ICD-10-CM Coding Workbook for General Surgery

Specialty coding guidance for ICD-10-CM

2016
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Case Study #19—Consult for Abdominal Pain

1. **Assign the ICD-10-CM diagnosis code(s) for this patient:**

   - R10.13 Epigastric pain
   - K92.1 Melena

   Given the information in this scenario, the diagnostic information is somewhat limited. The pain in the patient's abdomen has not yet been narrowed down. The source of the bloody stool has also not yet been narrowed down. These are both coded independently and may be incorporated as “symptoms” of a more definitive diagnosis if one is made in the future.

   The abdominal pain can be narrowed down specifically to the epigastric area in the ICD-10-CM manual. Look under the main term “Pain,” subterms “abdominal,” upper,” “epigastric.” As additional information about the location of the patient’s pain is available, it would be inappropriate to simply code abdominal pain without the specific location. Coders must always code to the highest degree of specificity given in the medical record documentation.

   The melena can be found under the main term “Melena” in the index. No additional subterms are appropriate in this situation.

2. **The term “Melena” means:**

   - a. Blood found in the fecal occult blood test sample
   - b. Black tarry stools often associated with upper GI bleeding or ingested blood
   - c. Vomiting blood
   - d. Gangrene of the skin resulting in significant tissue death

   *Melena is a term used to describe blood in the stool. In this case, the provider has specifically used this term in reference to the patient in the assessment. The patient described blood in the stool in her history, and there was fecal occult blood found upon testing as well. A positive fecal occult blood test alone would not result in a diagnosis of melena.*

3. **The code for a positive fecal occult blood test is:**

   - a. K92.1 Melena
   - b. R31.9 Hematuria, unspecified
   - c. Z13.0 Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
   - d. R19.5 Other fecal abnormalities

   *A fecal occult blood test looks for blood in the stool that cannot be seen by the eye. If this test comes back positive, this can be coded as a symptom in the event that no other more definitive condition such as melena has been diagnosed.*

   *To find this code in the alphabetic index, look under the main term “Blood,” subterms “in feces,” “occult.”*
4. Hypertension and depression were noted as coexisting conditions for this patient. What are the ICD-10-CM codes for the hypertension and depression?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I10</td>
<td>Essential (primary) hypertension</td>
</tr>
<tr>
<td>F32.9</td>
<td>Major depressive disorder, single episode, unspecified</td>
</tr>
</tbody>
</table>

Hypertension can be found in the alphabetic index under the main term “Hypertension.” No additional information is known about this patient's hypertension, and it seems that it is under control. Note that there is no longer a hypertension table, and with the simplified coding under ICD-10-CM, there is no need for it.

Depression can be located in the alphabetic index under the main term “Depression.” Although this patient is still experiencing depression while on medication, it seems that this is still the initial episode she was diagnosed with. No additional information is available about her depression, so the default listing of F32.9 is chosen.

5. Why are the conditions in question #4 not likely to be coded for the claim in this case?

a. A general/GI surgeon doesn't treat hypertension and depression

b. According to the ICD-10-CM coding guidelines, code only conditions that require and/or affect treatment at that visit

c. The documentation is not clear enough

d. Chronic conditions are never coded

Under ICD-10-CM, just as in ICD-9-CM, conditions that are not treated or evaluated, or that do not affect the treatment of the patient in some way are not coded for that visit (ICD-10-CM Guidelines for Coding and Reporting, section IV.J). There are times when a chronic condition may affect a surgical procedure, however, so it is important to code it at that time.