


Icd 10 code for gallbladder polyp

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Icd 10 code for gallbladder polyp

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2016 2017 2019 2020 2021 2022 Billable/Specific K82.4 is an invoiceable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes. The 2022 edition of ICD-10-CM K82.4 became effective in October 1, 2021. This is the American version of K82.4 ICD-10-CM- other international versions of ICD-10 K82.4 may differ. Applicable to type 1 Excludes type 1 Excludes type helpdA 1 excludes note. It means "unencrypted here." A Type 1 Note excludes that the excluded code should never be used at the same time as K82.4. A type 1 excludes note is used for when two conditions cannot occur together, as a congenital form compared to an acquired form of the same condition. (ICD-10-CM Diagnosis Code K81 K81 Cholecystite K81 (ICD-10-CM Diagnosis Code K80 K80 Cholelithisi K80.0 Calculation of acute cholecystic gallbladder... K80.00 Calculation of acute cholecystic gallbladder... K80.1 Bladder with chronic cholera... K80.12 Calculation of acute and chronic gallbladder... K80.13 Calculation of acute and chronic gallbladder... K80.18 Calculation of gallbladder with other Calculation of cysts without cholecystitis K80.20 Calculation of cysts with cholecystitis K80.21 Calculation of cysts without cholecystitis K80.3 Calculation of bile duct with cholangitis K80.30 Calculation of bile duct with cholangitis not specified K80.31 Calculation of the bile duct with collapses, not specified... K80.32 Calculation of the bile duct with acute collapses K80.33 Calculation of the bile duct with acute collapses... 34 Calculation of the bile duct with chronic hills... K80.35 Calculation of the bile duct with chronic colitis... K80.36 Calculation of the bile duct with a Calculation of bile duct with acute and chronic K80.4 Calculation of bile duct with cholecystitis K80.40 Calculation of bile duct with cholecystitis... K80.41 Calculation of bile with cholecystitis... K80.42 Calculation of bile duct with acute cholecystitis... K80.43 Calculation of bile duct with acute cholecystitis. K80.44 Calculation of the bile duct with chronic colin... K80.45 Calculation of the bile duct with acute and acute bile duct... K80.5 Calculation of the bile duct without colinite or K80.50 Calculation of the bile duct sen Calculation of the biliary duct without choline or K80.6 Calculation of the gallbladder and bile duct ch... K80.60 Calculation of gallbladder and bile duct with ch... K80.61 Calculation of gallbladder and bile duct with ch... K80.62 Calculation of gallbladder and bile duct with ac... K80.63 Calculation of the gallbladder and the bile duct with ac... K80.64 Calculation of the gallbladder and the bile duct with ch... K80.65 Calcium of the gallbladder and the bile duct with ch... K80.66 Calculation of the gallbladder and the bile duct with ac... K80.67 Calculation of the gallbladder and the dot... K80.70 Calculation of gallbladder and bile duct without... K80.71 Calculation of gallbladder and bile duct without... K80.8 Other colineitis

CRITERIAL RELATIONS No 2020 changes (effective 10/1/2019): No changes 2021 (effective 10/1/2020): no changes 2022 (effective 10/1/2021) No changes Diagnosis Indexes containing back-reference references to K82.4: ICD-10-CM Codes Adjacent to K82.4 K81.0 Chronic cholecystitis K81.1 K81 Citilix Perforation K82.3 gallbladder FissolaGallbladder cholesterolosis K82.8 Other specific gallbladder diseases K82.9 Gallbladder disease, unspecified K82.A Gallbladder disorders in diseases classified elsewhere K82.A1 Gallbladder gangrene in cholecystitis K82.A2 Gallbladder perforation in cholecystitis K83.0 Other bile tract diseases K83.0 Cholangitis K83.01 Other cholangitis K83.1 Obstruction of bile duct Reimbursement claims with a date of service on or after October 1, 2015 require the use of ICD-10-CM codes. Carmen Fong1, Joanne Ling2, David Pechman1, Steven Cai, MD1. 1Mount Sinai Beth Israel, 2CUNY Medical School Background: The current teaching is that gallbladder polyps larger than 1 cm should be sent back via cholecystectomy. Many of these polypoid lesions are benign on the final pathology and the benefit of the patient undergoing surgery is unclear. The literature suggests that 6.9-15.8% of Chinese patients will have gallbladder polyps, with a predilection towards males and those with hepatitis B surface antigen (Lin et al., 2008). Of 40 patients studied by Zhang in 1991, 23 (57.5%) had cholesterol polyps, 5 (12.5%) had inflammatory polyps, and 4 (10%) had adenocarcinomas (Zhang, 1991). However, these studies were done in China in the 1990s, and there is no recent study of the Chinese-American population. Methods: This is a retrospective chart review designed to study the rate of gallbladder neoplasms in a 3-level practice based in downtown Manhattan. Using our office electronic medical records, we searched for cases with the CPT code for laparoscopic or open cholecystectomy (47 562, 47 563). We then looked for patients with ICD-9/ICD-10 code for bladder polyps (575.6, K82.1). These cases were entered into an Excel database and the results were studied with the SPSS statistical software. Results: There were a total of 185 cholecystectomies performed by our practice between 2012-2016. 176 were laparoscopic cholecystectomies and 9 were open or converted cases. Of these, 33.5% (62/185) was performed for the polyps of the gallbladder. Only 1 case (1.6%) was found to have adenocarcinoma on the final pathology. Combining adenoma/adenocarcinoma, the incidence of neoplasm is 12.9% (8/62). The rest had cholesterol polyps or chronic cholecystitis. All the patients were Chinese. 59.7% were male. The mean age of the cohort was 50.5 years. The BMI average was 23.9. 19.4% were smokers. Ultrasonic polyp sizes ranged from 426 mm, with the highest percentage (27.4%) being 10 mm. 12 patients were hepatitis B positive (19.4%); the majority did not have hepatitis. The risk of adenomatous disease was 24.9% for a male patient (OR 0.76, p=0.04) older than 50 years with an polyps >16mm on the initial ultrasound. The risk of the same patient with was 0.02%. Overall, age >61, BMI >25, and octopus size on imaging >20mm were more predictive of invasive adenocarcinoma. Conclusion: We propose a risk risk system based on age, sex, IMC, polyp size and smoking condition to determine whether a patient should undergo colecistomy for gallbladder polyps. Presented at the SAGES 2017 Annual Meeting in Houston, TX. Abstract ID: 80 568 Number of Programs: P090 Presentation Session: Poster (Non CME) Type of presentation: Poster A» Return to SAGES 2017 abstract archive

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