

## Part B Insider (Multispecialty) Coding Alert

### ICD-10: ICD-10 to Bring Colon Polyp Codes Into Modern Era

**Distinguishing between non-neoplastic and neoplastic polyps will save your claims.**

Next year, when ICD-10 is implemented, don't find yourself hunting for codes when your physician removes a colonic polyp. Keep yourselves armed with this advance knowledge to keep in top shape when the change comes. Take a note of the following points before your coding and be well on your way to the accurate diagnosis codes.

#### 1. Wait for Path Reports Before Committing Your Polyp Codes

To select the correct ICD-10 diagnosis code for a colonic polyp, you will need to know whether the polyp is benign or malignant. Doctors may imply what type of polyp it is in an operative report but they usually defer to the pathology report before making a final recommendation about when the colonoscopy should be repeated as the pathology report contains the definitive determination of a colonic polyp's behavior.

**Tip:** The final pathology report will determine if a polyp is non-neoplastic or neoplastic. This differentiation is very important in selecting the proper time interval for a follow-up colonoscopy. Although most polyps do not usually turn cancerous, they may cause gastrointestinal problems such as bleeding and obstruction.

#### 2. Get to Know Your Non-neoplastic Colonic Polyps

**Hyperplastic:** Although they are not neoplasms, hyperplastic polyps in the colon most often occur in the rectal region, and you usually report them in ICD-9 with 211.4 (Benign neoplasm of rectum and anal canal).

**ICD-10:** From next year onward, you will have to specify the exact location with either D12.7 (Benign neoplasm of rectosigmoid junction), D12.8 (Benign neoplasm of rectum) or D12.9 (Benign neoplasm of anus and anal canal).

**What's different:** You should currently report hyperplastic polyps found in any other region with 211.3, but you will report them in ICD-10 with more specificity by choosing from among the subcategory D12.x with the fourth digit (0-6) specifying the location. You will also have K63.5 (Polyp of colon) as possible code for a polyp of the colon.

**Inflammatory or pseudopolyps:** These often occur in patients with inflammatory bowel disease or ulcerative colitis. You have been using 556.4 (Pseudopolyposis of colon) to report these polyps. In ICD-10, this code cross walks to K51.40 (Inflammatory polyps of colon without complications). The code has also been further extended with K51.4-- where the fifth and sixth digits (11-19) will specify the condition with added complications.

#### 3. Check out These Neoplastic Polyp Classifications

Neoplastic polyps have specific classifications, too. They include:

**Adenomatous polyps (APs):** Gastroenterologists believe this type is the most susceptible for developing into a colorectal cancer, but not all adenomas develop into cancer. Because of the potential for malignancy, most insurers will reimburse follow-up and surveillance procedures for patients who have adenomatous polyps. Patients with APs are usually designated as having a history of colonic polyps (V12.72, Personal history of certain other diseases; diseases of digestive system; colonic polyps).

When the pathological finding is an "AP of the colon," and it's benign, your diagnosis code is 211.3. In ICD-10, you may use D12.- and K63.5.

Instead of calling it an adenoma, the pathology report may also use one of the three subcategories of adenomatous

polyps to describe it. A tubular adenoma is a benign polyp. A villous adenoma of the colon is a carpet-like polyp that can have an uncertain behavior, and a more specific ICD-9 code is 235.2 (Neoplasm of uncertain behavior of stomach intestines and rectum). In ICD-10, the location of the neoplasm will become important. The codes have been separated under the subcategory D37.- with the fourth digit (1-4) specifying the exact location.

**Combination:** Occasionally, a polyp is a combination of hyperplastic and adenomatous. Sometimes referred to as a serrated adenoma, you should treat this mixed polyp as if it were adenomatous. It's also common for patients to have multiple polyps of different morphologies, such as hyperplastic polyps and APs in different locations. If the polyps have different diagnoses, you can report one for each type of polyp.

**Adenocarcinomas:** When an adenomatous polyp becomes cancerous, it is called an adenocarcinoma and is malignant. Sometimes a neoplastic polyp will contain an area of adenocarcinoma. In these reports the designation may be "carcinoma in situ." In ICD-9 there are two codes depending on location, 230.4 for Carcinoma in Situ Rectosigmoid and 230.3 for Carcinoma in Situ Colon. In ICD-10 the corresponding codes are D01.1 and D01.0 respectively.