

# Documentation and Coding: Inflammatory Bowel Disease

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At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection on services submitted to Healthfirst specifically for inflammatory bowel disease (IBD). It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Inflammatory bowel disease (IBD) is a term for two conditions—**Crohn's disease** and **ulcerative colitis**—that are characterized by chronic inflammation of the gastrointestinal (GI) tract.

## ICD-10 Codes and Descriptions

Crohn's disease of small intestine	(K50.0*)	K50.00	without complications
		K50.01*	with complications
Crohn's disease of large intestine	(K50.1*)	K50.10	without complications
		K50.11*	with complications
Crohn's disease of both small and large intestine	(K50.8*)	K50.80	without complications
		K50.81*	with complications
Ulcerative (chronic) pancolitis	(K51.0*)	K51.00	without complications
		K51.01*	with complications
Ulcerative (chronic) proctitis	(K51.2*)	K51.20	without complications
		K51.21*	with complications
Ulcerative (chronic) rectosigmoiditis	(K51.3*)	K51.30	without complications
		K51.31*	with complications
Inflammatory polyps of colon	(K51.4*)	K51.40	without complications
		K51.41*	with complications
Left-sided colitis	(K51.5*)	K51.50	without complications
		K51.51*	with complications
Other ulcerative colitis	(K51.8*)	K51.80	without complications
		K51.81*	with complications

\* Sixth digit required for subcategories that include rectal bleeding, intestinal obstruction, fistula, abscess, and other unspecified complications.

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## Clinical Documentation Should Include

<p><b>Identification of the condition for Crohn's disease</b></p>	<ul style="list-style-type: none"> <li>▪ Manifestations such as pyoderma gangrenosum</li> <li>▪ Part of intestinal tract involved             <ul style="list-style-type: none"> <li>• Small intestine</li> <li>• Large intestine</li> <li>• Both small and large intestine</li> </ul> </li> <li>▪ Associated condition             <ul style="list-style-type: none"> <li>• without complications</li> <li>• with complications                 <ul style="list-style-type: none"> <li>- Rectal bleeding</li> <li>- Fistula</li> <li>- Intestinal obstruction</li> <li>- Abscess</li> </ul> </li> </ul> </li> </ul>
<p><b>Identification of the condition for ulcerative colitis</b></p>	<ul style="list-style-type: none"> <li>▪ Manifestations such as pyoderma gangrenosum</li> <li>▪ Type             <ul style="list-style-type: none"> <li>• Ulcerative (chronic) pancolitis                 <ul style="list-style-type: none"> <li>- Backwash ileitis</li> </ul> </li> <li>• Ulcerative (chronic) proctitis</li> <li>• Ulcerative (chronic) rectosigmoiditis</li> <li>• Inflammatory polyps of colon</li> <li>• Left sided colitis                 <ul style="list-style-type: none"> <li>- Left hemicolitis</li> </ul> </li> </ul> </li> <li>▪ Associated condition             <ul style="list-style-type: none"> <li>• Without complication</li> <li>• With complication                 <ul style="list-style-type: none"> <li>- Rectal bleeding</li> <li>- Fistula</li> <li>- Intestinal obstruction</li> <li>- Abscess</li> </ul> </li> </ul> </li> </ul>
<p><b>Status of condition</b></p>	<p>Stable, improved, and/or worsening, resolved</p>
<p><b>Medical management</b></p>	<p>Order tests, treatment, therapeutic procedures and services (dietary restrictions, surgical intervention), follow up, referrals</p>

## Coding Tips

The identification of the **type of polyp** is essential for accurate classification in ICD-10-CM.

- **Inflammatory** polyps (**pseudopolyps**), which are typically found in IBDs, are classified to category **K51** ulcerative colitis.
- If a **polyp** is specified as **adenomatous**, category **D12** in the benign neoplasms section of the neoplasms chapter should be reviewed.
- Polyps for which **no specific identification** is provided should be classified to code **K63.5** polyp of colon.

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## Coding Examples

<b>Case 1</b>	A patient presents as an outpatient for hernia repair surgery. The provider notes <b>“Crohn’s disease” in the past medical history</b> and indicates <b>the patient is taking an immune modulating drug for the condition</b> . Per the Official Guidelines for Coding and Reporting, section IV.I: Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s). Additionally, section IV.J states: Code all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management. <b>Although the patient did not receive treatment during the current encounter, is it appropriate to report the Crohn’s disease as an additional diagnosis?</b>
<b>Rationale</b>	In the outpatient setting, chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s). Based on the documentation submitted, the provider has specifically stated that the patient is receiving treatment for the Crohn’s disease. <b>Although the patient is not receiving treatment during the current encounter, the patient is receiving interval treatment; therefore, Crohn’s disease should be coded and reported.</b> The ongoing treatment does not need to occur during this encounter. <b>The fact that the patient is undergoing treatment for Crohn’s disease affects patient care and management.</b> Source: <i>AHA Coding Clinic (Volume 6, Third Quarter, 2019)</i>
<b>Case 2</b>	In ICD-10-CM, codes K50.014, K50.114, K50.814, and K50.914 are used to identify Crohn’s disease with intestinal abscess. When a patient presents with <b>Crohn’s disease of the small intestine with a rectal abscess</b> , would it be appropriate to assign <b>an additional code</b> for the rectal abscess?
<b>Rationale</b>	<b>Yes</b> , it is appropriate to assign code K50.014, Crohn’s disease of small intestine with abscess, <b>along with code K61.1, Rectal abscess</b> , since the <b>additional code provides information regarding the specific site of the abscess</b> . Codes in category K50 describe intestinal abscess only. Source: <i>AHA Coding Clinic (Volume 29, Fourth Quarter, 2012)</i>

## Questions?

Contact us at [#Risk\\_Adjustments\\_and\\_clinical\\_Documentation@healthfirst.org](mailto:Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For documentation and coding guidance, please visit the coding section at [hfproviders.org](http://hfproviders.org).

References: ICD-10 CM Coding Guidelines.

<https://www.mayoclinic.org/diseases-conditions/inflammatory-bowel-disease/symptoms-causes/syc-20353315>

<https://www.codingclinicadvisor.com>

<https://www.crohnscolitisfoundation.org/what-is-crohns-disease>