

## Part B Insider (Multispecialty) Coding Alert

### Oncology: Coding Angiodysplasia of the Colon Is Tricky--And Will Get More Complex in October

**Confirm the presence of hemorrhage to get to the right code.**

If your physician sees patients for bleeding in the stool, your diagnosis coding choice is currently guided by the presence or absence of hemorrhage—but that could change in October.

**ICD-9-CM:** Depending on presence or absence of hemorrhage, angiodysplasia can be reported using the following two codes in ICD-9-CM:

- 569.84 □ Angiodysplasia of intestine (without mention of hemorrhage)
- 569.85 □ Angiodysplasia of intestine with hemorrhage

**Reminder:** The ICD-9-CM codes 569.84 and 569.85 are specific to reporting angiodysplasia of the intestine. If your oncologist diagnoses angiodysplasia of the stomach or the duodenum, you cannot use these two codes. Instead, depending on the presence or absence of hemorrhage, you will have to report the diagnosis with 537.82 (Angiodysplasia of stomach and duodenum [without mention of hemorrhage]) or 537.83 (Angiodysplasia of stomach and duodenum with hemorrhage) if the location of the vascular deformity is in the stomach or duodenum.

Observe Minor Descriptor Changes in ICD-10-CM

When you begin using ICD-10-CM codes, a diagnosis of angiodysplasia of the colon will again rely on the presence or absence of hemorrhage, as it does in ICD-9-CM.

Under ICD-10-CM, you will have two codes to report angiodysplasia of the colon:

- K55.20 □ Angiodysplasia of colon without hemorrhage
- K55.21 □ Angiodysplasia of colon with hemorrhage

As in ICD-9-CM codes, you cannot report angiodysplasia of the stomach and duodenum with K55.20 or K55.21. Instead, taking note of hemorrhage, you will report a diagnosis of angiodysplasia of the stomach or duodenum using K31.811 (Angiodysplasia of stomach and duodenum with bleeding) or K31.819 (Angiodysplasia of stomach and duodenum without bleeding).

**Note:** Although a dieulafoy lesion of the intestine is a hemorrhagic lesion, you should not report this condition using K55.21 if you are using ICD-10-CM codes or 569.85 in the ICD-9-CM system. You have a separate code in ICD-9-CM and in ICD-10-CM to report this condition. You will report 569.86 (Dieulafoy lesion [hemorrhagic] of intestine) while using ICD-9-CM and K63.81 (Dieulafoy lesion of intestine) if you are using ICD-10-CM codes. Note, K63.81 does not include the 'hemorrhagic' descriptor in ICD-10-CM, says **Kelly C. Loya, CPC-I, CHC, CPhT, CRMA**, Director of Reimbursement and Advisory Services, Altegra Health, Inc.

Review These Basics Briefly

**Documentation spotlight:** When your oncologist arrives at a diagnosis of angiodysplasia of the colon, some of the signs and symptoms that you are most likely to see in the documentation of the patient will include episodes of blood in stools (hematochezia or melena). The bleeding can be noted as minimal or in some cases, significant bleeding may be

noted in the patient documentation. In some cases, the bleeding may be noted to have occurred in the past and resolved on its own. On the other hand, your oncologist might report angiodysplasia of the colon in an asymptomatic patient in whom the lesion was identified at the time of a screening colonoscopy.

Upon examination, your oncologist might note the presence of tachycardia and signs of hypotension if the bleeding was recent and massive. If your oncologist suspects a diagnosis of angiodysplasia based on history alone, he may perform tests such as a complete blood count, hemoglobin count, and guaiac stool labs. Usually in a patient with angiodysplasia of the colon, you will note that the patient also suffers from iron deficiency anemia and guaiac stool is positive when there is bleeding.

Your oncologist may use colonoscopy to arrive at the diagnosis of angiodysplasia. He will also perform selective mesenteric angiography to aid in the diagnosis. Your physician will look to perform selective mesenteric angiography if an angiodysplasia is suspected but not clearly identified during a colonoscopy, says **Michael Weinstein, MD**, Gastroenterologist at Capital Digestive Care in Washington, D.C., and former representative of the AMA's CPT® Advisory Panel.

**Example:** Your oncologist reviews a 68-year-old male patient for complaints of passing fresh blood in the stools. He says that he has had these symptoms before although the bleeding was much less and had resolved by itself spontaneously. He also complains of feeling tired, irritable, having a reduced appetite, and suffering from headaches that are causing him to feel dizzy.

The oncologist performs a thorough physical examination and notes the presence of tachycardia, inflamed tongue and cold extremities. He withdraws a blood sample and sends it to the lab for analysis. He also performs a digital rectal examination, withdraws a stool sample and performs a guaiac stool test.

The lab tests results reveal the presence of a microcytic hypochromic anemia (iron deficiency anemia) and guaiac stool tests are positive for occult blood.

Your oncologist performs colonoscopy that reveals multiple vascular lesions in the proximal ascending colon. He identifies a lesion that has active bleeding and uses a Nd:YAG laser to obliterate the bleeding. Based on these observations, your oncologist arrives at a diagnosis of angiodysplasia.

**What to report:** If you are reporting the guaiac stool test, use 82272 (Blood, occult, by peroxidase activity [e.g., guaiac], qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening). For the colonoscopy, report 45382 (Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding [e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator]).

Use K55.21 once ICD-10-CM is effective and 569.85 for the ICD-9-CM coding system. If, during the course of the evaluation, your oncologist ordered a mesenteric angiography, then the radiologist will use 75726 (Angiography, visceral, selective or supraseductive [with or without flush aortogram], radiological supervision and interpretation) to report the service.