

## Outpatient Facility Coding Alert

### ICD-10-CM: Rejoice With Expanded Options for Malabsorption, Megacolon and IBS

#### Get ready for an overhaul of constipation codes, and more

The 2017 update for the ICD-10-CM codes comes with a new opportunity to learn and reach the next level of specificity in diagnosis coding. However, you would need to shell out time and effort to get the pulse of the change, just in time.

"I think that there may be a few things to learn and work out still," says **Sarah L. Goodman, MBA, CHCAF, COC, CCP, FCS, President, CEO**, and principal consultant for SLG, Inc, in Raleigh, N.C. "ICD-10 is still pretty new to all of us, but I think coders have fared far better than we had hoped."

When it comes to the new diagnosis codes in gastroenterology for 2017, you do have quite a few codes to catch up with. Here is a crisp overview of the changes relates to intestinal disorders, and how to cope with them.

#### Get Immense Options for Irritable Bowel Syndrome

If you do see patients with irritable bowel syndrome, it's time for a greater specificity in documentation, as now you have three more codes based on presence of constipation. Therefore, K58.- (Irritable bowel syndrome...) now has three new added variants as follows:

- K58.1 (Irritable bowel syndrome with constipation)
- K58.2 (Mixed irritable bowel syndrome)
- K58.8 (Other irritable bowel syndrome)

#### Choose Constipation Codes Correctly

Looking at the category K59.-- (Other functional intestinal disorders...) the subcategory K59.0- (constipation...) has witnessed quite a few revisions too.

For K59.0-, you need to add "Use Additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)" to the existing descriptor. Further, you will need to add "Chronic constipation" to the extended descriptor of K59.09 (Other constipation).

You have two new codes too:

- K59.03 (Drug induced constipation) to which you also need to add "Use Additional code for adverse effect, if applicable, to identify drug T36-T50 with fifth or sixth character 5."
- K59.04 (Chronic idiopathic constipation) with an added descriptor "Functional constipation."

#### There's More to Megacolon, Too

You'll find a few revisions to K59.3- (Megacolon, not elsewhere classified...). First, you need to delete "Toxic megacolon" from the extended descriptor, as in 2017, toxic megacolon will have a new code K59.31, all to itself. Second, the "code first" note also stands revised, from "(T51-T65) to identify toxic agent," to "if applicable (T51-T65) to identify toxic agent."

Apart from this, you will have two new codes too:

- K59.31 (Toxic megacolon)
- K59.39 (Other megacolon), to which you need to add "Megacolon NOS."

### **Intestinal Malabsorption Codes Get an Overhaul**

Talking about the category K90-K95, other diseases of the digestive system; within K90 (Intestinal malabsorption...) you need to take note of quite a few revisions.

First, in the extended descriptor of K90.0 (Celiac disease) you will need to add "Celiac disease with Steatorrhea," delete "Idiopathic steatorrhea" and add "Code also exocrine pancreatic insufficiency (K86.81)."

Secondly, K90.4 "Malabsorption due to intolerance, not elsewhere classified" has been revised to "Other malabsorption due to intolerance." What's more, you need to remove the following from the extended descriptor:

"Malabsorption due to intolerance to carbohydrate  
Malabsorption due to intolerance to fat  
Malabsorption due to intolerance to protein  
Malabsorption due to intolerance to starch."

You have two new codes too:

- K90.41 (Non-celiac gluten sensitivity) to which you need to add "Gluten sensitivity NOS, Non-celiac gluten sensitive enteropathy."
- K90.49 (Malabsorption due to intolerance, not elsewhere classified) to which you need to add:

"Malabsorption due to intolerance to carbohydrate  
Malabsorption due to intolerance to fat  
Malabsorption due to intolerance to protein  
Malabsorption due to intolerance to starch."

**Final takeaway:** Take note of these small changes, as this small step will go a long way in letting you have the payments you deserve. Communication with the providers is key in order to get them to document appropriately. Gone are the days where you could just state "IBS."