



**Salem Health**

ICD-10 

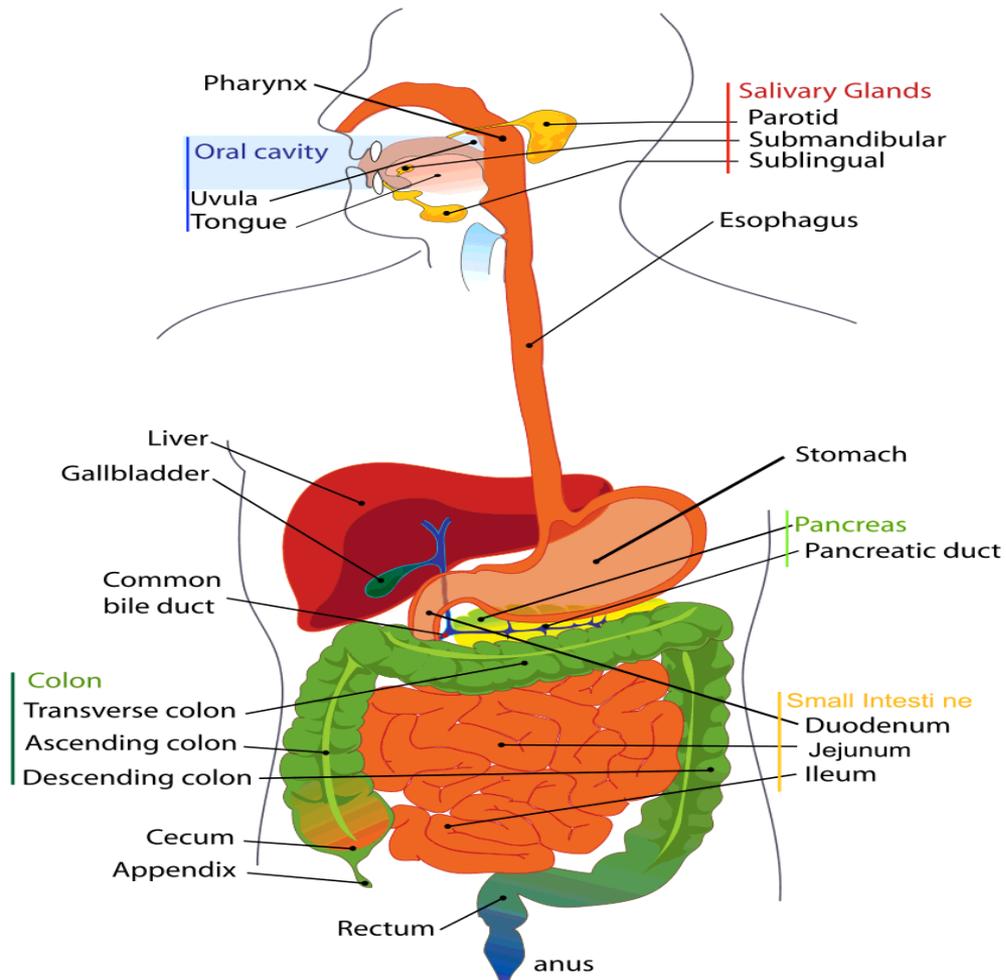
**ICD-10-CM TRAINING**

**July 16, 2013**

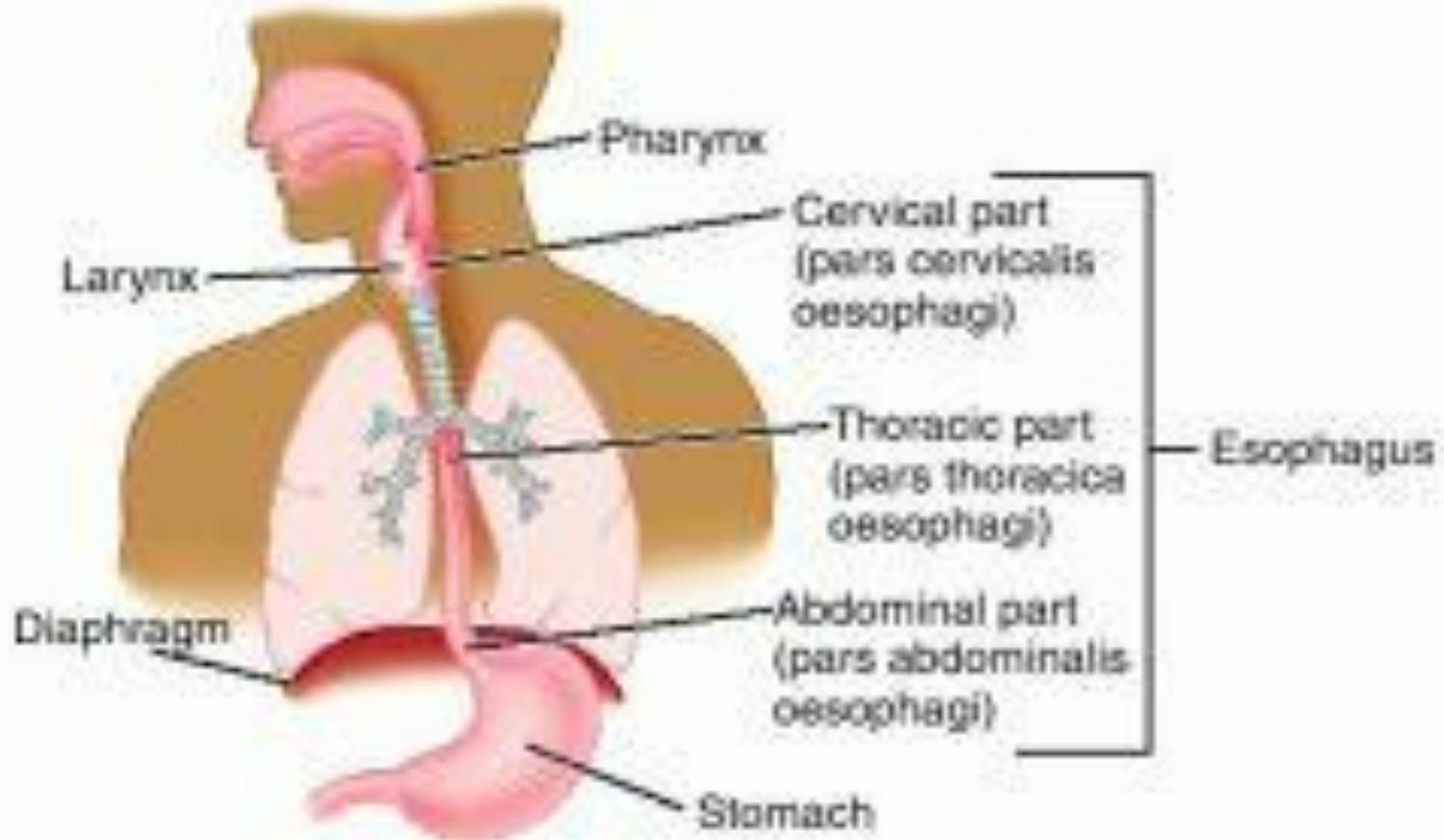
**Digestive System  
Genitourinary System**

**Linda Dawson, RHIT, AHIMA Approved ICD-10 Trainer**

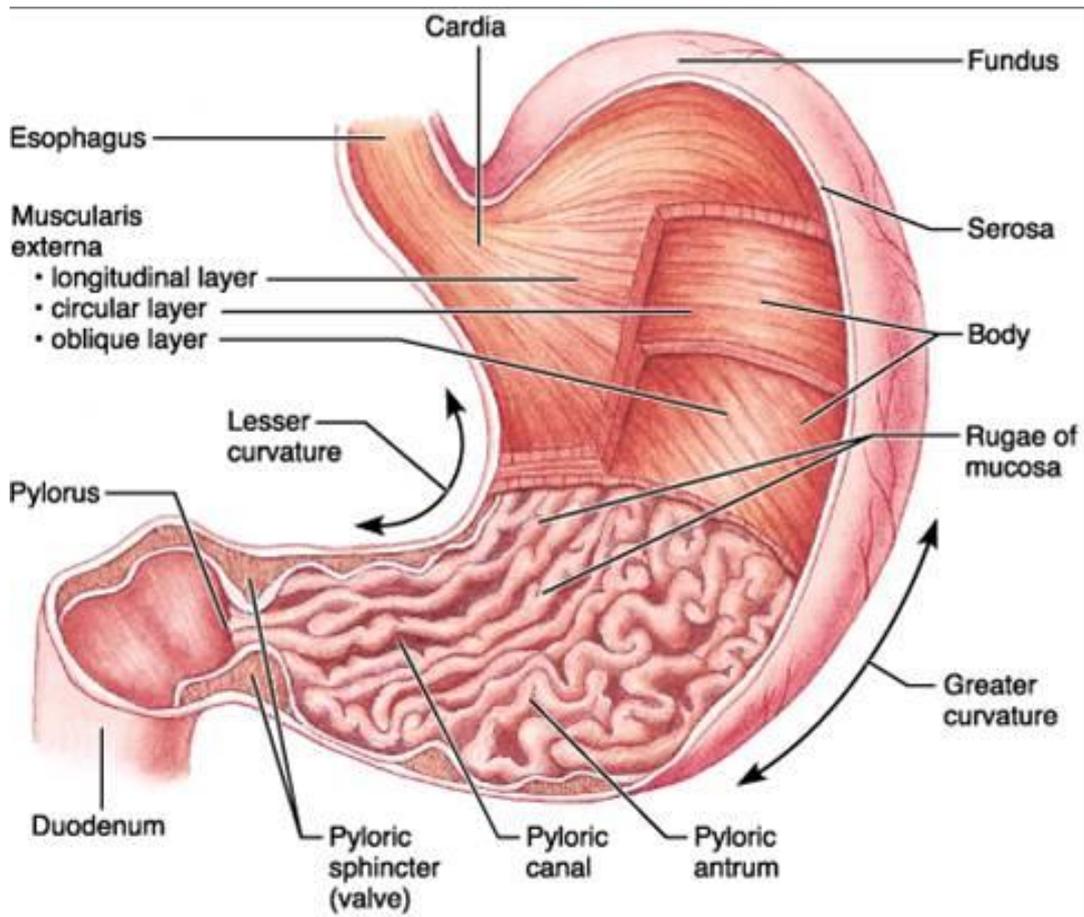
# Digestive System



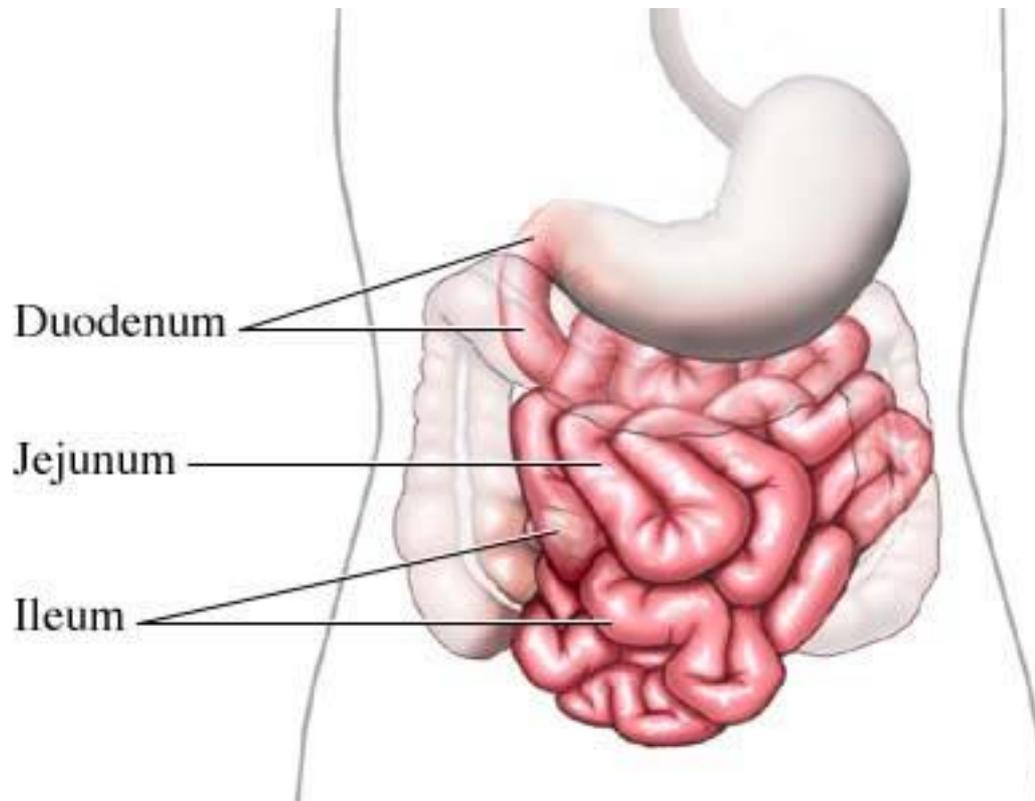
# Esophagus



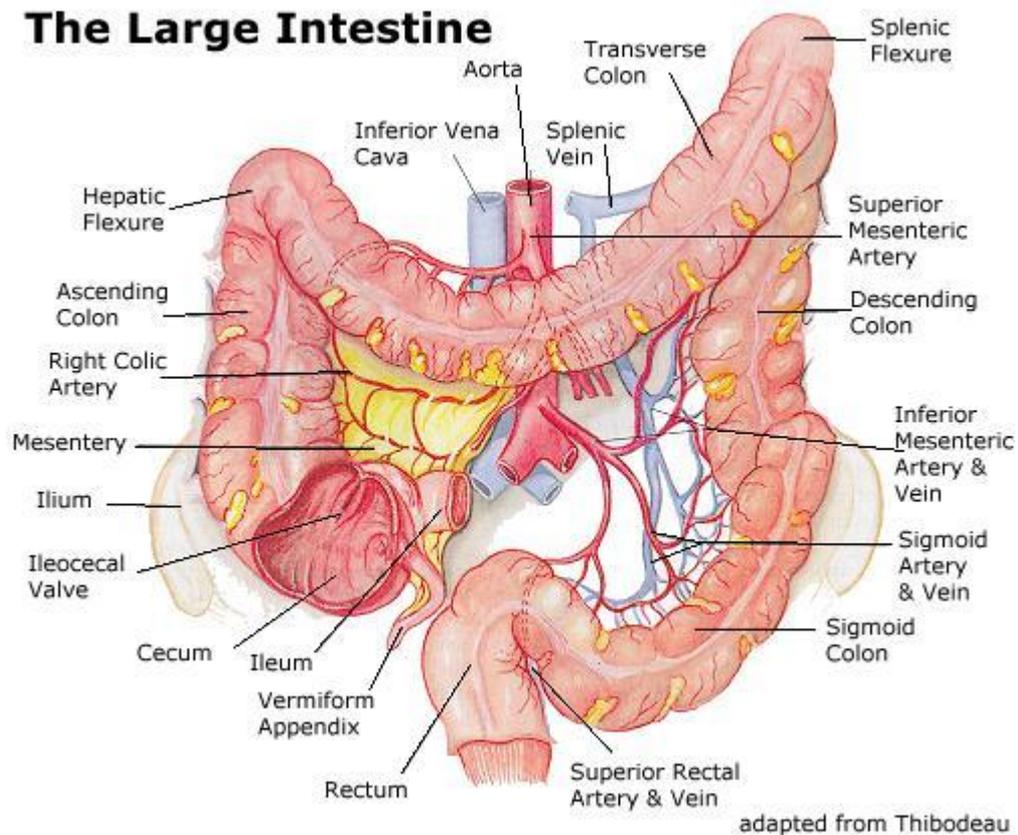
# Stomach



# Small Intestine

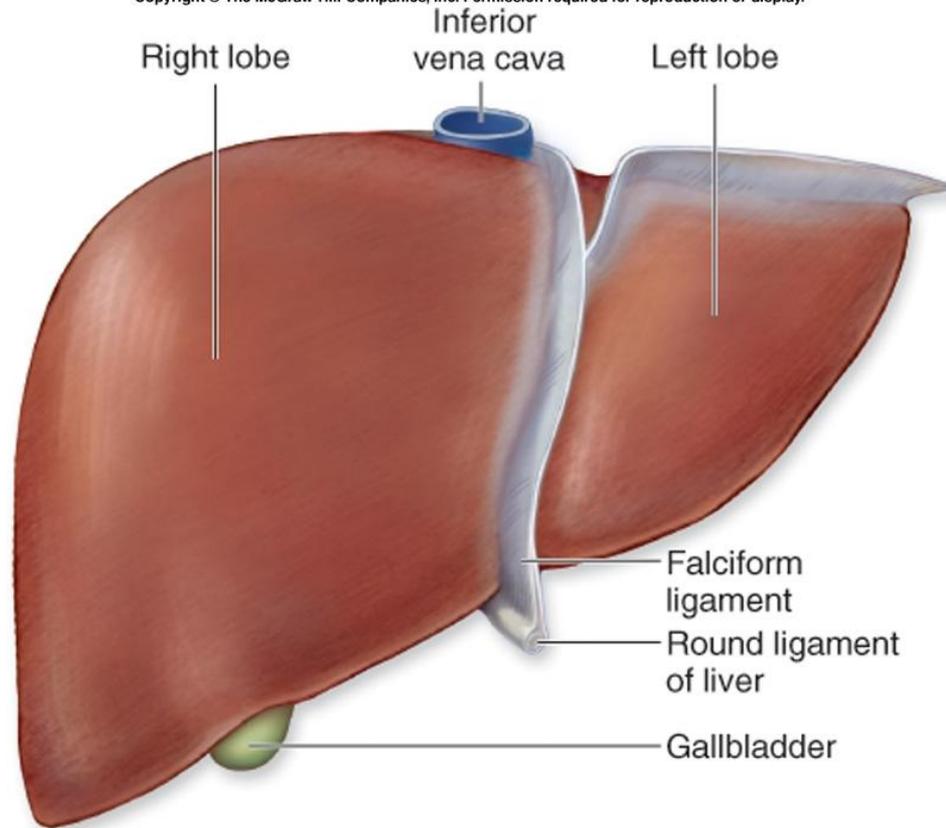


# Large Intestine



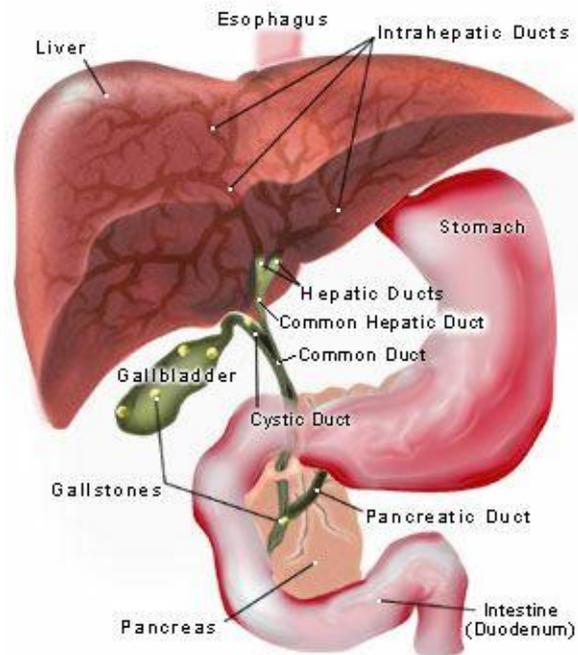
# Liver

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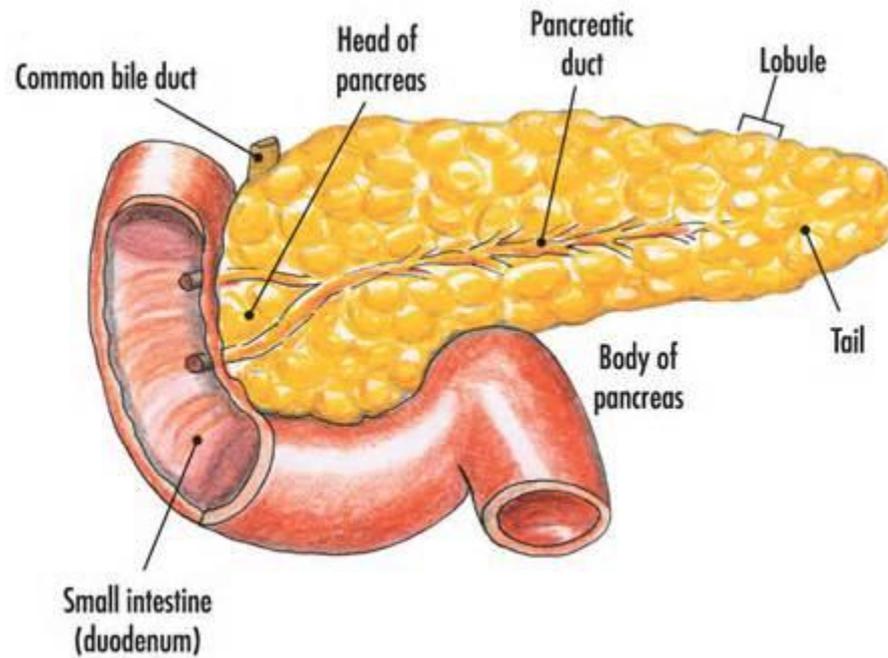


(a) Anterior view

# Gallbladder



# Pancreas



# **Diseases of the Digestive system K00-K95**

- K00-K14 Diseases of the oral cavity and salivary glands
- K20-K31 Diseases of the esophagus, stomach and duodenum
- K35-K38 Diseases of appendix
- K40-K46 Hernia
- K50-K52 Noninfectious enteritis and colitis
- K55-K64 Other diseases of intestines
- K65-K68 Diseases of the peritoneum and retroperitoneum
- K70-K77 Diseases of the liver
- K80-K87 Disorders of gallbladder, biliary tract and pancreas
- K90-K95 Other diseases of the digestive system

# Category restructuring

Separate blocks created for diseases of the intestine from other sites

Classification of related conditions and specific anatomical site.

ICD-9-CM 560-569 Intestine and peritoneum

ICD-10-CM K55-K64 Other diseases of intestines

K65-K68 Diseases of the peritoneum and retroperitoneum

K70-K77 Diseases of the liver

K80-K87 Disorders of the gallbladder, biliary tract and pancreas

K90-K95 Other diseases of the digestive system

# Category title changes

Titles changes to reflect categorical content.

ICD-9-CM 565 Anal fissure and fistula

ICD-10-CM K60 Fissure and fistula of anal and rectal  
regions

# Codes Moved

Diseases and disorders of the jaws → Chapter 13

Diseases of the musculoskeletal system and Connective tissue.

Diseases of the oral cavity, salivary glands and Jaws

ICD-9-CM 520-529 → M26 Dentofacial anomalies

M27 Other diseases of the jaw

M27.6 Endosseous dental  
implant failure

# Deletions

## Ulcers

“Obstruction” is no longer an axis of classification in I-10

ICD-9-CM     Acute gastric ulcer with hemorrhage and obstruction

ICD-10-CM     Acute gastric ulcer with hemorrhage

# New Combination code

ICD-9-CM

ICD-10-CM

Alcoholic hepatitis

571.1

Alcoholic hepatitis with ascites

Ascites

K70.11

789.59

# Coding Guidelines

No official guidelines at this time

Use ICD-10-CM conventions and instructions within the ICD-10-CM text.

# Specificity

ICD-10-CM provides increased level of specificity, and code expansion is used to report the severity by classifying the condition to the extent of disease progression.

K02.51	Dental caries on pit and fissure surface, enamel	
K02.52	“	to dentin
K02.53	“	into pulp

# Combination codes

Combination codes have been expanded to identify secondary disease processes, manifestations of diseases or associated complications.

Crohn's disease of the large intestine with rectal abscess

ICD-9-CM

555.1

566

ICD-10-CM

K50.114

# Combination codes

## ICD-9-CM

Diverticula of intestine 562.xx

use additional code to identify any associated peritonitis

## ICD-10-CM

K57.20 Diverticulitis of large intestine **with** perforation and abscess **without** bleeding

K57.21 Diverticulitis of large intestine **with** perforation and abscess **with** bleeding

K57.30 **Diverticulosis of large intestine without perforation or abscess** without bleeding

K57.32 Diverticulitis of large intestine **without** perforation or abscess **with** bleeding

# Drug- induced conditions

Combination codes are used to show the causal drug and the external cause without having to use a separate external cause code.

**K22.10 Ulcer of the esophagus without bleeding**

**T36.4X5A Adverse effect of tetracycline, initial encounter**

K22.1 Ulcer of esophagus (5<sup>th</sup> digits tells severity of disease)

**code first** poisoning due to drug or toxin if applicable

T36-T65

**Use additional code** for adverse effects to identify the drug (T36-T50)

# Multiple coding

Instructional notes are used throughout the codebook to provide sequencing instructions.

Digestive diseases associated with alcohol or tobacco require the reporting of more than one code.

K05 Gingivitis and periodontal diseases

Use additional codes/codes for alcohol use, tobacco use or combination use of both.

# Etiology/Manifestation

Underlying condition is sequenced first

Manifestation of the disease sequenced second

K87 Disorders of gallbladder, biliary tract, and pancreas  
code the underlying disease

Codes that may not be reported alone or sequenced as a first listed diagnosis are seen with the phrase :

“in diseases classified elsewhere” in the code title.

# Conventions

When identified through the phrase “code first underlying disease” and “use additional code” the following sequence rules apply.

“Code the underlying disease first”

“Code also” alerts the coders that more than one code may be necessary to code the condition in its entirety.

# Barrett's Esophagus

Barrett's esophagus is a serious complication of GERD (gastroesophageal reflux disease). In Barrett's esophagus, normal tissue lining the esophagus -- the tube that carries food from the mouth to the stomach -- changes to tissue that resembles the lining of the intestine. About 10% of people with chronic symptoms of GERD develop Barrett's esophagus.

K22.70 Barrett's esophagus without dysplasia

K22.710 with low grade dysplasia

K22.711 with high grade dysplasia

K22.719 with dysplasia, unspecified

# Barrett's Esophagus



# Angiodysplasia

**Angiodysplasia** is a small vascular malformation of the gut. It is a common cause of otherwise unexplained gastrointestinal bleeding and anemia. Lesions are often multiple, and frequently involve the cecum or ascending colon, although they can occur at other places.

Angiodysplasia of stomach and  
duodenum with bleeding

K31.811



# Dieulafoy lesion

- **Dieulafoy's lesion** (*exulceratio simplex Dieulafoy*) is a medical condition characterized by a large tortuous arteriole in the stomach wall that erodes and bleeds. It can cause gastric hemorrhage but is relatively uncommon. It is thought to cause less than 5% of all gastrointestinal bleeds in adults.
- It is also called "caliber-persistent artery" or "aneurysm" of gastric vessels. However, unlike most other aneurysms these are thought to be developmental malformations rather than degenerative changes.
- K31.82 Dieulafoy lesion (hemorrhagic) of stomach and duodenum.

# Epiplocele

- K46 Unspecified abdominal hernia
  - enterocele
  - epiplocele
  - interstitial hernia
  - intestinal hernia
  - intra-abdominal hernia
- .0 with obstruction without gangrene
- .1 with gangrene
- .9 without obstruction or gangrene

# Crohn's Disease

Further specificity in ICD-10.

Can specify by:

bleeding

intestinal obstruction

fistula

abscess

other complication.

# Inflammatory polyps

**New Code:**

**K51.4 Inflammatory polyps of colon**

**Excludes1: Adenomatous polyp of colon D12.6**

**Polyposis of colon D12.6**

**Polyps of colon K63.5**

**5<sup>th</sup> digit 0 without complication**

**1 with complication**

**6<sup>th</sup> digits 1 with rectal bleeding**

**2 with intestinal obstruction**

**3 With fistula**

**4 with abscess**

**8 other complication**

**9 unspecified complications**

# Other specified Gastroenteritis

K52.81 Eosinophilic gastritis or gastroenteritis

K52.82 Eosinophilic colitis

K52.89 Other specified noninfective gastroenteritis and colitis

Collagenous colitis

Lymphocytic colitis

Microscopic colitis ( Collagenous or lymphocytic)

# Diverticulitis

Modifiers:

without perforation

with perforation

without abscess

with abscess

without bleeding

with bleeding

# Irritable Bowel

K58.0 Irritable bowel with diarrhea

K58.9 Irritable bowel without diarrhea

diarrhea used to be a symptom of the disease

code now specified by with and without diarrhea

# Polyp of Colon

K63.5 Polyp of colon

Excludes1: adenomatous polyp of colon D12.6

inflammatory polyp of colon K51.4-

polyposis of colon D12.6

# Hemorrhoids K64

## Specified now by stage:

1<sup>st</sup> – with or without bleeding without prolapse outside of anal canal

2<sup>nd</sup> – with or without bleeding that prolapse with straining, but retract spontaneously

3<sup>rd</sup> – with or without bleeding that prolapse with straining and require manual replacement inside anal canal.

4<sup>th</sup> – with or without bleeding with prolapsed tissue that cannot be manually replaced

residual – External hemorrhoids or skin tags of anus

Perianal venous thrombosis – External hemorrhoids with thrombosis, perianal hematoma, or thrombosed hemorrhoids

Other – Internal hemorrhoids without mention of degree  
Prolapsed hemorrhoids, degree not specified

Unspecified – Hemorrhoids bleeding or without mention of degree

# Alcoholic liver disease

ICD-9-CM Two codes required to show ascites

1<sup>st</sup> code for liver disease

2<sup>nd</sup> code for ascites

K70.1 Alcoholic hepatitis – increased specificity

with ascites K70.10

without ascites K70.11

# Toxic Liver Disease

Includes drug induced liver disease.

- K71.0 Toxic liver disease with cholestasis
- K71.1 Toxic liver disease with hepatic necrosis
- K71.2 Toxic liver disease with acute hepatitis
- K71.3 Toxic liver disease with chronic persistent hepatitis
- K71.4 Toxic liver disease with chronic lobular hepatitis
- K71.5 Toxic liver disease with chronic active hepatitis
- K71.6 Toxic liver disease with other disorders of the liver
- K71.7 Toxic liver disease with fibrosis and cirrhosis of liver
- K71.8 Toxic liver disease with other disorders
- K71.9 Toxic liver disease, unspecified

# Hepatic Failure

Includes: Acute hepatitis NEC with hepatic failure

Fulminant hepatitis NEC with hepatic failure

Hepatic encephalopathy NOS

Liver necrosis with hepatic failure

Malignant hepatitis NED with hepatic failure

Yellow liver atrophy or dystrophy

Excludes1: Alcoholic hepatic failure K70.4

postprocedural hepatic failure K91.82

K72.0 Acute and subacute hepatic failure

K72.1 Chronic hepatic failure with and without coma

K72.9 Hepatic failure unspecified

# Fibrosis and Cirrhosis of liver

Further specificity:

- K74.0 Hepatic fibrosis
- K74.1 Hepatic sclerosis
- K74.2 Hepatic fibrosis with hepatic sclerosis
- K74.3 Primary biliary cirrhosis
- K74.4 Secondary biliary cirrhosis
- K74.5 Biliary cirrhosis, unspecified
- K74.69 Crypogenic cirrhosis
  - Macronodular
  - Micronodular
  - Mixed type cirrhosis
  - Portal cirrhosis
  - Postnecrotic cirrhosis of liver

# Steatohepatitis and Fatty liver

K75.81 Nonalcoholic steatohepatitis (NASH)

K76.0 Fatty change of liver (nonalcoholic) NAFLD

# Calculus of gallbladder

## ICD-9-CM

Calculus of bile duct      1<sup>st</sup> code - 574.50

Cholangitis                      2<sup>nd</sup> code – 576.1 or 571.6

## Calculus of bile duct

with cholangitis - K80.30

without cholangitis    K80.50

# Pancreatitis

Further specificity in ICD-10

K85.0 Idiopathic acute pancreatitis

K85.1 Biliary acute pancreatitis

K85.2 Alcohol induced acute pancreatitis

K85.3 Drug induced acute pancreatitis

K85.8 other acute pancreatitis

# Complications

Depending on the nature of the condition, digestive system complications are classified to K90-K94.

- Intraoperative and postprocedural complications

Disorders of the digestive system, NEC

K91

- Complications of artificial openings of digestive system  
(colostomy, enterostomy)

K94

# Complications

- K91.0 Vomiting following GI surgery
- K91.1 Postgastric surgery syndromes
- K91.2 Postsurgical malabsorption, NEC
- K91.3 Postprocedural intestinal obstruction
- K91.4 Postcholecystectomy syndrome
  
- K91.89 Other postprocedural complications and disorders  
of the digestive system
- K59.1 Functional diarrhea  
(note 2 codes needed to code complication)

# Postcholecystectomy Syndrome

**Postcholecystectomy syndrome (PCS)** describes the presence of abdominal symptom after surgical removal of the gallbladder (Cholecystectomy.)

Symptoms of postcholecystectomy syndrome may include:

- Upset stomach, nausea, and vomiting.
- Gas, bloating, and diarrhea.
- Persistent pain in the upper right abdomen.
- Symptoms occur in about 5 to 40 percent of patients who undergo cholecystectomy.
- The pain associated with post-cholecystectomy syndrome is usually ascribed to either sphincter of Oddi dysfunction or to post-surgical adhesions.
- Approximately 50% of cases are due to biliary causes such as remaining stone, biliary injury, dysmotility and choledococyst. The remaining 50% are due to non-biliary causes. This is because upper abdominal pain and gallstones are both common but are not always related.
- Chronic diarrhea in Postcholecystectomy syndrome can be treated with cholestyramine.

# Post-gastrectomy syndrome

The primary function of the stomach is to act as a reservoir, initiate the digestive process, and release its contents gradually into the duodenum so that digestion in the small bowel is optimally performed.

- **Causes :** Patients with a diagnosis of gastric cancer, trauma, or complicated peptic ulcer disease may require a gastrectomy, which is the surgical removal of a portion of or, on occasion, all of the stomach. The anatomical changes that result after gastrectomy affect the emptying time of the stomach. If the pyloric valve located between the stomach and first part of the small intestine (duodenum) is removed, the stomach is unable to retain food long enough for partial digestion to occur. Food then travels too rapidly into the small intestine producing a condition known as the post-gastrectomy syndrome.
- **Symptoms :** This is characterized by a lowered tolerance for large meals, rapid emptying of food into the small intestine or “dumping,” abdominal cramping pain, diarrhea, lightheadedness after eating as well as increased heart rate and sharp drops in blood sugar levels. In the “early” dumping syndrome, symptoms occur approximately one-half hour after eating whereas in the “late” dumping syndrome they appear two to four hours after eating. The carbohydrate component draws water into the intestinal lumen causing sudden fluid shifts in the early dumping whereas late dumping is caused by a reactive hypoglycemia. An estimated 25-50% of all patients who have undergone gastric surgery have some symptoms of gastric dumping. The incidence and severity of symptoms are related directly to the extent of gastric surgery

# Complications of chemo and radiation therapy

## K92.81 Gastrointestinal mucositis (ulcerative)

Code also type of associated therapy:

Chemotherapy T45.1X-

Radiation Y84.2

# GI hemorrhage NOS

## K92 Hematemesis, melena and GI hemorrhage NOS

not complications of a procedure, not associated with disease process in a combination code.

EXCLUDES1 indicated the condition listed, are more appropriately classified elsewhere.

# GI hemorrhage NOS

## K92.2 Gastrointestinal hemorrhage

Excludes1: acute hemorrhagic gastritis (K29.01)

hemorrhage of anus and rectum (K62.5)

angiodysplasia of stomach with hemorrhage (K31.811)

diverticular disease with hemorrhage (K57-)

Gastritis and duodenitis with hemorrhage (K29-)

Peptic ulcer with hemorrhage (K26-K28)

# Complications artificial openings

- K94.0 Colostomy complication
- K94.1 Enterostomy complication
- K94.2 Gastrostomy complication
- K94.3 Esophagostomy complications

# Infections artificial openings

Fifth character specifies the nature of the complication.

Infections of artificial openings require an additional code to specify the type of infection.

K94.00 Colostomy complication, unspecified

K94.01 Colostomy hemorrhage

K94.02 Colostomy infection

Use additional code to specify the type of infection.

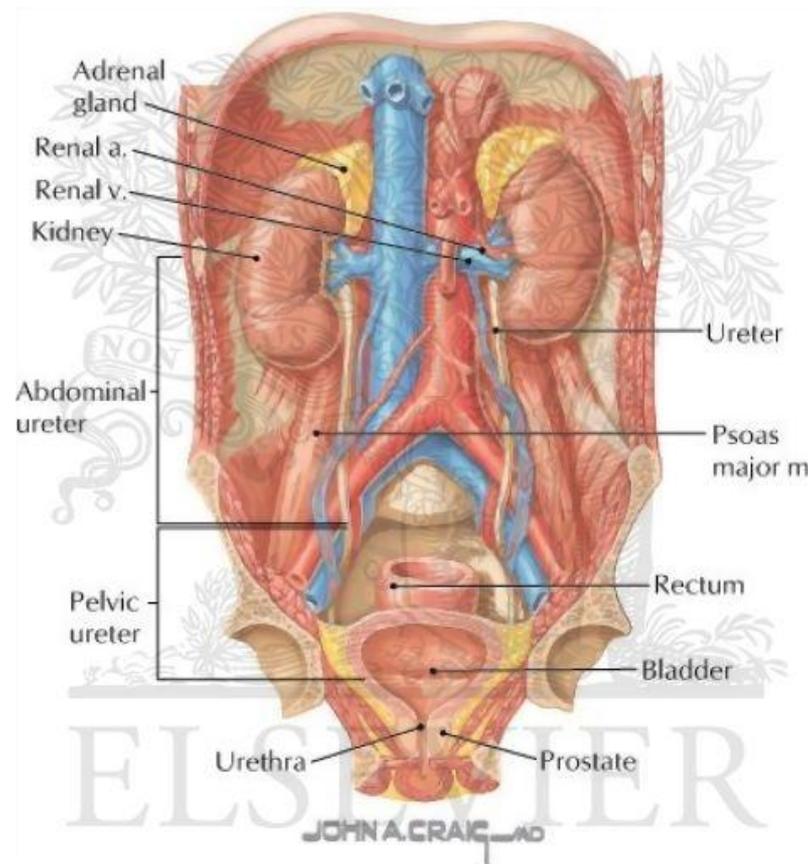
cellulitis L03.311

sepsis A40-A41-

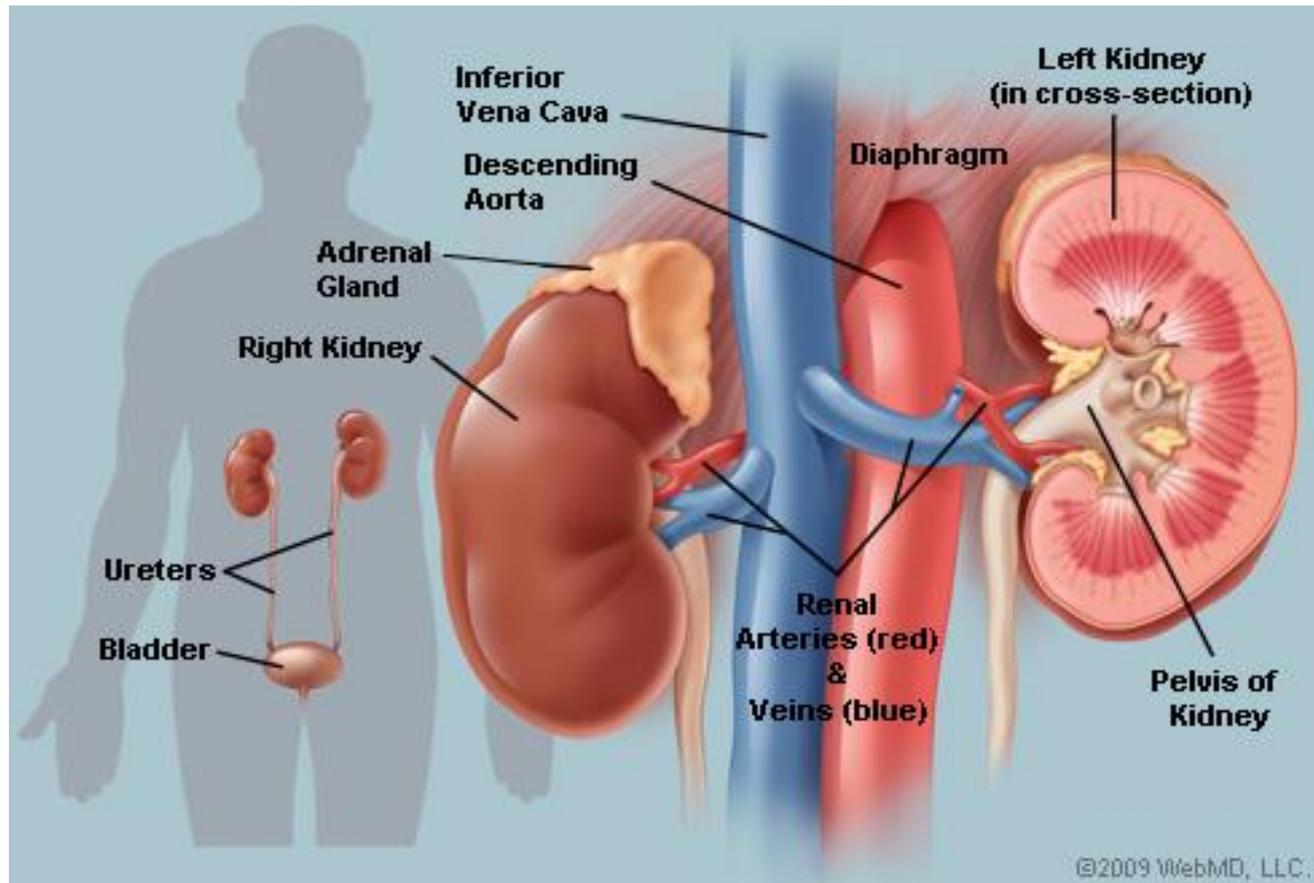
K94.03 Colostomy malfunction

K94.09 Other complication of colostomy

# Diseases of the Genitourinary System – Chapter 14

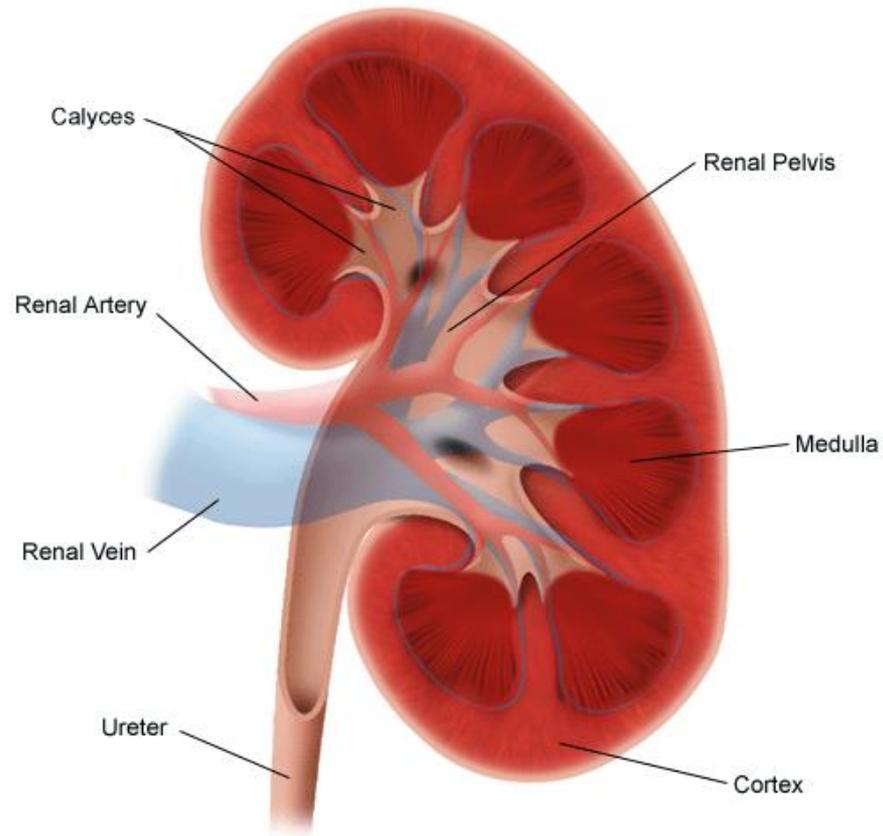


# Kidney

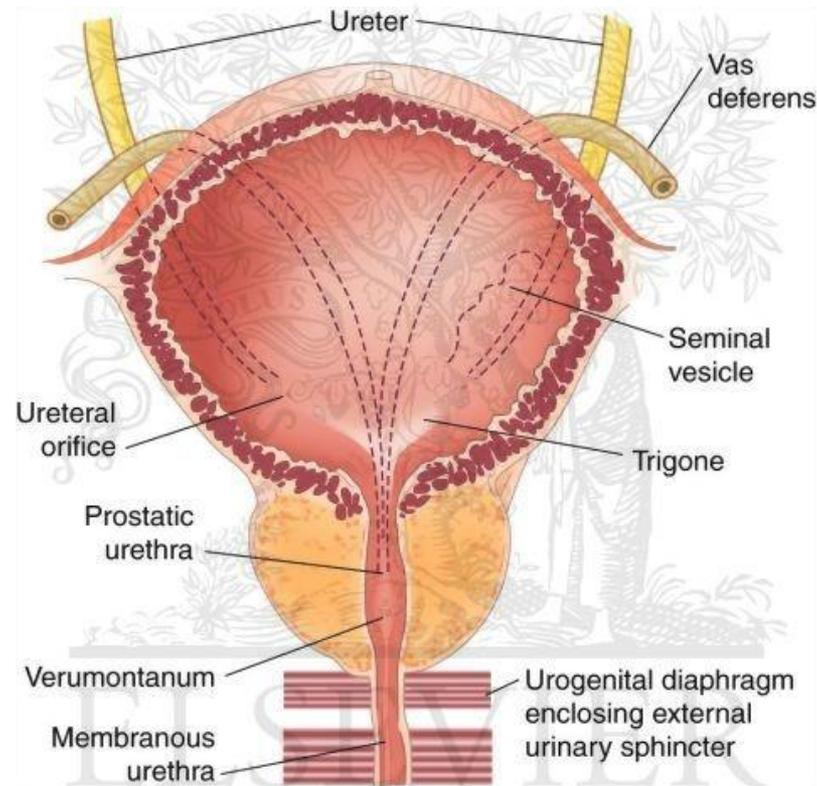


# Kidney

## Anatomy of the Kidney



# Bladder



# Bladder

Trigone – above and behind the urethral orifice is a triangular area

Dome – the top of the bladder

Lateral wall – the side walls of the bladder

Anterior wall – front wall of the bladder

Posterior wall – back wall of the bladder

Bladder neck – The base of the bladder where the urethra enters the bladder.

Ureteral orifice – two areas where the ureters enter the bladder

Urachus - The canal that joins the bladder with the umbilicus that is present in fetal development.

# Genitourinary System

- N00-N08 Glomerular diseases
- N10-N16 Renal tubulo-interstitial diseases
- N17-N19 Acute renal failure and chronic kidney disease
- N20-N23 Urolithiasis
- N25-N29 Other disorders of kidney and ureter
- N30-N39 Other diseases of the urinary system
- N40-N53 Diseases of the male genital organs
- N60-N65 Disorders of the breast
- N70-N77 Inflammatory diseases of the female pelvic organs
- N80-N98 Noninflammatory disorders of the female organs
- N99 Intraoperative and postprocedural complications and disorders of the genitourinary system, NEC

# Category restructuring

Chapter 10 has been restructured to group like conditions

## **ICD-9-CM**

2 subchapters - renal disease

580-589 Nephritis, nephritic syndrome and nephrosis

590-599 Other diseases of the urinary system

no chapter for urolithiasis

592, 593

## **ICD-10-CM**

6 blocks

N00-N08

Unique block

N20 Calculus of kidney and ureter  
N21 Calculus of lower urinary tract  
N22 Calculus of urinary tract in  
diseases classified elsewhere

# Category Title changes

Titles changes to reflect categorical content.

ICD-9-CM

Acute glomerulonephritis

ICD-10-CM

Glomerular disease

Expanded code classifications to specify severity between clinical subtypes. Acute glomerulonephritis replaced by “acute nephritic syndrome.”

N00.0-N00.7 acute nephritic syndrome

minor glomerular abnormality to dense glomerulonephritis

# Category Title changes

Term. “Pathological” replaced by “morphological” in I-10

ICD-9-CM 580.5 Acute glomerulonephritis with unspec.  
pathological lesion in kidney

ICD-10-CM N00.9 Acute nephritis syndrome with unspec.  
morphological changes

# Organizational changes

611.5 Galactocele has been deleted in ICD-10-CM

Condition is coded in the residual three-character category for other diseases of the breast.

N64.89 Other specified disorders of the breast

Galactocele

Subinvolution of breast - postlactational

# Codes moved

Renal manifestations of systems disease have been moved to other body system chapters.

Combination codes associate diseases with secondary disease processes, specific manifestations, or associated complications.

Two coded were needed in ICD-9-CM. One code in I-10.

E10.21 Type I diabetes with diabetic nephropathy

# Codes moved

Renal manifestations of systemic diseases have been moved to chapter of the codebook where the systemic disease lies.

## ICD-9-CM

Diabetes with renal manifestations 250.40

Nephrotic syndrome with other specified pathological lesion in the kidney 581.81

## ICD-10-CM

E10.21 Type I diabetes with diabetic nephropathy

E10.22 Type I diabetes with diabetic chronic kidney disease

E10.23 Type I diabetes with other diabetic kidney complications

# N08

**\*\*valid 3 digit code\*\***

Used to report secondary renal manifestations classified elsewhere.

Manifestation code cannot be first listed or listed alone

Excludes1: Due to Diabetes and lupus

more appropriately classified elsewhere

# N08

N08 Glomerular disorders in diseases classified elsewhere

Glomerulonephritis

Nephritis

Nephropathy

Code first underlying disease, such as:

amyloidosis E85.-

Congenital syphilis A50.5

Excludes1: Diabetes (E08-

Lupus M32.14

Mumps B26.83

# Details in coding

Chapter 14 – The code expansion is intended to identify specific types or causes of renal and other genitourinary diseases.

Changes are due to advances in our understanding of diseases, were developed to provide necessary data to support epidemiology and research, and to update currently applicable terminology.

# New codes

New codes have been created for specific diseases or disorders not previously identifiable with unique codes in ICD-9-CM.

## **ICD-9-CM**

593.89 Other specified disorders  
of kidney and ureter

## **ICD-10-CM**

N28.82 Megaloureter  
N28.84 Pyelitis cystica

# Expanded classifications

Specific codes for associated condition and underlying disease.

## ICD-9-CM

606.1 Oligospermia

## ICD-10-CM

N46.11 Organic oligospermia

N46.121 Oligospermia>>drugs

N46.122 Oligospermia>>infection

N46.123 “ due to obstructed  
ducts

N46.124 Oligospermia>radiation

N46.125 “ due to>systemic disease

N46.129 “ due to other extra-  
testicular causes

# Coding Guidelines

- \*\*CKD (Chronic Kidney Disease) classifications are based on severity as documented by the physician.
- \*\*If both a stage of CKD and end stage kidney disease are documented, assign only End Stage Kidney disease N18.6
- \*\*Assign both the appropriate N18 CKD code and the Z94.0 kidney transplant status, to report CKD in a transplant patient.

# Coding Guidelines

\*\*CKD in a transplant patient is not synonymous with a transplant complication. See (1.c.19.g) in guidelines for clarification.

\*\*The sequencing of CKD in relationship to other associated conditions is determined by the conventions and instructions in the ICD-10-CM text.

Refer to appendix A for additional information

# Multiple coding

Instructional notes appear throughout the codebook to provide sequencing instructions when you need more than one code to report a diagnosis in its entirety.

Some diagnoses will need more than one code in a specific sequence.

N40.1 Enlarged prostate with lower urinary tract symptoms

Use additional code for associated symptoms:

incomplete bladder emptying R39.14

Nocturia R35.1

Straining on urination R39.16

# Code first/use addl code

These notes tell the coder that certain conditions may occur independently of each other, multiple codes may be necessary to report associated conditions or to report the underlying condition.

Glomerular diseases (N00-N08)

code any associated kidney failure (N17-N19)

Cystitis (N30)

use additional code to identify infectious disease  
(B95-B97)

# Etiology/manifestation coding

Codes that may not be reported alone, or sequenced as a first-listed code will be identified by the phrase “In diseases classified elsewhere” in the code title.

“Use additional code” -- etiology code

“Code first” -- manifestation code

M02.30 Reiter’s disease, unspecified site

N37 Urethral disorders in diseases classified elsewhere

“Code also” alerts the coder that more than one code may be needed to code the condition in its entirety.

N39.3 Stress incontinence, (female) (male)

code also associated overactive bladder (N32.81)

# Other conditions

N96 Recurrent Pregnancy loss

N98 Complications of artificial fertilization

N98.1 Hyperstimulation of ovaries

N98.2 Complications of attempted introduction of fertilized ovum following in vitro fertilization

N98.3 Complications of attempted introduction of embryo in embryo transfer

N98.8 Other complication associated with artificial fertilization

N98.9 Complication associated with artificial fertilization, unspecified

# Hydronephrosis

Further specificity in ICD-10:

with ureteral stricture N13.1

with renal and ureteral calculus N13.2

crossing vessel and stricture without

hydronephrosis N13.5

Pyonephrosis N13.6

# Intraoperative/Postprocedural Complications

## N99

- N99.0 Postprocedural (acute) (chronic) kidney failure
- N99.1 Postprocedural urethral stricture
- N99.2 Postprocedural adhesions of vagina
- N99.3 Prolapse of vaginal vault after hysterectomy
- N99.4 Postprocedural pelvic peritoneal adhesions
- N99.5 Complications of stoma of urinary tract
- N99.6 Intraoperative hemorrhage and hematoma of a genitourinary organ or structure complication a procedure
- N99.7 Accidental puncture and laceration of a genitourinary system organ or structure during a procedure
- N99.8 Other intraoperative and postprocedural complications and disorders of genitourinary system
  - N99.83 residual ovary syndrome

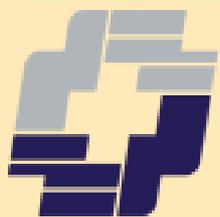


# Salem Health

# ICD-10

## REFERENCES

- CMS: <http://www.cms.gov/Medicare/Coding/ICD10/index.html>
- AHIMA: <http://www.ahima.org/>
- AAPC: <http://www.aapc.com/>
- ACDIS: <http://www.hcpro.com/acdis/index.cfm>
- HCPro Just Coding: <http://www.justcoding.com/>



**Salem Health**

ICD-10 



**QUESTIONS?**