dependence with withdrawal, unspecified
K70.30 Alcoholic cirrhosis of liver without ascites
I85.11 Secondary esophageal varices with bleeding
D62 Acute posthemorrhagic anemia
K76.6 Portal hypertension
ICD-10 Reference Guide: Gastroenterology

ICD-10-CM: GASTROENTEROLOGY
The following items should be documented (as appropriate) to allow complete coding under ICD-10-CM

<table>
<thead>
<tr>
<th>Digestive System</th>
<th>Neoplasm</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Malignant vs benign, primary, secondary, in situ</td>
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<tr>
<td></td>
<td>Detailed locations (overlapping sites vs different, distinct locations)</td>
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<tr>
<td></td>
<td>Primary</td>
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<tr>
<td></td>
<td>Still active primary site</td>
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<tr>
<td></td>
<td>Previously removed/treated</td>
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<tr>
<td></td>
<td>Treatment status (current, completed, etc.)</td>
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<tr>
<td></td>
<td>Metastatic</td>
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<tr>
<td></td>
<td>Location</td>
</tr>
<tr>
<td></td>
<td>Current treatment course</td>
</tr>
<tr>
<td></td>
<td>Symptomatic</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Infections</th>
<th>Status of Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link infective organism &amp; disease process</td>
<td>Acute, Chronic, Intermittent, Recurrent, Transient</td>
</tr>
<tr>
<td></td>
<td>Primary versus Secondary</td>
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</tbody>
</table>

Specialty Links

General ICD-10
World Health Organization - ICD-10 Interactive Self Learning Tool
ICD-10 Reference Guide: Gastroenterology

Common Co-Morbid Conditions

### Anemia
- **Etiology/Type**
  - Vitamin/Iron Deficiency, Due to Chronic Disease, Pernicious, Sickle Cell
  - Symptoms Related To …
  - Due to Chronic Disease (name disease)
    - Autoimmune, Cancer, CKD, Liver Cirrhosis, HIV/AIDS, Hepatitis
  - Acquired vs hereditary hemolytic anemia
  - Cause of aplastic anemia

### Congestive Heart Failure (CHF)
- Specify:
  - Acute vs Chronic vs Both
  - Systolic and/or Diastolic Dysfunction
- For Acute, state “due to …”
  - Non-compliance, Afib with RVR, Ischemia (USA, AMI), Hypertensive Crisis, Other (name it)
- For Chronic, state “due to …”
  - CAD (ischemic cardiomyopathy), HTN (hypertensive heart disease), Specify other cause of cardiomyopathy
  - A document EF is not a diagnosis of heart failure, need verbiage in medical record to support

### Diabetes Mellitus (DM)
- **Type**
  - Type 1, Type 2, Secondary (specify drug or chemical induced), Due to other condition (specify underlying disease)
- Link Manifestations/Complications with “due to …”
  - Neuropathy, Ophthalmic, Pregnancy, CKD
  - Long Term Use of Insulin
  - Presence of Insulin Pump

### Decubitus Ulcers
- Location – Stage (1-4, Unstageable, Unspecified)
- Laterality

### Nutritional
- Deficiencies (Specify substance)
- Overweight vs Obesity vs Morbid Obesity (BMI value)
- Malnutrition
  - With or without complications
  - Mild, moderate or severe

### Pneumonia
- Type (Aspiration, Bacterial, Virus)
- Identify causative organism

### Seizure
- Seizure disorder = Epilepsy
- Seizure = single even to yet-to-be diagnosed

### Urinary Tract Infections (UTI)
- Location
  - Bladder, Kidney, Urethra
  - Identify Infectious Agent
  - Complicating Pregnancy
    - Specify Trimester Where Condition Began

### Angina
- Avoid using term “Acute Coronary Syndrome/ACS”
- Stable vs Unstable or New Onset
- Supply Causes, state “due to …”
  - CAD, aortic stenosis, hypertrophic, cardiomyopathy, pulmonary artery hypertension
- Demand Causes, state “due to …”
  - Anemia, tachyarrhythmia (name it), thyrotoxicosis, shock (name it)
- Document spasm, when present

### Benign Prostatic Hypertrophy (BPH)
- Link Symptoms to Syndrome (Weak Urine Stream, Difficulty Starting Urination, Unable to Empty Bladder)

### Chronic Kidney Disease (CKD)
- Stage 1-5
- ESRD
- Etiology (Hypertension, Diabetes)

### Cerebral Vascular Accident (CVA)
- Current vs Old
- Artery Impacted
  - Laterality (where applicable)
- Occlusion vs Stenosis
- Post-procedural
- Specify Additional Symptoms “Due To” Drugs
  - Tremors, Tics, etc.
- Traumatic Injury
  - Episode of Care (Initial, Subsequent, Sequela)

### Chronic Obstructive Pulmonary Disease (COPD)
- Identify Underlying Condition
  - Asthma, Chronic Bronchitis, Emphysema
- Exacerbation/ Decompensation
- Identify Acute Infections

### Chronic Obstructive Pulmonary Disease (COPD)