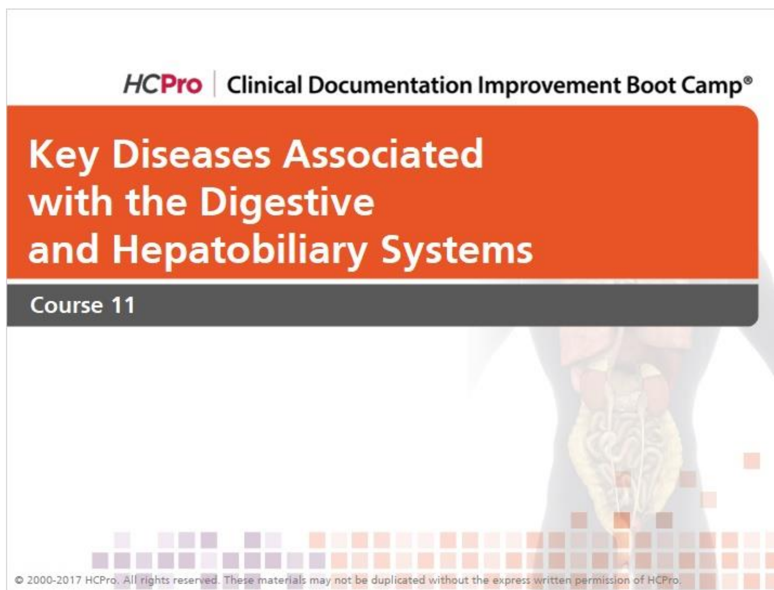
Key Diseases Associated with the Digestive and Hepatobiliary Systems

Study Guide

1.1 Key Diseases Associated with the Digestive, Hepatobiliary and Urinary Systems



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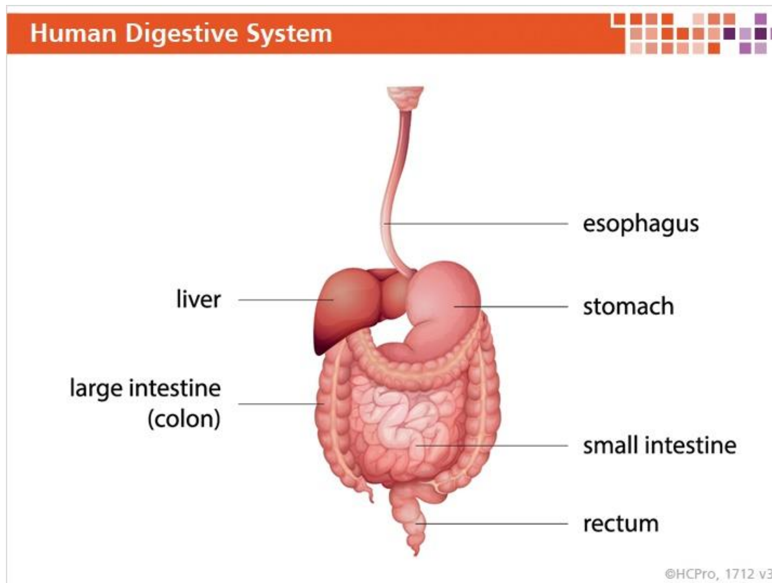
1.3 Human Digestive System



1.4 Documentation for GI Conditions (cont.)

Documentation for GI Conditions (cont.)

- Many of these conditions can be attributed to **chronic alcohol or other substance consumption**
- An additional code is often necessary to capture:
  - The substance
    - Alcohol or other drugs/medication
  - The amount of consumption
    - Use, abuse, or dependence
  - Any associated complication

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1.5 Abdominal Pain

Abdominal Pain

- The term abdominal pain is vague, but has many possible ICD-10-CM codes

  R10.9 Unspecified abdominal pain

- Documentation needs to identify the cause of the abdominal pain

  R10.1 Pain localized to upper abdomen
  - R10.10 Upper abdominal pain, unspecified
  - R10.11 Right upper quadrant pain
  - R10.12 Left upper quadrant pain

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1.6 Conditions Associated W/Abdominal Pain

Conditions Associated W/Abdominal Pain

- Most conditions group to the following MS-DRG and aren't classified as a CC or MCC

DRG 391 Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders with MCC
GMLOS 3.8 AMLOS 5.0 RW 1.2351

DRG 392 Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders without MCC
GMLOS 2.7 AMLOS 3.3 RW 0.7594

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1.7 MS-DRG 391, 392

MS-DRG 391, 392

There are a large number of diagnoses that map to this MS-DRG, many of which are symptoms.

The question to ask, is what is the etiology? As this may assist in moving to a more appropriate DRG.

R1Ø*	Abd and pelvic pain
R11.Ø	Nausea
R11.1Ø	Vomiting, unsp
R11.11	Vomiting w/o nausea
R11.12	Projectile vomiting
R11.14	Bilious vomiting
R11.2	Nausea w/vomiting, unsp
R12	Heartburn
R13*	Aphagia and dysphagia
R14*	Flatulence and related conditions
R15*	Fecal incontinence
R19.Ø*	Intra-abd and pelvic swelling, mass and lump
R19.1*	Abnormal bowel sounds
R19.2	Visible peristalsis
R19.4	Change in bowel habit
R19.5	Oth fecal abnormalities
R19.7	Diarrhea, unsp
R19.8	Oth symptoms & signs involving the dgstv sys and abd
R93.3	Abnormal findings on dx imaging of prt digestive tract
R93.5	Abn findings on dx imaging of abd regions, inc retroperiton

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1.8 Abdominal Pain: Epigastric

Abdominal Pain: Epigastric

- Dyspepsia describes a pain or an uncomfortable feeling in the upper middle part of the stomach, more commonly known as epigastric pain

Dyspepsia R10.13
- atonic K30
- functional (allergic) (congenital) (gastrointestinal) (occupational) (reflex) K30
- intestinal K59.8
- nervous F45.8
- neurotic F45.8
- psychogenic F45.8

R10.13 Epigastric pain
Dyspepsia
Excludes1: functional dyspepsia (K30)

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1.9 Abdominal Pain: Epigastric (cont.)

Abdominal Pain: Epigastric (cont.)

- Heartburn and gastroesophageal reflux (GERD) are other terms similar to dyspepsia, but they all group to the same MS-DRG as abdominal pain (391/392)

R12 Heartburn
Excludes1: dyspepsia NOS (R10.13)
functional dyspepsia (K30)

K21.9 Gastro-esophageal reflux disease without esophagitis
Esophageal reflux NOS

Reflux K21.9
- acid K21.9
- esophageal K21.9
- - with esophagitis K21.0
- - newborn P78.83
- gastroesophageal K21.9
- - with esophagitis K21.0
- mitral —*see* Insufficiency, mitral
- ureteral —*see* Reflux, vesicoureteral
- vesicoureteral (with scarring) N13.70
- - with
- - - nephropathy N13.729
- - - - with hydroureter N13.739
- - - - - bilateral N13.732
- - - - - unilateral N13.731
- - - - bilateral N13.722
- - - - unilateral N13.721
- - - - without hydroureter N13.729
- - - - - bilateral N13.722
- - - - - unilateral N13.721
- - - pyelonephritis (chronic) N11.0
- - congenital Q62.7
- - without nephropathy N13.71

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1.10 Abdominal Pain: Gastritis

Abdominal Pain: Gastritis

Gastritis occurs when the lining of the stomach becomes inflamed or swollen.

The code set offers specification as:

- Acute (with & without bleeding)
- Alcoholic (with & without bleeding)
- Chronic (superficial, atrophic & unspecified- with & without bleeding)
- Other (with & without bleeding)
- Unspecified (with & without bleeding)

Important

Specification of gastritis (no matter the type) with bleeding will result in a MCC as a secondary diagnosis

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1.11 Gastritis/Duodenitis/Gastroduodenitis

Gastritis/Duodenitis/Gastroduodenitis

- The inflammation can also extend into the intestines:

K29.8 Duodenitis
- K29.80 Duodenitis without bleeding
- K29.81 Duodenitis with bleeding

K29.9 Gastroduodenitis, unspecified
- K29.90 Gastroduodenitis, unspecified, without bleeding
- K29.91 Gastroduodenitis, unspecified, with bleeding

- Gastritis, gastroduodenitis and duodenitis without bleeding all group to MS-DRG 391/392
  - Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders
- Gastritis, gastroduodenitis and duodenitis with bleeding all group to MS-DRG 377, 378, 379
  - GI Hemorrhage

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1.12 Gastritis

Gastritis

- Regardless of the acuity, when gastritis results in the **complication of bleeding**, which requires the provider to link the bleeding and gastritis, it groups to the MS-DRG triplet of GI Hemorrhage (377-379)
- The following gastritis codes group to this MS-DRG family and are MCCs when a secondary diagnosis

K29.01	Acute gastritis w/ bleeding
K29.21	Alcoholic gastritis w/ bleeding
K29.31	Chr superf gastritis w/ bleeding
K29.41	Chr atrophic gastritis w/ bleeding
K29.51	Unsp chr gastritis w/ bleeding
K29.61	Oth gastritis w/ bleeding
K29.71	Gastritis, unsp, w/ bleeding
K29.81	Duodenitis w/ bleeding
K29.91	Gastroduodenitis, unsp, w/ bleeding

http://www.nlm.nih.gov/medlineplus/ency/article/001150.htm

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1.13 Ulcerative Colitis

Ulcerative Colitis

- Chronic inflammatory bowel disease that causes inflammation, irritation or swelling, and ulcers on the inner lining of the large intestine

K51 Ulcerative colitis

Use additional code to identify manifestations, such as:
pyoderma gangrenosum (L88)

Excludes1: Crohn's disease [regional enteritis] (K50.-)

K51.0 Ulcerative (chronic) pancolitis
Backwash ileitis

K51.00 Ulcerative (chronic) pancolitis without complications

http://www.niddk.nih.gov/health-information/health-topics/digestive-diseases/ulcerative-colitis/Pages/facts.aspx

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1.14 Ulcerative Colitis: K51

Ulcerative Colitis: K51

- Ulcerative (chronic)
  - Pancolitis
  - Proctitis
  - Rectosigmoiditis
- Inflammatory polyps of colon (K51.4-)
- Left-sided colitis (Left hemicolitis) (K51.5-)
- Other ulcerative colitis (K51.8-)
- Ulcerative colitis, unspecified (K51.9-)

TYPES OF ULCERATIVE COLITIS

Proctitis
Proctosigmoiditis
Distal colitis
Extensive colitis
Pancolitis

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1.15 Crohn's Disease

Crohn's Disease

- Crohn's disease leads to inflammation anywhere in the digestive system, but is classified as an inflammatory bowel disease because it often affects the lower part of the small intestine called the ileum
- The cause of Crohn's disease is unknown and there isn't a cure. It is thought to be related to an abnormal reaction by the body's immune system
- It appears to have a genetic component, and is usually first seen between the ages of 13 and 30
- Codes by location - large intestine, large & small intestine, & unspecified

http://www.nlm.nih.gov/medlineplus/crohnsdisease.html

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1.16 Coding Clinic, 4th Quarter 2012

Coding Clinic, 4th Quarter 2012

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Question

There are a variety of codes used to identify Crohn's disease with an intestinal abscess; however, how is Crohn's disease of the small intestine with a rectal abscess coded?

Answer

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1.17 Coding Clinic, 4th Quarter 2012 (cont.)

Coding Clinic, 4th Quarter 2012 (cont.)

Answer

If a phsycian documents that a patient has Crohn's disease of the small intestine and rectal abscess, the appropriate code assignment would include the code representing Crohn's disease of the small intestine with abscess and a second code providing additional information for the rectal abscess.

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1.18 Ulcer of the Intestine

Ulcer of the Intestine

- Ulcerative colitis is not the same as an ulcer of the intestine
  - These conditions map to two different codes that can't exist on the same claim (there is an Excludes1)

K63.3 Ulcer of intestine
Primary ulcer of small intestine
Excludes1: duodenal ulcer (K26.-)
gastrointestinal ulcer (K28.-)
gastrojejunal ulcer (K28.-)
jejunal ulcer (K28.-)
peptic ulcer, site unspecified (K27.-)
ulcer of intestine with perforation (K63.1)
ulcer of anus or rectum (K62.6)
ulcerative colitis (K51.-)

- Groups to the MS-DRG triplet of Other Digestive System Diagnoses (393-395), but is also a CC as a secondary diagnosis

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1.19 Bleeding in the Digestive Tract

Bleeding in the Digestive Tract

- Many GI conditions classified in ICD-10-CM include a combination code that specifies if the condition is "with bleeding" or "without bleeding" as seen with gastritis
- The complication of bleeding usually impacts MS-DRG assignment as both a Pdx or a secondary diagnosis.
- Health care providers describe two types of bleeding:
  - Acute bleeding—sudden and sometimes severe bleeding
  - Chronic bleeding—slight bleeding that lasts for a long time or may come and go

http://www.niddk.nih.gov/health-information/health-topics/digestive-diseases/bleeding-in-the-digestive-tract/Pages/facts.aspx

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1.20 Terms Used to Describe Bleeding

Terms Used to Describe Bleeding

- A hemoccult is often used to detect the presence of occult blood (not visible to the eye)
- The source of bleeding is usually identified as from the upper or lower GI tract
  - Upper GI tract = mouth through stomach
  - Lower GI tract = colon through rectum
- The darker the blood from the rectum, the more likely the bleed is from the upper GI tract
  - Darker blood (black color) has been acted upon by stomach acid/enzymes and bacteria that normally reside in the large intestine

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1.21 Terms Used to Describe Bleeding (cont.)

Terms Used to Describe Bleeding (cont.)

- Clinical terms used to clarify the type of blood/bleeding:
  - **Melena**: Black, tarry blood in stool

    Melena K92.1
    - with ulcer - code by site under Ulcer, with hemorrhage K27.4

  - **Hematochezia**: Bright red blood in stool and is reported using the same code as melena, which is classified as a CC

    K92.1 Melena
    Excludes1: occult blood in feces (R19.5)

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1.22 Terms Used to Describe Bleeding (cont.)

Terms Used to Describe Bleeding (cont.)

- Hematemesis is the clinical term for blood in vomitus and should be linked to its cause for proper code assignment
  - Vomited blood may be bright red if bleeding is brisk and ongoing or from an upper GI source
  - Vomited blood may have the appearance of coffee grounds if bleeding has slowed or stopped or is from the lower GI due to the partial digestion of the blood by acid in the stomach

    Hematemesis K92.0
    - with ulcer - code by site under Ulcer, with hemorrhage K27.4

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1.23 Coding Clinic ICD-9-CM for GI Bleed

1.24 Coding Clinic ICD-9-CM for GI Bleed (cont.)

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1.25 Ulcer with Hemorrhage: AHA Coding Clinic® Advice

Ulcer with Hemorrhage: AHA *Coding Clinic®* Advice

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Question

A patient presents due to acute gastrointestinal bleed (GI). An esophagogastroduodenoscopy (EGD) was performed, which showed gastric ulcers. The physician does not link the bleeding to the ulcer nor is it documented that these conditions are unrelated. May we assume a relationship between the gastrointestinal bleed and the ulcer. How should we report gastric ulcer in a patient with gastrointestinal bleeding?

Answer

AHA Coding Clinic, 3rd Quarter, p.27

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1.26 Ulcer with Hemorrhage: AHA Coding Clinic® Advice (cont.)

Ulcer with Hemorrhage: AHA *Coding Clinic®* Advice (cont.)

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Answer

It would be appropriate to assign code K25.4, Chronic or unspecified gastric ulcer with hemorrhage. As stated in the ICD-10-CM Official Guidelines for Coding and Reporting, (I.A.15).

The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. Unless the provider documents a different cause of the bleeding or states that the conditions are unrelated, it is appropriate to assign the combination code for these conditions.

AHA Coding Clinic, 3rd Quarter, p.27

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1.27 Gastroparesis

Gastroparesis

- Reduces the ability of the stomach to empty its contents, but does not involve a blockage (obstruction)
- Exact cause is unknown
  - May be caused by a disruption of nerve signals to the stomach
- A common complication of diabetes, and can result from some surgeries

http://www.nlm.nih.gov/medlineplus/ency/article/000297.htm

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1.28 Gastroparesis (cont.)

Gastroparesis (cont.)

- Risk factors for gastroparesis include:
  - Diabetes
  - Gastrectomy, which is a surgery to remove part of the stomach
  - Systemic sclerosis
  - Use of anticholinergic medicine that blocks certain nerve signals

http://www.nlm.nih.gov/medlineplus/ency/article/000297.htm

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1.29 Gastroparesis (cont.)

Gastroparesis (cont.)

- The code associated with gastroparesis groups to MS-DRGs 391/392; however, documentation of its cause will change where the MS-DRG groups

K31.84 Gastroparesis
Gastroparalysis
Code first underlying disease, if known, such as:
anorexia nervosa (F50.0-)
diabetes mellitus (E08.43, E09.43, E10.43, E11.43, E13.43)
scleroderma (M34.-)

K31.89 Other diseases of stomach and duodenum

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1.32 Esophageal Disorders

Esophageal Disorders

- Esophageal disorders group to various MS-DRGs, depending on:
  - Type of problem
  - If diagnosis is due to or associated with certain underlying conditions
- Identify underlying etiology to assist in correct code and DRG assignment

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1.33 Esophagitis

Esophagitis

- Esophagitis is a general term for any inflammation, irritation, or swelling of the esophagus.
- It is often caused by fluid that contains acid flowing back from gastroesophageal reflux or due to an autoimmune disorder called eosinophilic esophagitis

Esophagitis (acute) (alkaline) (chemical) (chronic) (infectional) (necrotic) (peptic) (postoperative) K20.9
- candidal B37.81
- due to gastrointestinal reflux disease K21.0
- eosinophilic K20.0
- reflux K21.0
- specified NEC K20.8
- tuberculous A18.83
- ulcerative K22.10
- - with bleeding K22.11

Non-essential modifiers

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1.34 Esophagitis (cont.)

Esophagitis (cont.)

- The key documentation issue with esophagitis is determining if it is ulcerative or not, which moves the MS-DRG

Esophagitis (acute) (alkaline) (chemical) (chronic) (infectional) (necrotic) (peptic) (postoperative) K20.9
- candidal B37.81
- due to gastrointestinal reflux disease K21.0
- eosinophilic K20.0
- reflux K21.0
- specified NEC K20.8
- tuberculous A18.83
- ulcerative K22.10
- - with bleeding K22.11

- The default code for esophagitis is

K20.9 Esophagitis, unspecified
Esophagitis NOS

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1.35 Barrett’s Esophagus

Barrett's Esophagus

- Disorder in which the lining of the esophagus is damaged by stomach acid so it becomes similar to that of the stomach
  - Associated with GERD
  - Occurs more often in men than women

K22.7 Barrett's esophagus
Barrett's disease
Barrett's syndrome
Excludes1: Barrett's ulcer (K22.1)
malignant neoplasm of esophagus (C15.-)
K22.70 Barrett's esophagus without dysplasia
Barrett's esophagus NOS
K22.71 Barrett's esophagus with dysplasia
K22.710 Barrett's esophagus with low grade dysplasia
K22.711 Barrett's esophagus with high grade dysplasia
K22.719 Barrett's esophagus with dysplasia, unspecified

http://www.nlm.nih.gov/medlineplus/ency/article/001143.htm

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1.36 Barrett's Esophagus (cont.)

Barrett's Esophagus (cont.)

- Isn’t classified as a CC or MCC; when it is the Pdx, it “moves” the MS-DRG from 391/392 to DRG 380, 381, 382

DRG 380 Complicated Peptic Ulcer with MCC
GMLOS 5.1 AMLOS 6.7 RW 1.8969

Principal Diagnosis

E16.4	INCREASED SECRETION OF GASTRIN
K22.1*	ULCER OF ESOPHAGUS
K22.7*	BARRETTS ESOPHAGUS
K25.1	ACUTE GASTRIC ULCER W/ PERFORATION
K25.5	CHRONIC OR UNSP GASTRIC ULCER W/PERFORATION
K26.1	ACUTE DUODENAL ULCER W/ PERFORATION
K26.5	CHRONIC OR UNSP DUODENAL ULCER W/PERFORATION
K27.1	ACUTE PEPTIC ULCER SITE UNSP W/PERFORATION
K27.5	CHRONIC OR UNSP PEPTIC ULCER SITE UNSP W/PERF
K28.1	ACUTE GASTROJEJUNAL ULCER W/ PERFORATION
K28.3	ACUTE GASTROJEJUN ULCER W/O HEMORR OR PERF
K28.5	CHRONIC OR UNSP GASTROJEJUNAL ULCER W/PERFORATION
K28.7	CHRONIC GASTROJEJUN ULCER W/O HEMORR OR PERF
K28.9	GASTROJEJ ULCR UNSP AS AC OR CHRN W/O HEMORR OR PERF
K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS
K31.5	OBSTRUCTION OF DUODENUM
Q43.0	MECKELS DIVERTICULUM DISPLACED HYPERTROPHIC

DRG 381 Complicated Peptic Ulcer with CC
GMLOS 3.4 AMLOS 4.1 RW 1.0782
Select principal diagnosis listed under DRG 380

DRG 382 Complicated Peptic Ulcer without CC/MCC
GMLOS 2.5 AMLOS 3.0 RW 0.8033

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1.37 Ulcerative Esophagitis

Ulcerative Esophagitis

- **Without bleeding**, adds a CC as a secondary diagnosis
- If it is a **bleeding ulcer**, adds an MCC
- If the esophagitis is clarified as an esophageal ulcer, it moves the MS-DRG from 391/392 to the triplet of Complicated Peptic Ulcer (380-382)

K22.1 Ulcer of esophagus
Barrett's ulcer
Erosion of esophagus
Fungal ulcer of esophagus
Peptic ulcer of esophagus
Ulcer of esophagus due to ingestion of chemicals
Ulcer of esophagus due to ingestion of drugs and medicaments
Ulcerative esophagitis
Code first poisoning due to drug or toxin, if applicable (T36-T65 with fifth or sixth character 1-4 or 6)
Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)
Excludes1: Barrett's esophagus (K22.7-)
K22.10 Ulcer of esophagus without bleeding
Ulcer of esophagus NOS
K22.11 Ulcer of esophagus with bleeding
Excludes2: bleeding esophageal varices (I85.01, I85.11)

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1.38 Esophageal Disorders: Varices

Esophageal Disorders: Varices

- Esophageal varices describes enlarged blood vessels in the esophagus that can leak blood or even rupture, causing life-threatening bleeding
  - Usually associated with a chronic liver condition, cirrhosis

I85 Esophageal varices
Use additional code to identify:
alcohol abuse and dependence (F10.-)
I85.0 Esophageal varices
Idiopathic esophageal varices
Primary esophageal varices
I85.00 Esophageal varices without bleeding
Esophageal varices NOS
I85.01 Esophageal varices with bleeding

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1.39 Esophageal Disorders: Varices (cont.)

Esophageal Disorders: Varices (cont.)

- Esophageal varices, either with or without bleeding, group to the same MS-DRG

DRG 368 Major Esophageal Disorders with MCC
GMLOS 4.6 AMLOS 6.1 RW 1.8374

Principal Diagnosis

Code	Description
B37.81	CANDIDAL ESOPHAGITIS
I85.0*	ESOPHAGEAL VARICES
I85.11	SECONDARY ESOPHAGEAL VARICES W/ BLEEDING
K22.3	PERFORATION OF ESOPHAGUS
K22.6	GASTRO-ESOPHAGEAL LACERATION-HEMORRHAGE SYNDROME
Q39*	CONGENITAL MALFORMATIONS OF ESOPHAGUS
S27.812A	CONTUSION ESOPHAGUS THORACIC PART INITIAL ENCNTR
S27.813A	LACERATION OF ESOPHAGUS INITIAL ENCOUNTER
S27.818A	OTHER INJURY OF ESOPHAGUS INITIAL ENCOUNTER
S27.819A	UNSPECIFIED INJURY OF ESOPHAGUS INITIAL ENCOUNTR
T28.1XXA	BURN ESOPHAGUS INITIAL ENCOUNTER
T28.6XXA	CORROSION ESOPHAGUS INITIAL ENCOUNTER

DRG 369 Major Esophageal Disorders with CC
GMLOS 3.2 AMLOS 3.9 RW 1.0879
Select principal diagnosis listed under DRG 368

DRG 370 Major Esophageal Disorders without CC/MCC
GMLOS 2.3 AMLOS 2.8 RW 0.7471

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1.40 Gastrointestinal (GI) Bleed/Hemorrhage

Gastrointestinal (GI) Bleed/Hemorrhage

- Symptom of a disease with many possible causes, including:
  - Hemorrhoids
  - Peptic ulcers
  - Tears or inflammation in the esophagus
  - Diverticulosis and diverticulitis
  - Ulcerative colitis and Crohn's disease
- Endoscopy

http://www.nlm.nih.gov/medlineplus/gastrointestinalbleeding.html

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1.41 Gastrointestinal (GI) Bleed/Hemorrhage (cont.)

Gastrointestinal (GI) Bleed/Hemorrhage (cont.)

- GI bleed maps to a "default" code, K92.2
  - Groups to the triple MS-DRG of GI Hemorrhage (377-379)
  - Classified as a CC when a secondary diagnosis

K92.2 Gastrointestinal hemorrhage, unspecified
Gastric hemorrhage NOS
Intestinal hemorrhage NOS
Excludes1: acute hemorrhagic gastritis (K29.01)
hemorrhage of anus and rectum (K62.5)
angiodysplasia of stomach with hemorrhage (K31.811)
diverticular disease with hemorrhage (K57.-)
gastritis and duodenitis with hemorrhage (K29.-)
peptic ulcer with hemorrhage (K25-K28)

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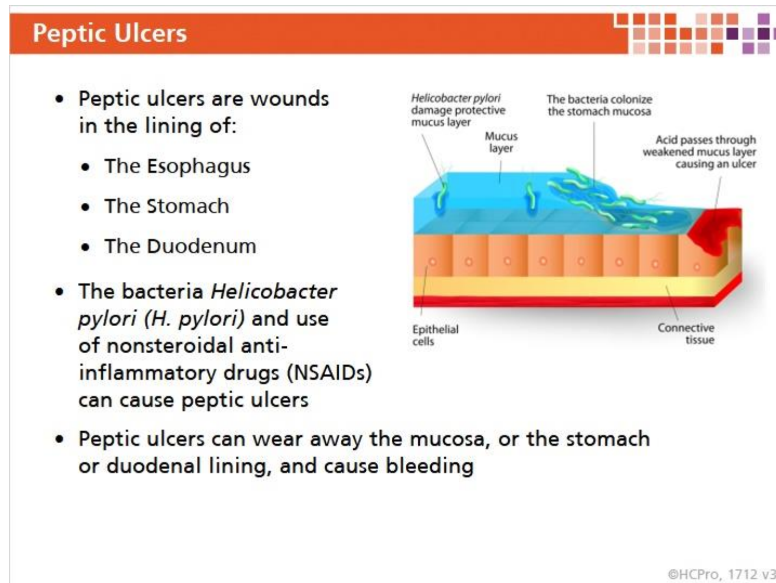
1.42 Peptic Ulcers



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1.43 Peptic Ulcers (cont.)

Peptic Ulcers (cont.)

- Ulcers may group to various MS-DRGs depending on the anatomic location of the ulcer and whether it is considered complicated or uncomplicated
  - Uncomplicated includes those without the following "complications," regardless of their acuity
    - Hemorrhage
    - Perforation
    - Obstruction
  - Uncomplicated ulcers may group to the same MS-DRGs, but only an acute ulcer is classified as a CC when reported as a secondary diagnosis

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1.44 Documentation for Ulcers

Documentation for Ulcers

- Ulcer specificity:
  - Acute, chronic, or acute on chronic
  - With or without hemorrhage
  - With or without perforation
  - Location/site
    - There are codes for site unspecified
- If the patient is admitted with a GI bleed and an ulcer is identified, does the provider clearly "link" the cause of the bleed to the ulcer?
- Many ulcer codes require an additional code to identify alcohol dependence

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1.47 Gastric Ulcer Codes Example

Gastric Ulcer Codes Example

K25 Gastric ulcer

Includes: erosion (acute) of stomach
pylorus ulcer (peptic)
stomach ulcer (peptic)

Use additional code to identify:
alcohol abuse and dependence (F10.-)

Excludes1: acute gastritis (K29.0-)
peptic ulcer NOS (K27.-)

K25.0 Acute gastric ulcer with hemorrhage

K25.1 Acute gastric ulcer with perforation

K25.2 Acute gastric ulcer with both hemorrhage and perforation

K25.3 Acute gastric ulcer without hemorrhage or perforation

K25.4 Chronic or unspecified gastric ulcer with hemorrhage

K25.5 Chronic or unspecified gastric ulcer with perforation

K25.6 Chronic or unspecified gastric ulcer with both hemorrhage and perforation

K25.7 Chronic gastric ulcer without hemorrhage or perforation

K25.9 Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation

Important

This same pattern of specification occurs for ulcers of every location

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1.48 Uncomplicated Ulcers MS-DRG

Uncomplicated Ulcers MS-DRG

DRG 383 Uncomplicated Peptic Ulcer with MCC
GMLOS 3.9 AMLOS 5.0 RW 1.3450

Principal Diagnosis

K25.3	ACUTE GASTRIC ULCER W/O HEMORR OR PERF
K25.7	CHRONIC GASTRIC ULCER W/O HEMORR OR PERF
K25.9	GASTR ULCR UNSP AS AC OR CHRON W/O HEMORR OR PERF
K26.3	ACUTE DUODENAL ULCER W/O HEMORR OR PERF
K26.7	CHRONIC DUODENAL ULCER W/O HEMORR OR PERF
K26.9	DUOD ULCR UNSP AS AC OR CHRON W/O HEMORR OR PERF
K27.3	ACUTE PEPTIC ULCER SITE UNSP W/O HEMORR OR PERF
K27.7	CHRONIC PEPTIC ULCER SITE UNSP W/O HEMORR OR PERF
K27.9	PEPTIC ULCR SITE UNSP UNS AS AC/CHRN W/O HEM/PERF

DRG 384 Uncomplicated Peptic Ulcer without MCC
GMLOS 2.7 AMLOS 3.3 RW 0.8767

Select principal diagnosis listed under DRG 383

Important

Ulcers without hemorrhage or perforation

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1.49 Bleeding Ulcers

Bleeding Ulcers

- Whenever an ulcer is "bleeding," it groups to the MS-DRG triplet of GI Hemorrhage

DRG 377 GI Hemorrhage with MCC
GMLOS 4.5 AMLOS 5.7 RW 1.7142

Principal Diagnosis

K25.0	ACUTE GASTRIC ULCER W/ HEMORRHAGE
K25.2	ACUTE GASTRIC ULCER W/BOTH HEMORR & PERFORATION
K25.4	CHRONIC OR UNSP GASTRIC ULCER W/HEMORRHAGE
K25.6	CHRONIC OR UNSP GASTRIC ULCR W/BOTH HEMORR & PERF
K26.0	ACUTE DUODENAL ULCER W/ HEMORRHAGE
K26.2	ACUTE DUODENAL ULCER W/BOTH HEMORR & PERFORATION
K26.4	CHRONIC OR UNSP DUODENAL ULCER W/HEMORRHAGE
K26.6	CHRONIC OR UNSP DUOD ULCER W/BOTH HEMORR & PERF
K27.0	ACUTE PEPTIC ULCER SITE UNSP W/HEMORRHAGE
K27.2	ACUTE PEPTIC ULCER SITE UNSP W/BOTH HEMORR & PERF
K27.4	CHRONIC OR UNSP PEPTIC ULCER SITE UNSP W/HEMORR
K27.6	CHRN OR UNSP PEP ULCR SITE UNSP W/BOTH HEMORR & PERF
K28.0	ACUTE GASTROJEJUNAL ULCER W/ HEMORRHAGE
K28.2	ACUTE GASTROJEJUN ULCER W/BOTH HEMORR & PERF
K28.4	CHRONIC OR UNSP GASTROJEJUNAL ULCER W/HEMORRHAGE
K28.6	CHRON OR UNSP GASTROJEJUN ULCR W/BOTH HEMORR & PERF
K29.01	ACUTE GASTRITIS W/ BLEEDING
K29.21	ALCOHOLIC GASTRITIS W/ BLEEDING
K29.31	CHRONIC SUPERFICIAL GASTRITIS W/ BLEEDING
K29.41	CHRONIC ATROPHIC GASTRITIS W/ BLEEDING
K29.51	UNSPECIFIED CHRONIC GASTRITIS W/ BLEEDING
K29.61	OTHER GASTRITIS W/ BLEEDING
K29.71	GASTRITIS UNSP W/ BLEEDING
K29.81	DUODENITIS W/ BLEEDING

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1.50 Complicated Peptic Ulcer

Complicated Peptic Ulcer

- The MS-DRGs associated with a complicated ulcers are 380-382

DRG 380 Complicated Peptic Ulcer with MCC
GMLOS 5.1 AMLOS 6.7 RW 1.8969

DRG 381 Complicated Peptic Ulcer with CC
GMLOS 3.4 AMLOS 4.1 RW 1.0782
Select principal diagnosis listed under DRG 380

DRG 382 Complicated Peptic Ulcer without CC/MCC
GMLOS 2.5 AMLOS 3.0 RW 0.8033
Select principal diagnosis listed under DRG 380

Principal Diagnosis

E16.4	Increased secretion of gastrin
K22.1*	Ulcer of esophagus
K22.7*	Barrett's esophagus
K25.1	Acute gastric ulcer w/perforation
K25.5	Chronic or unsp gastric ulcer w/perforation
K26.1	Acute duodenal ulcer w/perforation
K26.5	Chronic or unsp duodenal ulcer w/perforation
K27.1	Acute peptic ulcer, site unsp, w/perforation
K27.5	Chronic or unsp peptic ulcer, site unsp, w/perforation
K28.1	Acute gastrojejunal ulcer w/perforation
K28.3	Acute gastrojejunal ulcer w/o hemor or perforation
K28.5	Chronic or unsp gastrojejunal ulcer w/perforation
K28.7	Chronic gastrojejunal ulcer w/o hemor or perforation
K28.9	Gastrojejunal ulcer, unsp as acute or chronic, w/o hemor
K31.1	Adult hypertrophic pyloric stenosis
K31.5	Obstruction of duodenum
Q43.0	Meckel's diverticulum (displaced) (hypertrophic)

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1.51 Major Esophageal Disorders

Major Esophageal Disorders

- An ulcer of the esophagus groups to a complicated ulcer, but other esophageal conditions are classified as "major esophageal disorders" and group to MS-DRGs 368-370

DRG 368 Major Esophageal Disorders with MCC
GMLOS 4.6 AMLOS 6.1 RW 1.8374

Principal Diagnosis

Code	Description
B37.81	CANDIDAL ESOPHAGITIS
I85.Ø*	ESOPHAGEAL VARICES
I85.11	SECONDARY ESOPHAGEAL VARICES W/ BLEEDING
K22.3	PERFORATION OF ESOPHAGUS
K22.6	GASTRO-ESOPHAGEAL LACERATION-HEMORRHAGE SYNDROME
Q39*	CONGENITAL MALFORMATIONS OF ESOPHAGUS
S27.812A	CONTUSION ESOPHAGUS THORACIC PART INITIAL ENCNTR
S27.813A	LACERATION OF ESOPHAGUS INITIAL ENCOUNTER
S27.818A	OTHER INJURY OF ESOPHAGUS INITIAL ENCOUNTER
S27.819A	UNSPECIFIED INJURY OF ESOPHAGUS INITIAL ENCOUNTR
T28.1XXA	BURN ESOPHAGUS INITIAL ENCOUNTER
T28.6XXA	CORROSION ESOPHAGUS INITIAL ENCOUNTER

DRG 369 Major Esophageal Disorders with CC
GMLOS 3.2 AMLOS 3.9 RW 1.Ø879

Select principal diagnosis listed under DRG 368

DRG 370 Major Esophageal Disorders without CC/MCC
GMLOS 2.3 AMLOS 2.8 RW Ø.7471

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1.52 Colitis

Colitis

- The concepts associated with gastroenteritis also apply to colitis, which is an inflammation of the colon and groups to MS-DRGs 391-392

K52.9 Noninfective gastroenteritis and colitis, unspecified
Colitis NOS
Enteritis NOS
Gastroenteritis NOS
Ileitis NOS
Jejunitis NOS
Sigmoiditis NOS

Excludes1: diarrhea NOS (R19.7)
functional diarrhea (K59.1)
infectious gastroenteritis and colitis NOS (A09)
neonatal diarrhea (noninfective) (P78.3)
psychogenic diarrhea (F45.8)

http://www.niddk.nih.gov/health-information/health-topics/digestive-diseases/bleeding-in-the-digestive-tract/Pages/facts.aspx

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1.53 Colitis: Causative Organism

Colitis: Causative Organism

- Documentation of infectious colitis (gastroenteritis) does not change the MS-DRG
  - Designation as infectious will provide a CC as secondary diagnosis
- Identify the causative organism if possible

A09 Infectious gastroenteritis and colitis, unspecified
Infectious colitis NOS
Infectious enteritis NOS
Infectious gastroenteritis NOS
Excludes1: colitis NOS (K52.9)
diarrhea NOS (R19.7)
enteritis NOS (K52.9)
gastroenteritis NOS (K52.9)
noninfective gastroenteritis and colitis, unspecified (K52.9)

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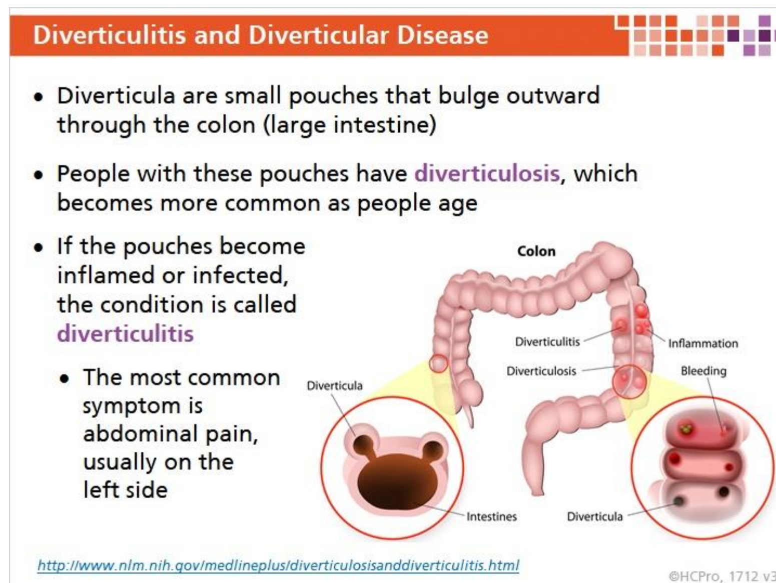
1.54 Diverticulitis and Diverticular Disease



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1.55 Diverticulitis and Diverticular Disease (cont.)

Diverticulitis and Diverticular Disease (cont.)

- Combination codes that specify:
  - Diverticulitis or diverticular disease
  - The anatomical location
    - Small intestine, large intestine, or both
  - Any associated complications
    - Abscess
    - Hemorrhage (with bleeding)
    - Perforation

http://www.nlm.nih.gov/medlineplus/diverticulosisanddiverticulitis.html

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1.56 Diverticulitis and Diverticular Disease (cont.)

Diverticulitis and Diverticular Disease (cont.)

- Documentation of the complications affects MS-DRG grouping as well as MS-DRG assignment
  - Diverticulitis or diverticular disease with an abscess or perforation without bleeding
    - Groups to MS-DRG 391-392
    - Is a CC when a secondary diagnosis
    - Can be a Pdx with its own CC
  - Diverticulitis or diverticular disease with bleeding
    - Groups to the triple MS-DRGs of GI Hemorrhage
    - Is an MCC when a secondary diagnosis
    - Can be a Pdx with its own CC

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1.57 Intestinal Obstruction

Intestinal Obstruction

- Occurs when food or stool cannot move through the intestines
  - Also referred to as paralytic ileus or intestinal volvulus
- Obstruction of the bowel may due to:
  - A mechanical cause-blocking passage
  - Ileus-a condition in which the bowel does not work correctly
- Obstruction can be complete or partial

http://www.nlm.nih.gov/medlineplus/ency/article/000260.htm
http://www.nlm.nih.gov/medlineplus/intestinalobstruction.html

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1.58 GI Obstructions - Postoperative Ileus

GI Obstructions - Postoperative Ileus

- Normal resumption of bowel activity after abdominal surgery follows a known and predictable pattern so an ileus is often considered "integral" to the surgical process
- It may be a reportable diagnosis whenever patient care deviates from routine protocol:
  - The ileus lasts longer than expected/anticipated
  - The N/G tube is removed and re-inserted
  - NPO status is resumed or continued
  - Additional tests ordered (KUB, CT, etc.)

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1.59 Postoperative Ileus

Postoperative Ileus

- There is no specific code for post operative ileus. The code grouping K91.8- is assigned for intraoperative and post procedural complications and disorders of the digestive system

K91.8 Other intraoperative and postprocedural complications and disorders of digestive system
- K91.81 Other intraoperative complications of digestive system
- K91.82 Postprocedural hepatic failure
- K91.83 Postprocedural hepatorenal syndrome
- K91.84 Postprocedural hemorrhage and hematoma of a digestive system organ or structure following a procedure
  - K91.840 Postprocedural hemorrhage and hematoma of a digestive system organ or structure following a digestive system procedure
  - K91.841 Postprocedural hemorrhage and hematoma of a digestive system organ or structure following other procedure
- K91.85 Complications of intestinal pouch
  - K91.850 Pouchitis
    Inflammation of internal ileoanal pouch
  - K91.858 Other complications of intestinal pouch
- K91.86 Retained cholelithiasis following cholecystectomy
- K91.89 Other postprocedural complications and disorders of digestive system
  Use additional code, if applicable, to further specify disorder
  Excludes2: postprocedural retroperitoneal abscess (K68.11)

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1.60 Intestinal Adhesions w/ Obstruction, Other Intestinal Obstruction, Post Procedural Obstruction

Intestinal Adhesions w/ Obstruction, Other Intestinal Obstruction, Post Procedural Obstruction

- Differentiate:
  - Partial - usually presents with diarrhea
  - Complete - inability to pass stool
  - Unspecified
- Symptoms Include:
  - Severe bloating
  - Abdominal pain
  - Decreased appetite
  - Nausea
  - Vomiting
  - Inability to pass gas or stool
  - Constipation
  - Diarrhea
  - Severe abdominal cramps
  - Abdominal swelling

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1.61 Intestinal Obstruction (cont.)

Intestinal Obstruction (cont.)

- The default code is K56.7

K56.7 Ileus, unspecified
Excludes1: obstructive ileus (K56.69)

Ileus (bowel) (colon) (inhibitory) (intestine) K56.7
- adynamic K56.0
- due to gallstone (in intestine) K56.3
- duodenal (chronic) K31.5
- gallstone K56.3
- mechanical NEC K56.69
- meconium P76.0
- - in cystic fibrosis E84.11
- - meaning meconium plug (without cystic fibrosis) P76.0
- myxedema K59.8
- neurogenic K56.0
- - Hirschsprung's disease or megacolon Q43.1
- newborn
- - due to meconium P76.0
- - - in cystic fibrosis E84.11
- - - meaning meconium plug (without cystic fibrosis) P76.0
- - transitory P76.1
- obstructive K56.69
- paralytic K56.0

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1.63 Malabsorption

Malabsorption

- Malabsorption is a general term that defaults to intestinal malabsorption
- It is unlikely it will be a reason for admission, but it adds a CC as a secondary diagnosis

Malabsorption K90.9
- calcium K90.89
- carbohydrate K90.4
- disaccharide E73.9
- fat K90.4
- galactose E74.20
- glucose (-galactose) E74.39
- intestinal K90.9
- - specified NEC K90.89

http://www.nlm.nih.gov/medlineplus/ency/article/000299.htm

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1.64 Intestinal Malabsorption Codes

Intestinal Malabsorption Codes

K90.4 Malabsorption due to intolerance, not elsewhere classified
Malabsorption due to intolerance to carbohydrate
Malabsorption due to intolerance to fat
Malabsorption due to intolerance to protein
Malabsorption due to intolerance to starch

Excludes2: gluten-sensitive enteropathy (K90.0)
lactose intolerance (E73.-)

K90.8 Other intestinal malabsorption

K90.81 Whipple's disease

K90.89 Other intestinal malabsorption

K90.9 Intestinal malabsorption, unspecified

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1.65 Acute Infarction/Ischemia of the Intestine

Acute Infarction/Ischemia of the Intestine

- K55.011 Focal (segmental) acute (reversible) ischemia of the small intestine
- K55.012 Diffuse acute (reversible) ischemia of the small intestine
- K55.019 Acute (reversible) ischemia of the small intestine, extent unspecified
- K55.021 Focal (segmental) acute infarction of the small intestine
- K55.022 Diffuse acute infarction of small intestine
- K55.029 Acute infarction of the small intestine, extent unspecified
- (Same pattern for large intestine and unspecified intestine)

! Important

MCCs:
- Ischemia - damage to part of intestine
- Infarction - death of part of the intestine

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1.66 Necrotizing Enterocolitis (K55.3-)

Necrotizing Enterocolitis (K55.3-)

A life threatening inflammation in the intestines which may affect the lining of the intestine or its entire thickness. This can lead to a perforation of the bowel.

NEC most commonly affects premature babies, accounting for 60 to 80 percent of cases. It is the most common gastrointestinal emergency in the Neonatal Intensive Care Unit. It usually occurs within 3-12 days after birth.

Important

MCCs:

- K55.30 Necrotizing enterocolitis, unspecified
- K55.31 Necrotizing enterocolitis, stage 1
- K55.32 Necrotizing enterocolitis, stage 2
- K55.33 Necrotizing enterocolitis, stage 3

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1.67 Staging of NEC Bell's Criteria

Staging of NEC Bell's Criteria

Stage	Classification	Systemic Signs	Intestinal Signs	Imaging
IA	Suspected NEC	Unstable temp, lethargy, apnea, bradycardia	Increased gastric residuals, abdominal distension, guaiac positive stool	Normal intestinal dilation, mild ileus
IB	Suspected NEC	Same as above	Bright red blood per rectum	Same as IA
IIA	Proven NEC - mildly ill	Same as above	Same as IB with absent bowel sounds and +/- tenderness	Intestinal dilation, ileus, pneumatosis intestinalis
IIB	Proven NEC - moderately ill	Same as IIA w/ mild metabolic acidosis & thrombocytopenia	Same as IB with absent bowel sounds, abdominal tenderness, +/- cellulitis or mass	Same as IIA, portal venous gas +/- ascites
IIIA	Advanced NEC – severely ill, bowel intact	Same as IIB w/ hypotension, severe apnea, DIC, neutropenia & respiratory acidosis	Same as IIB with abdominal distension, tenderness and signs of peritonitis	Same as IIB plus definite ascites
IIIB	Advanced NEC - severely ill, bowel perforated	Same as IIIA	Same as IIIA	Same as IIIB plus pneumoperitoneum

http://quovadis-ass.it/resources/Altre/NEC-Staging_FINALE.pdf

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1.68 Digestive System Complications

Digestive System Complications

- Complications related to artificial openings:
  - Colostomy
  - Enterostomy
  - Gastrostomy
  - Esophagostomy
- Be sure the documentation links the complication:
  - Unspecified
  - Hemorrhage
  - Infection
  - Malfunction
  - Other

Important

Adds a CC as a secondary diagnosis

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1.69 Digestive System Complications (cont.)

Digestive System Complications (cont.)

K94.1 Enterostomy complications

K94.10 Enterostomy complication, unspecified

K94.11 Enterostomy hemorrhage

K94.12 Enterostomy infection

Use additional code to specify type of infection, such as:
cellulitis of abdominal wall (L03.311)
sepsis (A40.-, A41.-)

K94.13 Enterostomy malfunction
Mechanical complication of enterostomy

K94.19 Other complications of enterostomy

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1.70 Digestive System Complications (cont.)

Digestive System Complications (cont.)

- When a complication is the Pdx, it "drives" the MS-DRG grouping to the triplet of Other Digestive Disease System Diagnoses (393-395)

DRG 393 **Other Digestive System Diagnoses with MCC**
GMLOS 4.6 AMLOS 6.3 RW 1.6407

DRG 394 **Other Digestive System Diagnoses with CC**
GMLOS 3.2 AMLOS 4.1 RW 0.9430
Select principal diagnosis listed under DRG 393

DRG 395 **Other Digestive System Diagnoses without CC/MCC**
GMLOS 2.4 AMLOS 2.9 RW 0.6747

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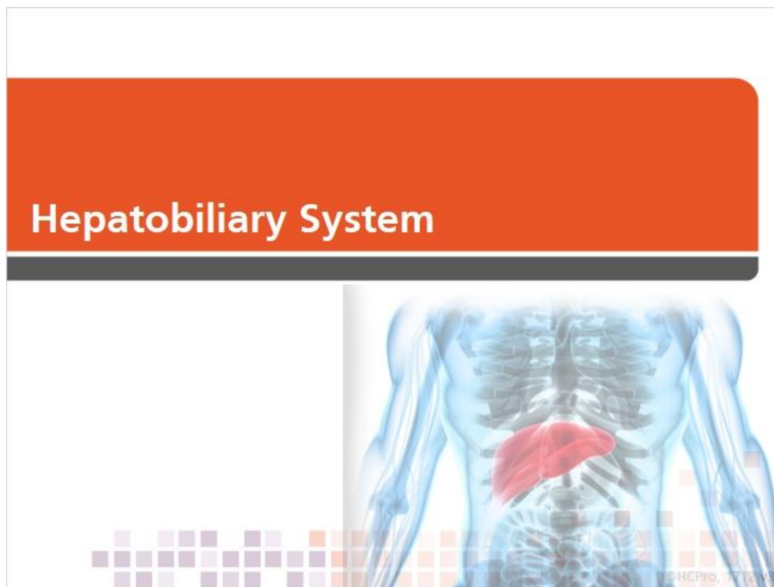
1.71 Section Break: Hepatobiliary System



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1.72 Liver Disease

Liver Disease

- The liver performs many critical metabolic functions, including processing and distribution of nutrients
- Liver diseases can be caused by:
  - Infection (i.e., hepatitis B and C)
  - Genetic mutations
  - Autoimmune reactions
  - Drug toxicity
- The rise in obesity in the United States has led to a rise in nonalcoholic fatty liver disease
- Treatment for end-stage liver disease is a transplant

http://www.niddk.nih.gov/about-niddk/research-areas/liver-disease/Pages/liver-diseases.aspx

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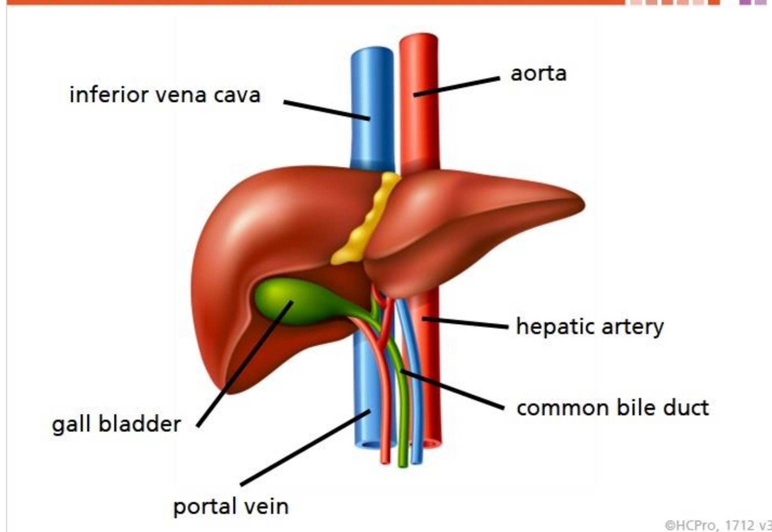
1.73 Human Liver Anatomy



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1.74 Liver Disorders: CDI Focus Areas

Liver Disorders: CDI Focus Areas

- Documentation should include:
  - The specific disease process
  - The etiology
    - Is it related to substance consumption?
      - Affects MS-DRG grouping
  - The acuity
  - The presence of any associated complication
    - Coma

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1.75 Alcohol Use and Liver Disease

Alcohol Use and Liver Disease

- Many codes classify the liver condition as "alcoholic"
- When a liver condition is linked to alcohol use, it groups to a different MS-DRG
- Codes reflecting the level of alcohol consumption should also be reported

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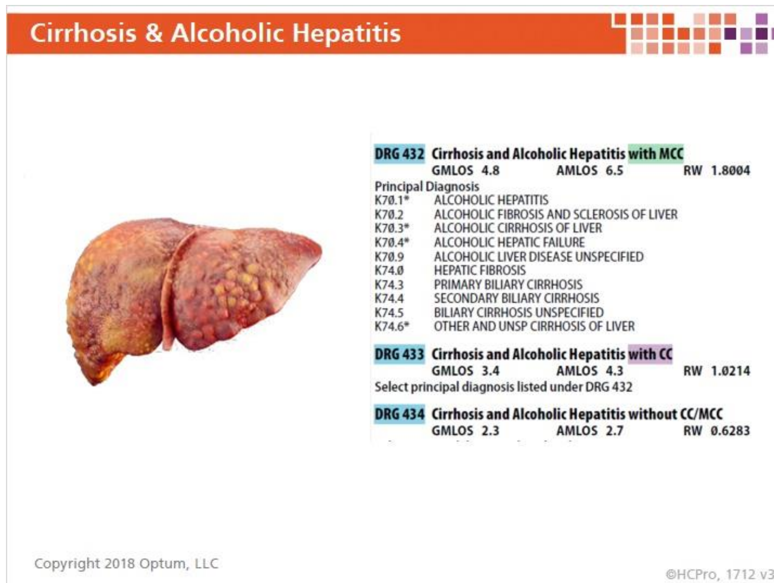
1.76 Example of Alcoholic Liver Disorders

1.77 Hepatitis



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1.78 Hepatitis (cont.)

Hepatitis (cont.)

- A swelling and inflammation of the liver that can be caused by:
  - Immune cells attacking the liver
  - Infections from viruses (hepatitis A, B, or C), bacteria, or parasites
  - Liver damage from alcohol or poison
  - Medicines, such as an overdose of acetaminophen
- Code assignment will vary depending on the cause of the hepatitis, so documentation needs to reflect the etiology

K75.9 Inflammatory liver disease, unspecified
Hepatitis NOS
Excludes1: acute or subacute hepatitis (K72.0-)
chronic hepatitis NEC (K73.-)
viral hepatitis (B15-B19)

http://www.nlm.nih.gov/medlineplus/ency/article/001154.htm

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1.79 Hepatitis Specificity

Hepatitis Specificity

Hepatitis K75.9
- acute B17.9
- - with coma K72.01
- - with hepatic failure —*see* Failure, hepatic
- - alcoholic —*see* Hepatitis, alcoholic
- - infectious B15.9
- - - with hepatic coma B15.0
- - viral B17.9
- alcoholic (acute) (chronic) K70.10
- - with ascites K70.11
- amebic —*see* Abscess, liver, amebic
- anicteric, (viral) —*see* Hepatitis, viral
- antigen-associated (HAA) —*see* Hepatitis, B
- Australia-antigen (positive) —*see* Hepatitis, B
- autoimmune K75.4
- B B19.10
- - with hepatic coma B19.11
- - acute B16.9
- - - with
- - - - delta-agent (coinfection) (without hepatic coma) B16.1
- - - - - with hepatic coma B16.0
- - - - hepatic coma (without delta-agent coinfection) B16.2
- - chronic B18.1
- - - with delta-agent B18.0
- bacterial NEC K75.89

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1.80 Hepatitis Specificity (cont.)

Hepatitis Specificity (cont.)

- The code set can also capture the acuity and specific type of hepatitis

K73 Chronic hepatitis, not elsewhere classified

Excludes1: alcoholic hepatitis (chronic) (K70.1-)
drug-induced hepatitis (chronic) (K71.-)
granulomatous hepatitis (chronic) NEC (K75.3)
reactive, nonspecific hepatitis (chronic) (K75.2)
viral hepatitis (chronic) (B15-B19)

K73.0 Chronic persistent hepatitis, not elsewhere classified

K73.1 Chronic lobular hepatitis, not elsewhere classified

K73.2 Chronic active hepatitis, not elsewhere classified

K73.8 Other chronic hepatitis, not elsewhere classified

K73.9 Chronic hepatitis, unspecified

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1.81 Cirrhosis

Cirrhosis

- Chronic liver disease leads to cirrhosis
  - Liver tissue is replaced by fibrosis, scar tissue, and regenerative nodules
    - Leads to loss of liver function
- Documentation should reflect the mental status of the patient as mental impairment is common
  - The codes in category K72 include hepatic encephalopathy

K72 Hepatic failure, not elsewhere classified

Includes: acute hepatitis NEC, with hepatic failure
fulminant hepatitis NEC, with hepatic failure
hepatic encephalopathy NOS
liver (cell) necrosis with hepatic failure
malignant hepatitis NEC, with hepatic failure
yellow liver atrophy or dystrophy

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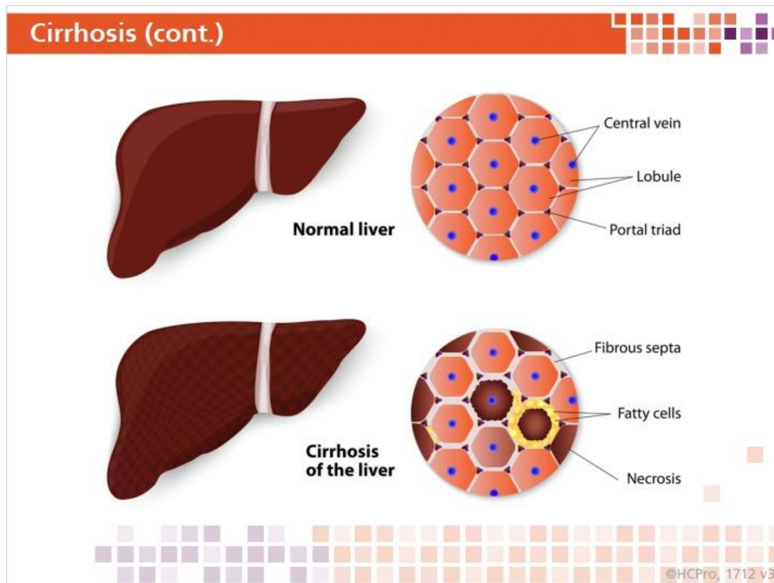
1.82 Cirrhosis (cont.)



1.83 Cirrhosis (cont.)

Cirrhosis (cont.)

- Cirrhosis is most commonly caused by the following conditions
  - **Alcoholism**
    - The patient's relationship to alcohol is critical documentation for accurate code assignment as it affects MS-DRG assignment
  - **Hepatitis B and C**
  - **Fatty liver disease**
- Some cases are idiopathic where the exact etiology remains unknown
- Documentation should include end stage liver disease if applicable

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1.84 Complications of Cirrhosis

Complications of Cirrhosis

- Portal hypertension
  - Scar tissue partially blocks the normal flow of blood, which increases the pressure in the portal vein
  - CC as a secondary diagnosis
- The portal vein carries blood from the stomach, intestines, spleen, gallbladder, and pancreas to the liver and can lead to varices in the stomach and/or esophagus

K76.6 Portal hypertension

Use additional code for any associated complications, such as: portal hypertensive gastropathy (K31.89)

http://www.niddk.nih.gov/health-information/health-topics/liver-disease/cirrhosis/Pages/facts.aspx

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1.85 Complications of Cirrhosis (cont.)

Complications of Cirrhosis (cont.)

- Edema and ascites
  - Ascites can lead to spontaneous bacterial peritonitis (serious infection that requires immediate medical attention)
  - ICD-10-CM has some combination codes that include the complication of ascites with:
    - Alcoholic hepatitis
    - Alcoholic cirrhosis
    - Toxic liver disease with chronic active hepatitis

http://www.niddk.nih.gov/health-information/health-topics/liver-disease/cirrhosis/Pages/facts.aspx

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1.86 Complications of Cirrhosis (cont.)

Complications of Cirrhosis (cont.)

- **Splenomegaly** is a condition where the spleen enlarges and retains white blood cells and platelets, reducing the numbers of these cells and platelets in the blood
- A low platelet count may be the first evidence of cirrhosis

Important

Documentation needs to link the splenomegaly to cirrhosis

Splenomegaly, splenomegalia (Bengal) (cryptogenic) (idiopathic) (tropical) R16.1
- with hepatomegaly R16.2
- cirrhotic D73.2

D73.2 Chronic congestive splenomegaly

http://www.niddk.nih.gov/health-information/health-topics/liver-disease/cirrhosis/Pages/facts.aspx

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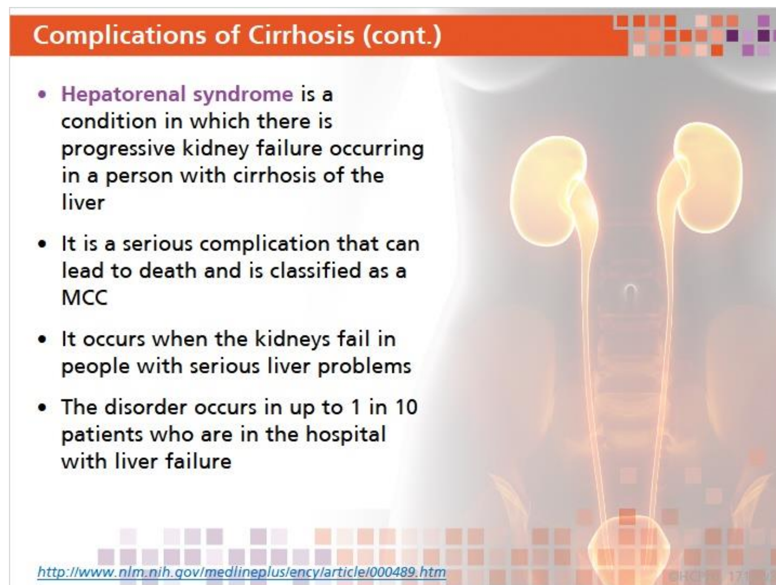
1.87 Complications of Cirrhosis (cont.)



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1.88 Shock Liver

Shock Liver

- What code would be assigned to documentation of "shock liver"?
  - K72.0-, Acute and subacute hepatic failure, for shock liver
  - The assignment of the fifth digit would be dependent on the presence or absence of coma
  - Provides a MCC as a secondary diagnosis

AHA Coding Clinic for ICD-10 CM/PCS 2nd Qtr 2014

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1.89 Acute Liver Failure

Acute Liver Failure

- Acute liver failure is loss of liver function that occurs rapidly (days or weeks) usually in a person who has no pre-existing liver disease causing serious complications, including excessive bleeding and increasing pressure in the brain
  - It is less common than chronic liver failure, which develops more slowly
  - It is also known as fulminant hepatic failure
- Depending on the cause, acute liver failure can sometimes be reversed with treatment, but most of the time a liver transplant may be the only cure

http://www.mayoclinic.org/diseases-conditions/liver-failure/basics/definition/CON-20030966?p=1

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1.90 Acute Liver Failure (cont.)

Acute Liver Failure (cont.)

- There are many codes for hepatic failure (acute liver failure)
- If classified as acute/ subacute or with coma it is classified as a MCC

- hepatic K72.90
- - with coma K72.91
- - acute or subacute K72.00
- - - with coma K72.01
- - - due to drugs K71.10
- - - - with coma K71.11
- - alcoholic (acute) (chronic) (subacute) K70.40
- - - with coma K70.41
- - chronic K72.10
- - - with coma K72.11
- - - due to drugs (acute) (subacute) (chronic) K71.10
- - - - with coma K71.11
- - due to drugs (acute) (subacute) (chronic) K71.10
- - - with coma K71.11
- - postprocedural K91.82

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1.91 Hepatic Failure, Not Elsewhere Classified

Hepatic Failure, Not Elsewhere Classified

K72 Hepatic failure, not elsewhere classified

Includes: acute hepatitis NEC, with hepatic failure
fulminant hepatitis NEC, with hepatic failure
hepatic encephalopathy NOS
liver (cell) necrosis with hepatic failure
malignant hepatitis NEC, with hepatic failure
yellow liver atrophy or dystrophy

Excludes1: alcoholic hepatic failure (K70.4)
hepatic failure complicating abortion or ectopic or molar pregnancy (O00-O07, O08.8)
hepatic failure complicating pregnancy, childbirth and the puerperium (O26.6-)
hepatic failure with toxic liver disease (K71.1-)
icterus of newborn (P55-P59)
postprocedural hepatic failure (K91.82)
viral hepatitis with hepatic coma (B15-B19)

K72.0 Acute and subacute hepatic failure = MCCs

K72.00 Acute and subacute hepatic failure without coma

K72.01 Acute and subacute hepatic failure with coma

K72.1 Chronic hepatic failure

K72.10 Chronic hepatic failure without coma

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1.92 Toxic Liver Disease

Toxic Liver Disease

- A leading cause of liver disease is medications
- Documentation needs to identify:
  - The associated medication/substance
  - How the medication/substances was consumed
    - Is it a poisoning, which also requires intent?
    - Is it an adverse effect?
  - Any associated complication:
    - Coma
    - Hepatitis
    - Necrosis

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1.93 Toxic Liver Disease Specificity

Toxic Liver Disease Specificity

K71 Toxic liver disease

Includes: drug-induced idiosyncratic (unpredictable) liver disease
drug-induced toxic (predictable) liver disease

➡ **Code first** poisoning due to drug or toxin, if applicable (T36-T65 with fifth or sixth character 1-4 or 6)

Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

Excludes2: alcoholic liver disease (K70.-)
Budd-Chiari syndrome (I82.0)

K71.0 Toxic liver disease with cholestasis
Cholestasis with hepatocyte injury
'Pure' cholestasis

K71.1 Toxic liver disease with hepatic necrosis
Hepatic failure (acute) (chronic) due to drugs

K71.10 Toxic liver disease with hepatic necrosis, without coma

➡ **K71.11 Toxic liver disease with hepatic necrosis, with coma** Pdx w/own MCC

K71.2 Toxic liver disease with acute hepatitis

K71.3 Toxic liver disease with chronic persistent hepatitis

K71.4 Toxic liver disease with chronic lobular hepatitis

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1.94 Gallstone Diseases

Gallstone Diseases

- Gallstones are collections of cholesterol, bile pigment, or a combination of the two, which can form in the gallbladder or within the bile ducts of the liver
- Can be an obstruction leading to inflammation

http://patients.gi.org/topics/biliary-tract-disorders-gallbladder-disorders-and-gallstone-pancreatitis/

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1.95 Gallstone Diseases (cont.)

Gallstone Diseases (cont.)

- The record should clearly reflect:
  - Acuity of condition
  - Associated complications
    - Inflammation
      - Cholecystitis
      - Cholangitis
    - Obstruction
- Most of these codes group to the same MS-DRGs and are CCs as secondary diagnoses

Important

The provider needs to link the complication to the biliary disorder

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1.96 Disorders of Biliary Tract MS-DRGs

Disorders of Biliary Tract MS-DRGs

DRG 444 Disorders of the Biliary Tract with MCC
GMLOS 4.4 AMLOS 5.8 RW 1.5997

Principal Diagnosis

K8Ø* CHOLELITHIASIS
K81* CHOLECYSTITIS
K82* OTHER DISEASES OF GALLBLADDER
K83* OTHER DISEASES OF BILIARY TRACT
K87 DISORDER GB BILI TRACT & PANC IN DISEASES CLASS ELSW
K91.5 POSTCHOLECYSTECTOMY SYNDROME
Q44.2 ATRESIA OF BILE DUCTS
Q44.3 CONGENITAL STENOSIS AND STRICTURE OF BILE DUCTS
R93.2 ABNORMAL FINDINGS ON DX IMAGING LIVER & BILI TRACT
S36.122A CONTUSION OF GALLBLADDER INITIAL ENCOUNTER
S36.123A LACERATION OF GALLBLADDER INITIAL ENCOUNTER
S36.128A OTHER INJURY OF GALLBLADDER INITIAL ENCOUNTER
S36.129A UNSPECIFIED INJURY GALLBLADDER INITIAL ENCOUNTER
S36.13XA INJURY BILE DUCT INITIAL ENCOUNTER

DRG 445 Disorders of the Biliary Tract with CC
GMLOS 3.2 AMLOS 3.9 RW 1.Ø581

Select principal diagnosis listed under DRG 444

DRG 446 Disorders of the Biliary Tract without CC/MCC
GMLOS 2.3 AMLOS 2.8 RW Ø.7916

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1.97 Calculus of Gallbladder Specificity

Calculus of Gallbladder Specificity

- Site specificity
  - Gallbladder, bile duct, both
- Acuity
- Inflammation (cholangitis, cholecystitis)
  - With or without obstruction

K80.3 Calculus of bile duct with cholangitis
Any condition listed in K80.5 with cholangitis

- **K80.30 Calculus of bile duct with cholangitis, unspecified, without obstruction**
- **K80.31 Calculus of bile duct with cholangitis, unspecified, with obstruction**
- **K80.32 Calculus of bile duct with acute cholangitis without obstruction**
- **K80.33 Calculus of bile duct with acute cholangitis with obstruction**
- **K80.34 Calculus of bile duct with chronic cholangitis without obstruction**
- **K80.35 Calculus of bile duct with chronic cholangitis with obstruction**
- **K80.36 Calculus of bile duct with acute and chronic cholangitis without obstruction**
- **K80.37 Calculus of bile duct with acute and chronic cholangitis with obstruction**

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1.98 Cholecystitis

Cholecystitis

- An inflammation of the gallbladder that occurs most commonly because of an obstruction of the cystic duct from cholelithiasis
  - Involves the presence of gallstones
  - Choledocholithiasis refers to the presence of gallstones in the common bile duct (CBD)

http://emedicine.medscape.com/article/175667-overview
http://emedicine.medscape.com/article/171886-overview

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1.99 Cholangitis

Cholangitis

- Cholangitis is an infection of the biliary tract
- Treatment:
  - Antibiotic therapy
  - Biliary drainage
- Causes include:
  - Choledocholithiasis
  - Biliary tract manipulations/interventions and stents
    - Quickly becoming most common cause
  - Hepatobiliary malignancies
    - Least common cause

http://emedicine.medscape.com/article/184043-overview#a0104

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1.100 Gallbladder Disorders Code Example

Gallbladder Disorders Code Example

K80 Cholelithiasis

Excludes1: retained cholelithiasis following cholecystectomy (K91.86)

K80.0 Calculus of gallbladder with acute cholecystitis
Any condition listed in K80.2 with acute cholecystitis

K80.00 Calculus of gallbladder with acute cholecystitis without obstruction

K80.01 Calculus of gallbladder with acute cholecystitis with obstruction

K80.1 Calculus of gallbladder with other cholecystitis

K80.10 Calculus of gallbladder with chronic cholecystitis without obstruction
Cholelithiasis with cholecystitis NOS

K80.11 Calculus of gallbladder with chronic cholecystitis with obstruction

K80.12 Calculus of gallbladder with acute and chronic cholecystitis without obstruction

K80.13 Calculus of gallbladder with acute and chronic cholecystitis with obstruction

K80.18 Calculus of gallbladder with other cholecystitis without obstruction

K80.19 Calculus of gallbladder with other cholecystitis with obstruction

K80.2 Calculus of gallbladder without cholecystitis
Cholecystolithiasis without cholecystitis
Cholelithiasis (without cholecystitis)
Colic (recurrent) of gallbladder (without cholecystitis)
Gallstone (impacted) of cystic duct (without cholecystitis)
Gallstone (impacted) of gallbladder (without cholecystitis)

K80.20 Calculus of gallbladder without cholecystitis without obstruction

K80.21 Calculus of gallbladder without cholecystitis with obstruction

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1.101 Pancreatitis

Pancreatitis

- Inflammation of the pancreas, a gland located behind the stomach
  - Pancreas releases the hormones insulin and glucagon, as well as digestive enzymes that help digest and absorb food
- Differentiated by acute and chronic:
  - Acute pancreatitis (MCC) is sudden
  - Chronic pancreatitis (CC) is characterized by recurring or persistent abdominal pain with or without steatorrhea or diabetes mellitus

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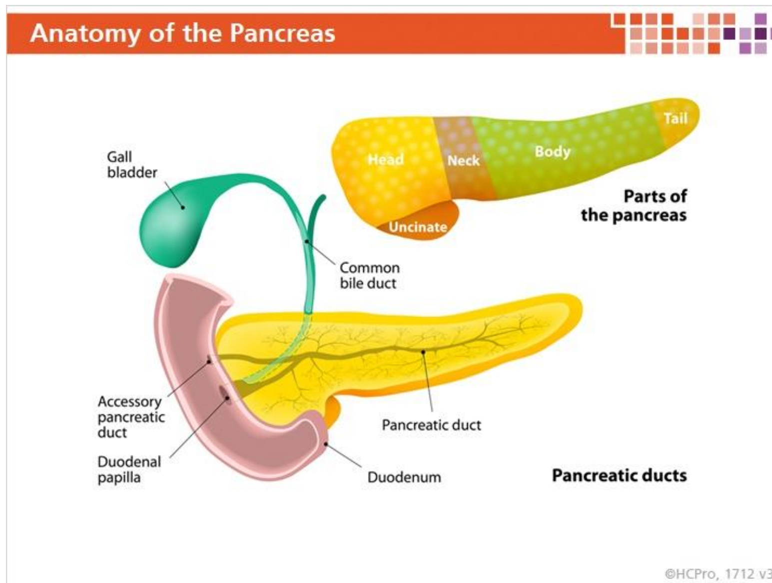
1.102 Anatomy of the Pancreas



1.103 Pancreas Disorders: CDI Focus Areas

Pancreas Disorders: CDI Focus Areas

Documentation needs to specify:

- Is it acute or chronic?
- Is it with or without infection?
- Is it with or without necrosis?
- What is the etiology of the pancreatitis?
  - Is it idiopathic?
  - Is it biliary?
  - Is it alcohol induced?
  - Is it drug induced?
  - Other?
  - Unspecified?

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1.104 Pancreatic Pseudocysts (K86.3)

Pancreatic Pseudocysts (K86.3)

- Localized fluid collections that are rich in amylase and other pancreatic enzymes.
- Usually appear several weeks after the onset of pancreatitis.
  - Add a CC as a secondary diagnosis.
- Most resolve without interference and only require supportive care. For some, drainage is indicated.

http://emedicine.medscape.com/article/184237-overview

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1.105 Pancreatitis: Diagnosis

Pancreatitis: Diagnosis

- The diagnostic criteria for pancreatitis are two of the following three features:
  - Abdominal pain characteristic of acute pancreatitis
  - Serum amylase and/or lipase ≥ 3 times the upper limit of normal
  - Characteristic findings of acute pancreatitis on CT scan

http://emedicine.medscape.com/article/181364-overview

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1.106 Treatment of Pancreatitis

Treatment of Pancreatitis

- Medical management of mild acute pancreatitis includes:
  - The patient is kept NPO (nothing by mouth)
  - Intravenous (IV) fluid hydration
  - Analgesics are administered for pain relief
  - Antibiotics are generally not indicated
- Patients can be discharged when:
  - Their pain is well controlled with oral analgesia
  - They are able to tolerate an oral diet that maintains their caloric needs
  - All complications have been addressed

http://emedicine.medscape.com/article/181364-overview

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1.107 Treatment of Pancreatitis (cont.)

Treatment of Pancreatitis (cont.)

- Patients with **severe acute pancreatitis** require intensive care
- The goals of medical management are:
  - Provide aggressive supportive care
  - Decrease inflammation
  - Limit infection or superinfection
  - Identify and treat complications as appropriate

http://emedicine.medscape.com/article/181364-overview

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1.110 Summary

Summary

- This module covered documentation opportunities related to the genitourinary system and digestive disease system
- The digestive disease MDC can be greatly impacted by CDI efforts because most of the associated MS-DRGs are triplets and there are many diseases classified as MCCs

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