

Inflammatory Bowel Disease

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 the 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 amount 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

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|--|----------|---------|-----------------------|
| 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) recto sigmoiditis | (K51.3*) | K51.30 | Without complications |
| | | K51.31* | With complications |

Documentation and Coding

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| 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 | (51.8 [*]) | 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.

Clinical Documentation Should Include

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| Identification of the condition for Crohn's disease | <ul style="list-style-type: none"> • Manifestations such as pyoderma gangrenosum • Part of intestinal tract involved <ul style="list-style-type: none"> ○ Small intestine ○ Large intestine ○ Both small and large intestine • Associated condition <ul style="list-style-type: none"> ○ without complications ○ with complications <ul style="list-style-type: none"> ▪ Rectal bleeding ▪ Fistula ▪ Intestinal obstruction ▪ Abscess |
|--|--|

Documentation and Coding

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| Identification of the condition for ulcerative colitis | <ul style="list-style-type: none"> • Manifestations such as pyoderma gangrenosum • Type <ul style="list-style-type: none"> ○ Ulcerative (chronic) pancolitis <ul style="list-style-type: none"> ▪ Backwash ileitis ○ Ulcerative (chronic) proctitis ○ Ulcerative (chronic) recto sigmoiditis ○ Inflammatory polyps of colon ○ Left side colitis <ul style="list-style-type: none"> ▪ Left hemi colitis • Associated condition <ul style="list-style-type: none"> ○ without complications ○ with complications <ul style="list-style-type: none"> ▪ Rectal bleeding ▪ Fistula ▪ Intestinal obstruction ▪ Abscess |
| Status of condition | Stable, improved, and/or worsening, resolved |
| Medical management | Order tests, treatment, therapeutic procedures and services (dietary restrictions, surgical intervention), follow up, referrals |

Coding Tips

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

- **Inflammatory** polyps (**pseudo polyps**), which are typically found in IBDs, are classified as **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 as **K63.5** polyp of colon.
- For Category **K50*** & **K51*** Use additional Code to identify any associated fistulas, if applicable: anal fistula (**K60.3**), anorectal fistula (**K60.5-**), rectal fistula (**K60.4-**)

Documentation and Coding

Coding Examples

Case 1

A patient presents as an outpatient for hernia repair surgery. The provider notes **“Crohn’s disease” in the past medical history** and indicates **the patient is taking an immune modulating drug for the condition**. 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. **Although the patient did not receive treatment during the current encounter, is it appropriate to report Crohn’s disease as an additional diagnosis?**

Rationale

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 Crohn’s disease. **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.** The ongoing treatment does not need to occur during this encounter. **The fact that the patient is undergoing treatment for Crohn’s disease affects patient care and management.**

Source: AHA Coding Clinic (Volume 6, Third Quarter, 2019)

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Case 2

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 Crohn's disease of the small intestine with a rectal abscess, would it be appropriate to assign an additional code for the rectal abscess?

Rationale

Yes, it is appropriate to assign code **K50.014**, Crohn's disease of small intestine with abscess, along with code **K61.1**, Rectal abscess, since the additional code provides information regarding the specific site of the abscess. Codes in category **K50** describe intestinal abscess only.

Source: AHA Coding Clinic (Volume 29, Fourth Quarter, 2012)

References

- <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf>
- <https://www.codingclinicadvisor.com/>
- <https://www.mayoclinic.org/diseases-conditions/inflammatory-bowel-disease/symptoms-causes/syc-20353315>

Questions?

Contact us at #Risk_Adjustments_and_clinical_Documentation@healthfirst.org.

For additional documentation and coding guidance, please visit the coding section on HFproviders.org

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