

Esophagitis, Gastroent & Misc Digest Disorders

ICD-9-CM CODING GUIDELINES

FY 2008 MS-DRG		Prior to 10/1/2007 CMS-DRG	
391	Esophagitis, gastroent & misc. digest disorders with MCC	182	Esophagitis, gastroent & misc. digest disorders age >17 with CC
392	Esophagitis, gastroent & misc. digest disorders with out MCC	183	Esophagitis, gastroent & misc. digest disorders age>17 without CC
		184	Esophagitis, gastroent & mis. Digest disorders age 0-17

The below listed esophagitis, gastroenteritis and miscellaneous digestive disorders guidelines are not inclusive. The coder should refer to the applicable *Coding Clinic* guidelines for additional information. The Centers for Medicare & Medicaid Services considers *Coding Clinic*, published by the American Hospital Association, to be the official source for coding guidelines. Hospitals should follow the *Coding Clinic* guidelines to assure accuracy in ICD-9-CM coding and DRG assignment.

Definition of Principal Diagnosis

The principal diagnosis is that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

Two or more diagnoses may equally meet the definition for principal diagnosis. This is in terms of the circumstances of admission, diagnostic work-up and/or therapy provided. Be aware that there is a difference between admitting a patient to treat two conditions and two conditions being present at the time of admission. The principal diagnosis is always the reason for admission.

Documentation to Support Esophagitis, Gastroenteritis, and Miscellaneous Digestive Disorders

Cases with signs or symptoms for the principal diagnosis must be evaluated to ascertain whether or not the documentation substantiates a more specific principal diagnosis.

If there was more than one reason for admission and treatment, for example, gastroenteritis and dehydration, try to determine from the medical record documentation if the principal diagnosis is the condition that required inpatient treatment.

Coding Guidelines

Abdominal pain

If the abdominal pain is integral to an identified condition, the abdominal pain should not be coded. Effective 10/1/94, fifth digits were added to the abdominal pain code, 789.0, to identify the site of the abdominal pain. (See *Coding Clinic*, fourth quarter 1994, pages 38 and 39.)

Acute esophagitis

As of 10/1/01, acute esophagitis is coded 530.12, acute esophagitis. Prior to 10/1/01, it was coded 530.10, esophagitis, unspecified. (See *Coding Clinic*, fourth quarter 2001, page 45.)

Acute neutropenic enterocolitis

A patient with acute lymphoblastic leukemia, who had recently completed his chemotherapy, was diagnosed with acute neutropenic enterocolitis.

If this is infectious neutropenic enterocolitis, code 288.0, agranulocytosis; code 009.1, colitis, enteritis, and gastroenteritis of presumed infectious origin; and code E933.1, adverse effect of antineoplastic and immunosuppressive drugs.

If this is not infectious, code 288.0, agranulocytosis; code 558.9, other and unspecified noninfectious gastroenteritis and colitis; and code E933.1, adverse effect of

antineoplastic and immunosuppressive drugs.

(See *Coding Clinic*, first quarter 2001, page 18, and *Coding Clinic*, third quarter 1999, pages 6 and 7.)

Blue rubber bleb syndrome/ Bean's syndrome/blue rubber-bleb nevus

These names are all used for the same condition. This is a cavernous-type hemangioma. When it is found in intra-abdominal structure, for example, intestinal wall, spleen, or liver, it is coded 228.04, hemangioma of intra-abdominal structures. (See *Coding Clinic*, fourth quarter 1988, page 6.)

Candidal esophagitis/enteritis

Candidal esophagitis is coded 112.84 and candidal enteritis is coded 112.85. Prior to 10/1/92, these were coded 112.89. (See *Coding Clinic*, fourth quarter 1992, page 19; *Coding Clinic*, first quarter 1992, page 17; and *Coding Clinic*, third quarter 1991, page 20.)

Changes in status/bowel movements

Changes in status as in bowel movements is coded 780.9. (See *Coding Clinic*, third quarter 1993, page 11.)

Chronic infectious gastritis/Helicobacter pylori (H.pylori)

This is coded 535.10, atrophic gastritis without mention of hemorrhage, and 041.86, H. pylori (041.85 prior to 10/1/85). (See *Coding Clinic*, first quarter 1994, page 18.)

Collagenous colitis

Collagenous colitis is coded 558.9, other and unspecified noninfectious gastroenteritis and colitis. (See *Coding Clinic*, November-December 1987, page 8.)

Congestive portal gastropathy/portal hypertensive gastropathy

Congestive portal gastropathy, also referred to as portal hypertensive gastropathy, is coded 537.89, other specified disorders of stomach and duodenum. (See *Coding Clinic*, third quarter 2005, pages 15 and 16.)

Cryptosporidiosis

Cryptosporidiosis is coded 007.4 (007.8 prior to 10/1/97). If an AIDS patient is admitted with cryptosporidiosis, the principal diagnosis is human immunodeficiency virus [HIV] disease, coded 042, (HIV guidelines were revised 10/1/94.) with a secondary diagnosis of cryptosporidiosis. (See *Coding Clinic*, fourth quarter 1997, pages 30 and 31.)

Diabetic gastroparesis (gastroparesis)

Three codes are required to code this: 250.6x, diabetes mellitus with neurological manifestations; 337.1, peripheral autonomic neuropathy; and 536.3, gastroparesis. Prior to 10/1/94, when code 536.3 was created, code 536.8, dyspepsia and other specified disorders of the function of the stomach was used. (See *Coding Clinic*, fourth quarter 1994, page 42; *Coding Clinic*, second quarter 1993, page 6; and *Coding Clinic*, November-December 1984, page 9.)

Diarrhea, unspecified

Effective 10/1/95, a new code, 787.91, diarrhea, was created so that diarrhea due to an unspecified cause could be distinguished from gastroenteritis, coded 558.9. (See *Coding Clinic*, fourth quarter 1995, page 54.)

Diverticula of colon/ Meckel's diverticulum

Only code diverticula of colon as congenital when specifically identified to be congenital. Meckel's diverticulum is considered congenital. A diagnosis of diverticula of the colon is coded as acquired unless otherwise specified. (See *Coding Clinic*, January-February 1985, pages 1-6.)

Esophageal obstruction/impacted foreign body

Only code 935.1, foreign body in esophagus. The use of code 530.3, stricture and stenosis of esophagus, with code 935.1 is incorrect, as code 530.3 only applies to obstruction caused by stenosis, tumor, etc. and not those due to presence of a foreign body. (See *Coding Clinic*, first quarter 1988, page 13.)

Esophageal reflux with reflux esophagitis

Only use one code, 530.11, reflux esophagitis, for esophageal reflux with esophagitis. (See *Coding Clinic*, fourth quarter 1995, page 82.)

Gastroenteritis/dehydration

When a patient with dehydration and gastroenteritis is admitted the sequencing of the diagnoses depends on the reason for admission and whether or not both conditions required inpatient treatment. (See *Coding Clinic*, second quarter 1988, pages 9 and 10, and *Coding Clinic*, July-August 1984, pages 19 and 20.)

Gastrointestinal (GI) bleeding

As of September 15, 2005, if the physician does not establish a causal relationship between gastrointestinal bleeding and endoscopic findings (e.g., gastritis, duodenitis, esophagitis, diverticulosis of colon and/or colon polyp) the combination codes describing hemorrhage should not be assigned. If the documentation provides more specific information and the bleeding is linked to a specific condition, assign the appropriate combination code with bleeding. (See *Coding Clinic*, third quarter 2005, pages 17 and 18.)

Prior to September 15, 2005, if a patient is admitted with non-bleeding, acute gastritis and melena, and the physician states that the bleeding is not from the stomach, code 535.00, acute gastritis without mention of hemorrhage as the principal diagnosis and code 578.1, blood in stool, as a secondary diagnosis. "ICD-9-CM assumes that GI bleeding results from the GI lesion identified (angiodysplasia, ulcers, gastritis, diverticulitis, etc.), and the combination code should usually be applied. If, and only if, the physician explicitly states that the bleeding is unrelated to the GI condition, as in this case, should both codes (GI condition without hemorrhage and category 578, GI hemorrhage) be assigned." (See *Coding Clinic*, second quarter 1992, pages 8 and 9.)

A final diagnosis of acute gastritis with bleeding is made by the physician with only a guaiac positive stool to substantiate the bleeding. The bleeding can be diagnosed by the physician based on clinical findings. Code 535.01, acute gastritis with hemorrhage. The code (792.1) for guaiac positive stool would not be used since codes from categories 790-796 are not used when a probable or definitive diagnosis has been made. (See *Coding Clinic*, second quarter 1992, pages 9 and 10.)

As of 10/1/91, the conditions angiodysplasia of the intestines and stomach, diverticulitis, diverticulosis, gastritis and duodenitis with mention of hemorrhage (previously coded to 578.x) are coded using one code for the condition with a fifth digit to indicate the hemorrhage. "Use of category 578, gastrointestinal hemorrhage, is now limited to cases where a GI bleed is documented but no bleeding site or cause is identified." (See *Coding Clinic*, second quarter 1992, page 10.)

Most bleeding gastric ulcers will bleed intermittently, so it is possible for an endoscopy not to demonstrate bleeding. A diagnosis of gastric ulcer with bleed can be made by the physician in the absence of bleed on an endoscopy if the history and/or physical examination documents a bleed. (See *Coding Clinic*, first quarter 1991, page 15.)

Intestinal pseudo-obstruction/acute intestinal pseudo-obstruction (Ogilvie's syndrome)

The underlying cause of an intestinal pseudo-obstruction is a severe dysmotility of the intestine.

Intestinal pseudo-obstruction is coded 564.89, other functional disorders of intestine. Prior to 10/1/98, the code was 564.8. (See *Coding Clinic*, first quarter 1988, pages 6 and 7.)

Acute intestinal pseudo-obstruction (Ogilvie's syndrome) is coded 560.89, other specified intestinal obstruction, other. (See *Coding Clinic*, first quarter 1988, page 7.)

Neurocysticercosis

A patient is admitted with seizures and cerebral edema. After study, the final diagnosis was neurocysticercosis. The principal diagnosis is neurocysticercosis, coded 123.1, cysticercosis, with a secondary diagnosis of seizures, coded 780.39 (780.3 prior to 10/1/97). (See *Coding Clinic*, second quarter 1997, page 8.)

Nutcracker esophagus

Nutcracker esophagus is coded 530.5. (See *Coding Clinic*, first quarter 1988, page 13.)

Peptic ulcer disease

Clarification is needed to correctly code peptic ulcer disease. Determination must be made as to whether it is a chronic peptic ulcer, coded 533.7x; peptic acid disease (patient is being maintained on an antacid), coded 536.8, dyspepsia and other specified order of function of stomach; or a healed ulcer, coded V12.7, personal history of diseases of digestive system. Effective 10-1-94, the correct code is V12.71, personal history of diseases of digestive system, peptic ulcer disease. (See *Coding Clinic*, second quarter 1989, page 16.)

Pseudomembranous colitis/pseudomonas enterocolitis

Pseudomembranous colitis is coded 008.45 (008.49 prior to 10/1/92) and is a different condition than pseudomonas enterocolitis, coded 008.42. (See *Coding Clinic*, second quarter 1989, page 10, and *Coding Clinic*, first quarter 1988, page 6.)

Reduction of intussusception by nonoperative reduction

Nonoperative reduction of intussusception is coded 96.29, reduction of intussusception of alimentary canal. Code 96.29 was created and became effective 10/1/98. Code 96.29 does exclude intra-abdominal manipulation of intestine, not else where specified (46.80). (See *Coding Clinic*, fourth quarter 1998, pages 82 and 83.)

Ruled out diagnosis

Once a condition is ruled out, it is not coded. Therefore, code the diagnosis that was established or if only a symptom is present that was related to the reason for admission, code the symptom. If no diagnosis or symptom is present which is related to the reason for admission, use a code from category V71 (observation and evaluation for suspected conditions not found). (See *Coding Clinic*, March-April 1986, page 8.)

Sandifer syndrome

Sandifer syndrome is coded 530.81, esophageal reflux, and 723.5, torticollis, unspecified. (See *Coding Clinic*, first quarter 1995, page 7.)

Status post gastrectomy

Code V45.89, other postsurgical state, other, if no problem exists. If a specific problem exists, code to the problem. (See *Coding Clinic*, first quarter 1993, page 11.)

Symptom/final diagnosis

When the final diagnosis is stated as a symptom which uses a code from Chapter 16 in the ICD-9-CM code book and it is also noted to be probably due to a specified condition, there are several guidelines that must be considered to determine the correct code. (See *Coding Clinic*, first quarter 1991, page 12.)

The definition of principal diagnosis needs to be considered.

If the final diagnosis is qualified as probable, suspected, likely, possible, or still to be ruled out, code the condition as if it existed or was established, providing that the diagnostic work-up, arrangements for further work-up or observation, and initial therapeutic approach correspond most closely with the established diagnosis. This applies only to the acute care hospital inpatient setting. (See *Coding Clinic*, second quarter 2002, pages 5 and 65, *Coding Clinic*, third quarter 2001, page 17, and *Coding Clinic*, March-April 1985, page 3.)

Codes for symptoms, signs, and ill-defined conditions from Chapter 16 are not to be used as the principal diagnosis when a related definitive diagnosis has been established. (See PDX#1, *Coding Clinic*, second quarter 1990, page 3.)

Conditions that are integral to the disease process should not be assigned as additional codes. (See ODX#3, *Coding Clinic*, second quarter 1990, page 15, and *Coding Clinic*, fourth quarter 1994, pages 38 and 39.)

Ulcerative esophagitis

Ulcerative esophagitis is coded 530.19, other specified esophagitis. This is not the same as an ulcer of the esophagus. (See *Coding Clinic*, third quarter 2001, pages 10-11.)

Viral syndrome with associated diarrhea

Viral syndrome with associated diarrhea is coded 008.8, viral enteritis, not elsewhere classified. (See *Coding Clinic*, January-February 1987, page 16.)