

Gastroenterology Coding Alert

ICD-10-CM: Breaking: You'll Find New Intestinal Adhesion Codes on Oct. 1

CMS has released the finalized list of 2018 diagnosis codes.

Gastroenterology coders hoping to benefit from new ICD-10 codes this fall will be pleased to see that CMS has delivered over 300 new diagnosis codes debuting on Oct. 1. CMS published the full listing of codes on June 13, but we've reviewed the list to identify the changes most relevant to GI practices.

Find Updates to Intestinal Obstruction

When patients present with intestinal obstruction, you'll find several new codes to describe these services, as follows:

- K56.600 □ Partial intestinal obstruction, unspecified as to cause
- K56.601 □ Complete intestinal obstruction, unspecified as to cause
- K56.609 □ Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction
- K56.690 □ Other partial intestinal obstruction
- K56.691 □ Other complete intestinal obstruction
- K56.699 □ Other intestinal obstruction unspecified as to partial versus complete obstruction

Also among the updates, you'll find a revised heading for K56.5, which now is titled "Intestinal adhesions [bands] with obstruction (postinfection)." You'll note that the term "postprocedural" is now removed from that category heading. Although intestinal adhesions are frequently caused during abdominal surgery, that isn't always what prompts the condition, which may be why the ICD-10 Committee removed the "postprocedural" terminology from the category heading.

In addition, the ICD-10 Committee added three codes under this revised heading, as follows:

- K56.50 □ Intestinal adhesions [bands], unspecified as to partial versus complete obstruction
- K56.51 □ Intestinal adhesions [bands], with partial obstruction
- K56.52 □ Intestinal adhesions [bands] with complete obstruction

Of note, the new intestinal obstruction codes go out to six characters, while the debuting intestinal adhesion codes only require you to report five characters □ these are important distinctions to note when you're selecting your diagnosis codes.

"Coders should pay careful attention to any diagnosis codes that have extra characters because the ICD-10-CM is our road map to coding accurately and correctly," says **April Callahan, BA CPC, CPC-I**, president and CEO of A&L Medical Coding Consulting, LLC, in Long Beach, Miss.

"Using the extra character tells the story of the patient's condition along with what the physician documented, which also leads to coding to the highest specificity," Callahan adds. "This will save a lot of denials when submitting a claim," she adds.

Look No Further for Postprocedural Obstruction Codes

If you're wondering whether you can report one of the new intestinal obstruction codes from the K56.--- series above for postprocedural intestinal obstruction, the answer is a firm "no," but that doesn't mean all is lost if your patient suffers from this condition.

Instead, your new ICD-10 manual will offer new codes under the K91.3 (Postprocedural intestinal obstruction) category, with the following three new codes that you can report effective Oct. 1:

- K91.30 □ Postprocedural intestinal obstruction, unspecified as to partial versus complete
- K91.31 □ Postprocedural partial intestinal obstruction
- K91.32 □ Postprocedural complete intestinal obstruction

Know Which Proposals Weren't Adopted

Although several of the ICD-10 additions that stakeholders originally recommended were adopted, some were not. For example, you won't find expanded appendicitis codes among the new listings, nor will you see new notes under the diverticulitis codes, which the American Association for the Surgery of Trauma had requested.

Resource: To read the complete list of ICD-10-CM changes, visit <https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs.html>.