

CHAPTER 11

DISEASES OF THE DIGESTIVE SYSTEM (K00-K95)

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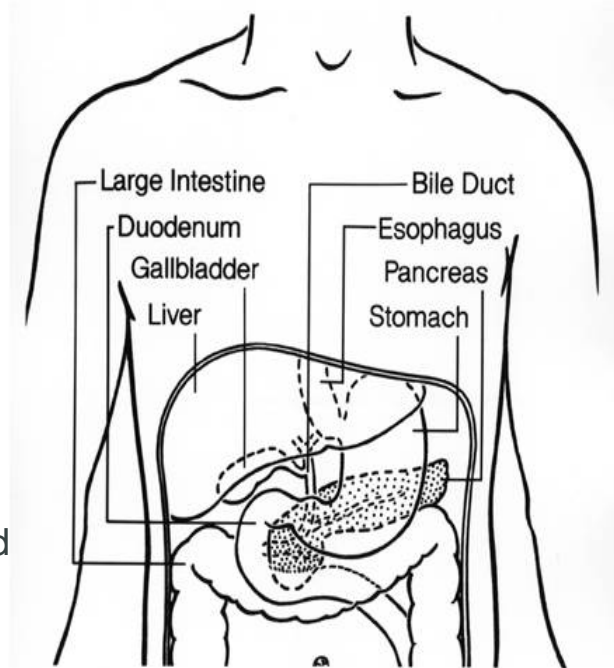


CHAPTER SPECIFIC CATEGORY CODE BLOCKS

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

CHAPTER NOTES

- Some of the disease categories in Chapter 11 have been restructured to bring together those groups that are in some way related.
- ICD-10-CM provides combination codes for complications commonly associated with Crohn's disease.
- These combination codes can be found under subcategory K50.0.
- Hernia with both gangrene and obstruction is classified to Hernia with gangrene.
- Chapter 11 contains two new sections:
 - ❖ Diseases of liver (K70-K77)
 - ❖ Disorders of gallbladder, biliary tract and pancreas



CODING EXAMPLES

1. This patient is seen for treatment of a recurrent right inguinal hernia with gangrene and obstruction. What is the correct code assignment for this case?

Answer: K40.41 Hernia, hernial, (acquired) (recurrent), inguinal (direct) (external) (funicular) (indirect) (internal) (oblique) (scrotal) (sliding), unilateral, with, gangrene (and obstruction), recurrent

Rationale: When coding hernias, ICD-10-CM provides specificity by type, laterality, with or without obstruction and recurrence.

2. Assign the diagnosis code(s) for Acute gastric ulcer with hemorrhage.

Answer: K25.0 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, gastric – see Ulcer, stomach (eroded) (peptic) (round), acute, with, hemorrhage

Rationale: Gastric ulcers are subdivided by severity and then further subdivided by hemorrhage and/or perforation.

CODING EXAMPLES (cont.)

3. This patient has been diagnosed with choledocholithiasis with acute cholangitis and obstruction. What is the correct diagnosis code(s).

Answer: K80.33 Choledocholithiasis (common duct) (hepatic duct) – see Calculus, bile duct (common) (hepatic), with, cholangitis, acute, with, obstruction

Rationale: ICD-10-CM has provided a combination code for bile duct calculus with cholangitis.

CODING EXAMPLES (cont.)

4. This 30-year-old woman has been treated for Crohn's disease of the small intestine since she was 18-years-old. She has had several exacerbations of the disease in the past years. At this time, small bowel x-ray shows a small bowel obstruction. The obstruction was found to be a result of an exacerbation of her Crohn's disease. What is the correct diagnosis code(s)?

Answer: K50.012 Crohn's disease – see Enteritis, regional, Enteritis (acute) (diarrheal) (hemorrhagic) (noninfective) (septic), regional (of), small intestine, with complication, intestinal obstruction

Rationale: An additional code for the small bowel obstruction is not required as the combination code in ICD-10-CM identifies both the Crohn's disease and the small bowel obstruction. Exacerbation is not a qualifier for Crohn's disease.

CODING EXAMPLES (cont.)

5. A 70-year-old female was visiting relatives in the area and was brought to the emergency department, complaining of vomiting blood and having very dark stools that appeared to be bloody. The patient had gone out to dinner with relatives and shortly after returning home, started vomiting and having diarrhea and blamed it on the large meal. She continued to have these symptoms overnight and her family members insisted she come to the hospital. The patient is taking prinvil, lanoxin and lasix for congestive heart failure and atrial fibrillation and these medications were continued. The gastroenterologist was called to consult and found a past history of gastric ulcer. The patient had an EGD five months earlier showing chronic bleeding ulcer in the antrum of the stomach. She was placed on medication and warned that this may be a recurrent problem. The patient refused a follow-up EGD and requested to be released to return home and receive treatment from her regular physician. It should be noted that serial blood counts did not find any significant anemia. The patient was discharged with a diagnosis of chronic bleeding gastric ulcer and copies of her medical records to take home for review by her private physician. What is the correct diagnosis code(s)?

Answer: K25.4 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, gastric – see ulcer, stomach (eroded) (peptic) (round), chronic, with hemorrhage
I50.9 Failure, failed, heart (acute) (senile) (sudden), congestive (compensated) (decompensated)
I48.0 Fibrillation, atrial or auricular (established)

CODING EXAMPLES (cont.)

Rationale to example five: Even though a complete diagnostic workup was not completed due to the patient's wishes, the hemorrhage should be included in the coding as it was documented by the physician.

6. A 68-year-old man was admitted to the hospital for bilateral inguinal hernia repair that could not be done on an outpatient basis because of anticipated extended recovery time required due to his COPD, chronic low back pain and hypertension. After being prepared for surgery, the patient complained of precordial chest pain. The surgery was canceled and the patient was returned to his room. Cardiac studies failed to find a reason for the chest pain which resolved later that day. What are the correct diagnosis codes?

Answer: K40.20 Hernia, hernial (acquired) (recurrent), inguinal (direct) (external) (funicular) (indirect) (internal) (oblique) (scrotal) (sliding), bilateral
R07.2 Pain(s) (see also Painful), chest (central), precordial
J44.9 Disease, diseased, pulmonary, chronic obstructive
M54.5 Pain(s) (see also Painful), low back
I10 Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)
Z53.09 Canceled procedure (surgical), because of contraindication

CODING EXAMPLES (cont.)

Rationale to example 6: The inguinal hernia should be the first-listed diagnosis as it was the reason for admission, even though the surgery was canceled.

7. This nursing home patient has extensive cellulitis of the abdominal wall. The examination performed reveals that his existing gastrostomy site is infected. He had a feeding tube inserted four months ago because of carcinoma of the middle esophagus. The physician confirmed that the responsible organism for the infection is methicillin resistant Staph. aureus (MRSA). What diagnosis codes are assigned?

Answer: K94.22 Complication(s) (from) (of), gastrostomy (stoma), infection
L03.311 Cellulitis (diffuse) (phlegmonous) (septic) (suppurative), abdominal wall
C15.4 Neoplasm Table, by site (esophagus), malignant, primary
B95.62 Infection, infected, infective (opportunistic), staphylococcal, as cause of disease classified elsewhere, aureus, methicillin resistant

CODING EXAMPLES (cont.)

Rationale to example 7:

The infection of the gastrostomy is sequenced first. The note under K94.22 states to “Use an additional code to specify type of infection,” such as cellulitis of abdominal wall. The organism (methicillin resistant Staph aureus) is also coded per instructional note which appears directly under the section “Infections of the Skin and Subcutaneous Tissue (L00-L08).” The note states “Use additional code (B95-B97) to identify infectious agent.”

TRAINING SOURCES

American Health Information Management Association
www.ahima.org