



# Gastroenterology ICD 10 Documentation Tips

# Presenters

**Ghazala Q. Sharieff MD, MBA**

Corporate Director, Physician Outreach and Medical Management, Scripps Health

**Allison Hager-Faster**

ICD-10 Project Manager; Physician/Clinician and Education Workgroup Lead

# ICD-10 The Hard Way!

<p>Abdominal R10.9 Colic R10.83 Generalized R10.84 with acute abdomen R10.0 Lower R10.30 left quadrant R10.32 pelvic or perineal R10.2 periumbilical R10.33 right quadrant R10.31</p>	<p>Tenderness, abdominal R10.819 epigastric R10.816 generalized R10.817 left lower quadrant R10.814 left upper quadrant R10.812 periumbilic R10.815</p>	<p>Abdominal and pelvic pain acute abdomen R10.0 Localized to other parts of lower abdomen R10.30 RUQ abdominal tenderness R10.811 LUQ abdominal tenderness R10.813</p>
<p>Upper R10.10 epigastric R10.13 left quadrant RR10.12 right quadrant R10.11</p>	<p>Tenderness right lower quadrant R10.823 right upper quadrant R10.821</p>	<p>Rebound abdominal tenderness R10.82 RUQ rebound R10.821 LUQ rebound R10.822</p>
<p>Acute R52 due to trauma G89.11 neoplasm related G89.3 postprocedural NEC G89.18 post-thoracotomy G89.12 Abdominal rigidity R19.3 unspecified site R19.30 RUQ rigidity R19.31 LUQ rigidity R19.32</p>	<p>RLQ rebound abdominal tenderness R10.823 LLQ rebound abdominal tenderness R10.824 Periumbilic rebound abdominal tenderness R10.825 Abdominal rigidity RLQ rigidity R19.33 LLQ rigidity R19.34</p>	<p>Generalized rebound abdominal tenderness R10.827 Rebound tenderness unspecified site R10.829 Colic NOS R10.83 Unspecified abdominal pain R10.9 Abdominal rigidity periumbilic R19.35 epigastric R19.36 generalized R19.37</p>

# SOI (*Severity of Illness*) / ROM (*Risk of Mortality*)

- Documentation should reflect the acuity of the patient...
- If a patient dies because he or she was severely ill, but the documentation translates into codes that do not reflect the severity, the adjusted SOI and ROM poorly reflect the care provided.

---

## FOUR SEVERITY OF ILLNESS SUBCLASSES

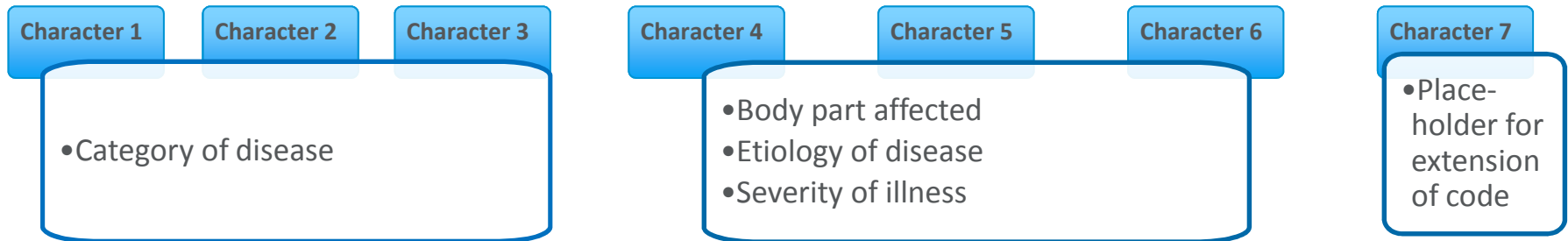
1. Minor
2. Moderate
3. Major
4. Extreme

## FOUR RISK OF MORTALITY SUBCLASSES

1. Minor
  2. Moderate
  3. Major
  4. Extreme
-

# ICD 10 – CM

- Diagnosis classification system developed by the Centers for Disease Control and Prevention for use in all U.S. health care treatment settings
- ICD 10 CM codes can have 3, 4, 5, 6 or 7 characters (*alphanumeric*)



**F17.211** F17 – Nicotine dependence    2 – Dependence    1 - Cigarette    1 – In remission

**A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures**

# ICD-10 Made Simple For Those That Have Coders- DOCUMENT!

**ACUITY** acute, chronic, intermittent

**SEVERITY** mild, moderate, severe

**ETIOLOGY** trauma, diabetes, renal failure, exercise or infection induced

**LOCATION** Where is it? chest, femur, posterior thorax, specify joint or digit

**LATERALITY** Which side is it? left, right, both

**DETAIL** Present on admission status, associated symptoms (hypoxia, loss of consciousness), additional medical diagnoses, initial versus subsequent encounter

# If you like mnemonics

---

<b>ANY</b>	Acuity
<b>SMALL</b>	Severity
<b>ERROR</b>	Etiology
<b>LOSES</b>	Location
<b>LARGE</b>	Laterality
<b>DOLLARS</b>	Detail - Present on admission status, associated symptoms, additional medical diagnoses, initial versus subsequent encounter

# Case Study – Peptic Ulcer

MJ is a 55 year old male who had recently been waking up in the middle of the night with abdominal pain several nights a week. He was also experiencing severe epigastric pain without radiation to the back throughout the day. He denied any blood in the stools or vomiting. He has a history of type 2 diabetes for which he takes Metformin.

An endoscopy revealed a large peptic ulcer. Analysis of a tissue sample taken from the site showed that Mark also had an infection that was caused by *Helicobacter pylori* bacteria.



# Example - Peptic Ulcer

---

**ACUITY** acute

**SEVERITY** severe

**ETIOLOGY** peptic ulcer

**LOCATION** abdominal

**LATERALITY** N/A

**DETAILS** Initial encounter. Associated symptoms: nighttime abdominal pain, history of Type II Diabetes, Helicobacter pylori bacterial infection

**ALL PUT TOGETHER**

1. Acute, severe peptic ulcer due to Helicobacter pylori infection
2. Type II Diabetes

---

# Case Study – Liver Failure

CS is a 45 year old female who presents to your office complaining of nausea, vomiting, and lack of appetite that has lasted for the past 4 weeks. You note a jaundiced appearance. In addition, she is extremely tender in the right upper quadrant. She states that she is a social drinker who has 3 glasses of wine per week and has been training for a marathon. The patient states she takes 4 500mg tablets of acetaminophen each evening after her runs and has been doing so for 3 weeks.

Hepatic enzymes are elevated as is her Prothrombin time.

N-acetylcysteine is administered to lower acetaminophen levels in the blood.

# Example - Liver Failure

---

**ACUITY** acute

**SEVERITY** severe

**ETIOLOGY** liver failure due to alcohol and acetaminophen overdose

**LOCATION** liver

**LATERALITY** N/A

**DETAILS** Initial encounter

**ALL PUT TOGETHER** 1. Acute, severe liver failure Due to alcohol use and acetaminophen overdose. Initial encounter

---

# Case Study – Upper GI Bleed

JT is a 47 year old male complaining of black tarry stools and vomiting with the appearance of coffee grounds for the past 4 days. He is pale, short of breath, and states that he has epigastric pain. He is approximately 50 lbs overweight and enjoys a diet consisting mainly of fried and fast food. He smokes a pack of cigarettes a day. His hemoglobin is 8 mg/dl

Tests for H pylori are negative and an endoscopy is performed. The endoscopy shows acute gastrointestinal bleeding due to a peptic ulcer

# Example – Upper GI Bleed

**ACUITY** acute

**SEVERITY** severe

**ETIOLOGY** Peptic ulcer

**LOCATION** Upper GI

**LATERALITY** N/A

**DETAILS** 50 lbs overweight. Acute blood loss anemia. Cigarette dependence

**ALL PUT  
TOGETHER**

1. Acute severe gastrointestinal bleeding due to peptic ulcer disease
2. Acute blood loss anemia
3. Obesity ( is there a better code for this?)
4. Cigarette dependence

# Case Study – Lower GI Bleed

PJ is a 45 year old Project Manager who for the past 3 hours has had massive rectal bleeding, passing a large amount of red blood with clots from the rectum. He also relates that he cannot keep up with his usual schedule because of fatigability. He has a history of peptic ulcer disease.

He had doubled his usual dose of Tylenol without significant relief of the burning. He has 2-3 martinis at lunch and takes NSAIDs as needed for back pain. PJ smokes two packs of cigarettes per day.

Routine laboratory studies were all normal except for initial hemoglobin level of 10.4 g/dL, which decreased to 7.8 g/dL after volume resuscitation with normal saline. Coagulation, liver chemistries, blood urea nitrogen, and creatinine levels were normal. Rectal exam was positive for bright red blood. Colonoscopy reveals diverticulosis

# Example – Lower GI Bleed

**ACUITY** acute

**SEVERITY** severe

**ETIOLOGY** diverticulosis

**LOCATION** lower GI

**LATERALITY** N/A

**DETAILS** Massive rectal bleeding , anemia

**ALL PUT  
TOGETHER**

1. Acute severe lower gastrointestinal bleeding secondary to diverticular disease
2. Acute blood loss anemia
3. History of peptic ulcer disease
4. Tobacco dependence
5. Alcohol dependence

# ICD-10 Made Simple For Those That Have Coders- DOCUMENT!

---

<b>ACUITY</b>	acute, chronic, intermittent
<b>SEVERITY</b>	mild, moderate, severe
<b>ETIOLOGY</b>	trauma, diabetes, renal failure, exercise or infection induced
<b>LOCATION</b>	Where is it? chest, femur, posterior thorax, specify joint or digit
<b>LATERALITY</b>	Which side is it? left, right, both
<b>DETAIL</b>	Present on admission status, associated symptoms (hypoxia, loss of consciousness), additional medical diagnoses, initial versus subsequent encounter



# ICD 10 Documentation Tips: Gastroenterology Diagnoses

Diagnosis	Documentation Tips		
<b>Barrett's Esophagus*</b>	<b>Document when present:</b> -Low grade dysplasia -High grade dysplasia		
<b>GERD</b>	Mention gastro-esophageal reflux disease with or without associated esophagitis.		
<b>Gastritis</b>	Clarify the acuity (Acute, chronic); Erosive gastritis is categorized under acute gastritis in ICD 10	Provide the type of gastritis (e.g. alcoholic, superficial, atrophic etc.). List any associated alcoholic abuse or dependence.	Differentiate between gastritis, duodenitis and gastroduodenitis Mention any associated medication or drug and the purpose of its use
<b>Gastroenteritis</b>	<b>Document etiology when known or suspected:</b> -Infectious -Non-infectious	<b>If infectious, document organism when known or suspected</b>	<b>If non-infectious, document cause, such as:</b> -Radiation or drug induced, specify drug when known -Allergic or food hypersensitivity, specify food when known
<b>Irritable bowel syndrome*</b>	<b>Document association with diarrhea:</b> - With diarrhea - Without diarrhea		
<b>Crohn's Disease*</b>	<b>Document any associated complications, such as:</b> -Rectal bleeding, Intestinal obstruction, Fistula, Abscess	<b>Document anatomical site:</b> -Large intestine, Small intestine for CD and Pancolitis, Proctitis, Rectosigmoiditis for UC	
<b>Peptic Ulcer</b>	<b>Document specific site:</b> -Duodenum, Esophagus, Gastric -Gastro-duodenal, Gastro-jejunal	<b>Document acuity of peptic ulcer:</b> -Acute -Chronic	<b>Document any associated complications, such as:</b> -Perforation, Hemorrhage
<b>Cholecystitis with cholelithiasis</b>	-Mention the acuity (acute, chronic) -Any associated conditions (Cholangitis)	Detail if biliary obstructions are present Identify when calculi are present	Location of the calculi (gallbladder, bile duct etc.)

# ICD-10 Documentation Tips: Gastroenterology Diagnosis

Diagnosis	Documentation Tips		
<b>Neoplasms</b>	<b>Document specific site, for example:</b> -Cardio-esophageal junction -Fundus or body of stomach -Pyloric antrum or pylorus	<b>Differentiate between primary and secondary (metastatic) site</b>	<b>For secondary sites:</b> -Document primary site and if it is still present
<b>Hepatic Failure/ Hepatic Encephalopathy</b>  <b>Hepatitis</b>	<b>Document:</b> -Acute/subacute -Chronic -If with hepatic coma	<b>Document etiology, for example:</b> -Due to alcohol or drugs	<b>If your intended or suspected diagnosis is hepatic failure/encephalopathy, document it in addition to signs or symptoms, such as confusion, altered levels of consciousness, or coma.</b>
<b>Gastrointestinal Bleed</b>	<b>Document etiology and show cause and effect, for example:</b> -Acute GI bleed due to bleeding esophageal varices	Clarify site of bleed	
<b>Pancreatitis</b>	<b>Document acute versus chronic</b>	<b>Document etiology and show cause and effect, for example:</b> -Idiopathic acute pancreatitis -Alcohol induced acute pancreatitis	
<b>Diverticulitis*</b>	<b>Document anatomical site:</b> - Small Intestine - Large Intestine	<b>Document associated complication:</b> -Abscess, perforation, peritonitis -Bleeding	Differentiate between diverticulosis and diverticulitis
<b>Hemorrhoids*</b>	<b>Use current terminology to describe hemorrhoids:</b> -First degree or grade/stage 1 -Second degree or grade/stage 2 -Third degree or grade/stage 3 -Fourth degree or grade/stage 4	<b>If bleeding is present, clearly document in your notes as due to hemorrhoids or due to some other problem</b>	

\* Specific changes to ICD-10 CM

# ICD-10 Documentation for Gastric procedures

Procedure	Body Part	Approach	Device	Qualifier
Gastric bypass		Approach: Open/percutaneous endoscopic/via natural and artificial opening endoscopic	Device: No Device/Autologous tissue substitute/Nonautologous tissue substitute/ synthetic tissue substitute	Bypass to: Cutaneous, duodenum, jejunum, transverse colon
Partial gastrectomy		Approach: Open/percutaneous /percutaneous endoscopic		No Qualifier/Vertical
Gastric banding		Approach: Open/percutaneous /percutaneous endoscopic		
Gastric stimulation Implantation	Device Location (stimulator) Abdomen/Chest/Back	Approach for lead and device: Open/percutaneous /percutaneous endoscopic	Type of Generator: Stimulator generator/Stimulator generator multiple array/Stimulator generator multiple array rechargeable/Stimulator generator single array/Stimulator generator single array rechargeable	
High gastric bypass		Approach: Open/percutaneous endoscopic		

Procedure	ICD-10 PCS coding	Medical and surgical	Gastrointestinal system	Bypass	Body part	Approach (Percutaneous endoscopic)	Device (None)	Qualifier (Jejunum)
Gastric bypass	<b>0D164ZA</b>	<b>0</b>	<b>D</b>	<b>1</b>	<b>6</b>	<b>4</b>	<b>Z</b>	<b>A</b>
Procedure	ICD-10 PCS coding	Medical and surgical	Gastrointestinal system	Restriction	Body part	Approach (Percutaneous endoscopic)	Device (Extraluminal)	Qualifier (None)
Gastric banding	<b>0DV64CZ</b>	<b>0</b>	<b>D</b>	<b>V</b>	<b>6</b>	<b>4</b>	<b>C</b>	<b>Z</b>



[Sharieff.Ghazala@scrippshealth.org](mailto:Sharieff.Ghazala@scrippshealth.org)

# For any questions:

## QUESTIONS? CONCERNS?

ICD-10 Hotline: 858-336-0293

[ICD10Help@scrippshealth.org](mailto:ICD10Help@scrippshealth.org)

