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Outpatient Facility Coding Alert

ICD-10: Prepare Now for 7 Sweeping Changes in ICD-10's Gastroenterology Codes

Proper documentation will help guide you to the most precise codes.

The first official update to ICD-10 will go into effect October 1, with changes affecting virtually every medical specialty. Gastroenterology is one area where you'll find many updates and additions, but don't fret over the massive number of shifts. Refer to this list when it's time to assign diagnoses for some of your most common gastroenterology procedures and your code choice might be simpler than you expect.

1. Nail Enteritis/Colitis Claims With These New Options

As of October 1, you will have to delete K52.2 (Allergic and dietetic gastroenteritis and colitis) and add the following three codes with more specificity:

- K52.21 (Food protein-induced enterocolitis syndrome)
- K52.22 (Food protein-induced enteropathy)
- K52.29 (Other allergic and dietetic gastroenteritis and colitis).

Added to this, you'll also have this set of new colitis codes:

- K52.3 (Indeterminate colitis)
- K52.831 (Collagenous colitis)
- K52.832 (Lymphocytic colitis)
- K52.838 (Other microscopic colitis)
- K52.839 (Microscopic colitis, unspecified).

2. Tame the Tumors With New/Revised GI Tumor Diagnoses

You have new codes to be more specific when coding for stromal tumors.

"You've got some great additions, especially the stromal tumor codes," rejoices **Jan Rasmussen, CPC, PCS, ACS-GI, ACS-OB**, owner/consultant of Professional Coding Solutions, Holcombe, Wisc. Your site-specific choices are:

- C49.A0 (Gastrointestinal stromal tumor, unspecified site)
- C49.A1 (Gastrointestinal stromal tumor of esophagus)
- C49.A2 (... stomach)
- C49.A3 (... small intestine)
- C49.A4 (... large intestine)
- C49.A5 (... rectum)
- C49.A9 (... other sites).

Benign carcinoid tumor: Note the revisions in the descriptors for benign carcinoid tumors. They are:

- D3A.094 (Benign carcinoid tumor of the foregut NOS) to (Benign carcinoid tumor of the foregut, unspecified)
- D3A.095 (Benign carcinoid tumor of the midgut NOS) to (Benign carcinoid tumor of the midgut, unspecified)

- D3A.096 (Benign carcinoid tumor of the hindgut NOS) to (Benign carcinoid tumor of the hindgut, unspecified).

Malignant carcinoid tumor:

Be prepared for similar revisions to these malignant carcinoid tumor diagnoses. The revised codes are:

- C7A.094 (Malignant carcinoid tumor of the foregut NOS) to (Malignant carcinoid tumor of the foregut, unspecified)
- C7A.095 (Malignant carcinoid tumor of the midgut NOS) to (Malignant carcinoid tumor of the midgut, unspecified)
- C7A.096 (Malignant carcinoid tumor of the hindgut NOS) to (Malignant carcinoid tumor of the hindgut, unspecified).

3. Treat the Infectious and Vascular Issues With New Enterocolitis Codes

The scope of getting precise increases with intestinal infectious and vascular issues. You'll have the following new codes, beginning in October:

- K55.30 (Necrotizing enterocolitis, unspecified)
- K55.31 (Stage 1 necrotizing enterocolitis)
- K55.32 (Stage 2 necrotizing enterocolitis)
- K55.33 (Stage 3 necrotizing enterocolitis).

4. Fix the Post Colonoscopy Complications With These New Updates

You will need to implement both a revision and additions affecting colonoscopies. "These are useful for post colonoscopy complications," says **Michael Weinstein**, **MD**, former representative of the AMA's CPT® Advisory Panel.

You should revise D78.22 (Postprocedural hemorrhage and hematoma of the spleen following other procedure) to (Postprocedural hemorrhage of the spleen following other procedure).

Since "hematoma" will be dropped from the descriptor for D78.22, ICD-10 will add two new codes to cover that situation:

- D78.31 (Postprocedural hematoma of the spleen following a procedure on the spleen)
- D78.32 (Postprocedural hematoma of the spleen following other procedure).

5. Address the IBS/Constipation Complication With the New Diagnosis Codes

Add these IBS and constipation codes to the existing list:

- K58.1 (Irritable bowel syndrome with constipation)
- K58.2 (Mixed irritable bowel syndrome)
- K58.8 (Other irritable bowel syndrome)
- K59.03 (Drug induced constipation)
- K59.04 (Chronic idiopathic constipation).

"While many of [these] new codes give great detail to a condition, it has been my experience that physicians very rarely give the coder that much detail either in their clinic notes or their operative reports. Most often we get ischemia bowel or IBS with none of the detail," Rasmussen says.

You will also have to delete K59.3 (Megacolon, not elsewhere classified), and then add K59.31 (Toxic megacolon) and K59.39 (Other megacolon).

6. Choose Better Pancreatitis Codes With More Granularity
The new list of pancreatitis codes is broken down into more specific indications with a number of deletions and additions.

"ICD-10-CM will add granularity to pancreatitis codes," Weinstein says. You will be denoting whether the patient exhibits necrosis or infection. The new codes thus dig deeper with more specific etiology in the descriptors. For example, you will replace the single code K85.0 (Idiopathic acute pancreatitis) with these three following codes:

- K85.00 (Idiopathic acute pancreatitis without necrosis or infection)
- K85.01 (Idiopathic acute pancreatitis with uninfected necrosis)
- K85.02 (Idiopathic acute pancreatitis with infected necrosis).

Several other pancreatitis code families will follow the same pattern (biliary acute pancreatitis, alcohol induced acute pancreatitis, drug induced acute pancreatitis, other acute pancreatitis, and unspecified acute pancreatitis). Each code group will add "0" as the fifth digit for without necrosis or infection, "1" for patients with uninfected necrosis, and "2" for those with infected necrosis.

You'll also need to note these deletions:

- Delete K86.8 (Other specified diseases of pancreas) and add K86.81 (Exocrine pancreatic insufficiency) and K86.89 (Other specified diseases of pancreas).
- Delete K90.4 (Malabsorption due to intolerance, not elsewhere classified) and add K90.41 (Non-celiac gluten sensitivity) and K90.49 (Malabsorption due to intolerance, not elsewhere classified).

7. Extend Coverage With New Intestinal Vascular Diagnoses

Acute vascular disorder codes get sharper beginning October 1. Once you delete K55.0 (Acute vascular disorders of intestine), you'll add numerous options to encompass the acute, diffuse and focal conditions of ischemia, small intestine, and parts unspecified.

For example, the small intestine choices for ischemia and infarction will be:

- K55.011 (Focal [segmental] acute [reversible] ischemia of small intestine)
- K55.012 (Diffuse acute [reversible] ischemia of small intestine)
- K55.019 (Acute [reversible] ischemia of small intestine, extent unspecified)
- K55.021 (Focal [segmental] acute infarction of small intestine)
- K55.022 (Diffuse acute infarction of small intestine)
- K55.029 (Acute infarction of small intestine, extent unspecified)

If the physician does not specify the affected part of the intestine, the updated ICD-10 will offer new options for that as well.

Ischemia:

- K55.051 (Focal [segmental] acute [reversible] ischemia of intestine, part unspecified)
- K55.052 (Diffuse acute [reversible] ischemia of intestine, part unspecified)
- K55.059 (Acute [reversible] ischemia of intestine, part and extent unspecified)

Acute infarction:

- K55.061 (Focal [segmental] acute infarction of intestine, part unspecified)
- K55.062 (Diffuse acute infarction of intestine, part unspecified)
- K55.069 (Acute infarction of intestine, part and extent unspecified).

Good news, bad news: The additional specificity of ICD-10 codes can help you pinpoint and report patients' conditions more accurately than ever before. However, having so many options can be a challenge because assigning the best diagnosis depends on significant specificity in the provider's documentation. The more you and your providers can work

together on this, the more successful your diagnosis assignments will be.