


# ICD-10-CM Commonly Coded Conditions For Urology




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*Commonly Coded Conditions in Urology*

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## Commonly Codes Conditions

- Erectile Dysfunction
- Hypospadias
- Urinary Incontinence
- Hematuria (other abnormal urologic findings)
- Calculus
- Hydrocele and Spermatocele
- Neurogenic Bladder
- Benign Prostatic Hypertrophy (BPH)
- Neoplasms



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## Erectile Dysfunction

- Two types of erectile dysfunction with two code categories
  - Psychological
  - Physiological
- F52 contains an Excludes 2 note indicating both conditions could occur at the same time, and both would be reported

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## Example

Paul presents for evaluation. He began taking a selective serotonin re-uptake inhibitor (SSRI) antidepressant last month and shortly after began suffering erectile dysfunction. He states that he takes the medication as prescribed. He is determined to have drug-induced erectile dysfunction.

N52.2 Drug-induced erectile dysfunction  
T43.225A Adverse effect of SSRI, initial encounter

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## Hypospadias

- Congenital abnormality
- Code selection is based on site of the urethral opening
  - Q54.0 balanic: Malposition of urethral meatus on the ventral glans penis
  - Q54.1 penile: Malposition of urethral meatus on the shaft of the penis
  - Q54.2 penoscrotal: Malposition of urethral meatus at the junction of the penis and scrotum
  - Q54.3 perineal: Malposition of urethral meatus in the perineum near the anus
  - Q54.4 Congenital chordae
  - Q54.8 Other Hypospadias

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### Example

A 1 ½-year-old presents to the operating room for Hypospadias (TTT repair and flap relocation) and Nesbit chordae release. He has penoscrotal Hypospadias and congenital chordae

- Q54.2 Hypospadias, penoscrotal
- Q54.4 Congenital chordae

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### Urinary Incontinence

- Codes (most ) are located in category N39
- Causes of urinary incontinence
  - Pregnancy, childbirth
  - Aging
  - Physical problems /changes
  - Enlarged prostate
  - Neurologic disorders
- Some Types of UI
  - Stress
  - Urge
  - Mixed
  - Overflow

Instructional note in category N39.4 to code also any associated overactive bladder.

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### Example

The patient presents for cystoscopy with a diagnosis of recurring bladder infections and urge incontinence, not helped by Detrol LA. The flexible scope is placed through the meatus into the bladder. The bladder was systematically scanned with no abnormal findings of erythema, tumor, or foreign body.

- N39.41 Urge incontinence
- Z87.440 Personal history of urinary (tract) infections

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## Hematuria

- Category R31
  - R31.0 Gross hematuria
  - R31.1 Benign essential microscopic hematuria
  - R31.2 Other microscopic hematuria
  - R31.9 Hematuria, unspecified
- Category N02
- Recurrent and Persistent hematuria with underlying conditions
- Listing in manual

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## Example

Patient presents for renal biopsy results. She had originally presented with a history of persistent rust colored urine, but no bright red blood or clots in the urine. CT scan was negative for kidney stones. Renal biopsy results indicate ten Glomerular were present with crescents in eight of them. The Glomerular sections evaluated showed no electron-dense deposits in the filtration membrane or mesangium. She is diagnosed with diffuse crescentic glomerulonephritis with persistent hematuria.

N02.7 recurrent and persistent hematuria with diffuse crescentic glomerulonephritis

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## Other Abnormal Findings

- Category R30 Pain associated with micturition
- Category R33 Retention of urine
  - has instructional notes
- Category R34 Anuria and oligouria
- Category R35 Polyuria
- Category R36 Urethral discharge
- Category R39 Other and unspecified

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### Example

A 70-year-old male patient presents with nocturia, and dysuria without trauma or provocation. He states this has been occurring off and on, becoming more persistent. Considering patient's age, may be BPH. Will obtain UA with culture, PSA, and ultrasound.

- R35.1 Nocturia
- R30.0 Dysuria

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### Calculus

- Four major types of stones
- Codes are specific to location
  - Kidney, ureter, bladder, urethra, multiple areas
- Categories N20 through N22
- Category N22 contains an instructional note that states to code first the underlying disease

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### Example

Urology is called when a male patient presents with sharp pain in the lower back that comes in waves and pain on urination. CT indicates large right Ureteral stone

N20.1 Calculus of ureter

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### Example

Brian presents to the clinic. He has chronic idiopathic gout in the right foot that has flared up. He was referred for evaluation as he now has kidney stones.

M1A.0710 Idiopathic chronic gout, right ankle and foot without tophus

N22 Calculus of urinary tract in diseases classified elsewhere

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### Other codes

- Other codes that relate to calculus of the urinary system:
  - Q63.8 Other specified congenital malformations of kidney; congenital kidney stones
  - N13.2 Hydronephrosis with renal and Ureteral calculous obstruction
  - N13.6 Pyonephrosis: urinary tract obstruction, may be from calculus, with infection
  - Instructional note with this code to use additional code (B95-B97) to identify infectious agent
  - Excludes 2 note with Category N13, Obstructive and reflux uropathy

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### Hydrocele/Spermatocele

- Hydrocele
  - Code selection based on Congenital or Non-congenital
  - P83.5 Congenital hydrocele
  - Category N43.0-N43.3 - Non-congenital hydrocele
- Spermatocele
  - Typically asymptomatic
  - 3 codes for non-congenital N43.40-N43.42
  - Q55.4 Congenital spermatocele

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### Example

A male patient presents with swelling in the groin. He admits to no trauma and states he noticed it a couple of days ago. On exam, swelling was noted in the left inguinal region that moved downward when the testis was gently pulled downward. US confirmed encysted hydrocele.

N43.0 Encysted hydrocele

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### Neurogenic Bladder

- Category N31
  - Common causes of neurogenic bladder
    - Stroke
    - Multiple sclerosis
    - Spina bifida
    - Traumatic spinal cord injury
  - Code selection based on Type
    - Uninhibited, reflex, flaccid, other, neuromuscular
- Instructional note for category N31 states to use an additional code for associated urinary incontinence (N39.3, N39.4)

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### Example

A patient presents for treatment options with a reflex neurogenic bladder with stress incontinence. After review of diagnostic studies and physical exam, treatment options were discussed. Treatment started with bethanechol 25 mg orally four times a day.

N31.1 Reflex neuropathic bladder, not elsewhere classified

N39.3 Stress incontinence (male) (female)

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## Benign Prostatic Hypertrophy

- Category N40
- Divided by type
  - Enlarged or nodular
  - With or without lower urinary tract symptoms (LUTS)

- N40.0 Enlarged prostate w/o LUTS
- N40.1 Enlarged prostate with LUTS
- N40.2 Nodular prostate w/o LUTS
- N40.3 Nodular prostate with LUTS

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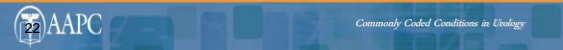
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## LUTS

- Instructional note for N40.1 and N40.3 state to code also associated symptoms.
    - Incomplete emptying (R39.14)
    - Nocturia (R35.1)
    - Straining on urination (R39.16)
    - Urinary frequency (R35.0)
    - Urinary hesitancy (R39.11)
    - Urinary incontinence (N39.4)
    - Urinary obstruction (N13.8)
    - Urinary retention (R33.8)
    - Urinary urgency (R39.15)
    - Weak urinary stream (R39.12)
- This instruction is the same as in ICD-9

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## Example

A 58-year-old man presents for follow-up. He presented originally for urinary frequency, hesitancy, weak stream, and nocturia, for over 2 years with recent progression. Physical exam revealed soft and enlarged prostate 30g. His IPSS score was 18 (moderate). We discussed his labs today, showing normal U/A and PSA of 1.2 ng/mL. He states there is not change in his symptoms. Patient is diagnosed with enlarged prostate with LUTS and started on alpha-blockers.

- N40.1 Enlarged prostate with LUTS
- R35.0 Frequency of micturition
- R39.11 Hesitancy of micturition
- R39.12 Poor urinary stream
- R35.1 Nocturia,

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### Example

A 60-year-old patient presents for check-up of his nodular prostate and ED. He states that his nocturia and urgency have improved. He states his ED is still present but is improving as his other symptoms are improving. UA, PSA, and BUN all within normal limits.

- N40.3 Nodular prostate with LUTS
- R35.1 Nocturia
- R39.15 Urgency of urination
- N52.9 Male erectile dysfunction



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### Neoplasms

- Documentation should include:
  - Type (malignant, in-situ, benign, uncertain behavior)
  - Site of neoplasm (bladder, kidney, prostate, testicles)
  - Primary, secondary (metastatic)



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### Neoplasm of Kidney

- Two categories of codes
  - C64
    - C64.1 malignant neoplasm of right kidney, except renal pelvis
    - C64.2 malignant neoplasm of left kidney, except renal pelvis
    - C64.9 malignant neoplasm of unspecified kidney, except renal pelvis
  - C65
    - C65.1 Malignant neoplasm of right renal pelvis
    - C65.2 Malignant neoplasm of left renal pelvis
    - C65.9 Malignant neoplasm of unspecified renal pelvis
- Includes malignant neoplasm of pelvi-ureteric junction, and malignant neoplasms of renal calyces.



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### Coding Tips

- Additional codes available in addition to C64 and C65
  - C7A.093 Malignant carcinoid tumor of the kidney
  - C79.0 Secondary malignant neoplasm of kidney and renal pelvis
  - D09.19 Carcinoma in-situ of other urinary organs
  - D30.0 Benign neoplasms of renal pelvis
  - D41.0 Neoplasm of uncertain behavior of kidney
  - D41.1 Neoplasm of uncertain behavior of renal pelvis
  - D49.5 Neoplasm of uncertain behavior of other genitourinary organs

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### Example

A woman presents with vague discomfort in her right flank and microscopic hematuria. Imaging studies indicate a solid mass in the right renal pelvis. Further diagnostics confirm this to be benign.

D30.11 Benign neoplasm of right renal pelvis

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### Neoplasm of Prostate

- Most common in American men (1 in 10 )
- Codes are available for benign, malignant, in-situ, uncertain behavior
- Symptoms include:
  - Difficulty passing urine
  - Pain
  - Difficulty starting or stopping the stream
  - Dribbling
  - Pain with ejaculation

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### Example

A 64-year-old man presents with increased frequency, dribbling, and nocturia,. He also complains of increasing low back pain. On digital rectal exam, he is noted to have a hard nodule on the right lobe of his prostate and a PSA of 18.6. A biopsy reveals a high-grade adenocarcinoma. An MRI scan showed bony metastasis to L2 and L3.

C61 Malignant neoplasm of prostate  
C79.51 Secondary malignant neoplasm of bone



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### Neoplasm of Bladder

- 4<sup>th</sup> most common among men, 9<sup>th</sup> most common among women in US
- Code selection is based on:
  - Site of neoplasm
  - Type of neoplasm
  - Primary, secondary (metastatic)



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### Example

A patient presents with hematuria for the past three years. It is recurring, usually once or twice a month during activities. The hematuria affects the urination process, though it comes and goes by itself. He has no discomfort urinating, no back discomfort, and no lumbar pain. His father had bladder cancer. A CT of the bladder indicates a cauliflower-like lump that measures 4.2 X 3.1 cm mass. Biopsy confirms cancer of the anterior wall.

C67.3 Malignant neoplasm of anterior wall of the bladder  
Z80.52 Family history of malignant neoplasm of bladder



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## Neoplasm of Testicles

- Documentation should include:
  - If testicle is descended or undescended
  - Laterality
- Instructional note under category C62 states to use an additional code to identify any functional activity, giving sequencing guidance
- Codes for all other neoplasms of the testicles are the same whether descended or undescended.

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## Example

30-year-old patient presents to the office. He complains of recent, mild breast enlargement and tenderness. He further states that about 2 months ago he began to get a dull ache and sensation of heaviness in his right testicle. As a child he had an undescended testicle that was repaired surgically. On physical exam a 3.5 cm nodule was noted in the right testes. X-ray and CT of the chest were unremarkable. Right radical orchiectomy is performed and the patient is diagnosed with testicular cancer.

C62.11 Malignant neoplasm of descended right testis  
 Z87.438 Personal history of other diseases of male genital organs

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## History of Cancer

- Coding guideline (I.C.2.m) addresses current malignancy versus a history of malignancy
- When the malignancy still exists, or is still being treated, it is coded as still existing

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### Example

Ron comes into the clinic with a complaint of urinary frequency and lower abdominal cramping. He has a history of left kidney cancer with nephron-sparing surgery 10 years ago. Cystoscopy is performed and reveals a mass in the bladder (the cause of his recent complaints) this is biopsied and sent for pathology.

N32.9 Bladder disorder, unspecified  
Z85.528 Personal history of other malignant neoplasm of kidney



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### Urinary Tract Infections

- Codes for urinary tract infections are grouped by:
  - Acute or chronic
  - Site of the infection
- With or without hematuria
- Instructional note on all codes stating to use an additional code to identify the infectious agent.



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### Example

Janet presents for bladder instillation for her chronic interstitial cystitis with associated hematuria. She states she is in a lot of pain and says she cannot function on a daily basis and care for her children in this condition. She was given 10 mg of morphine subcutaneously for comfort during the procedure. The bladder was instilled with lidocaine gel, and after a 10 minute wait, instilled DMSO, Kenalog, heparin, and sodium bicarbonate. The catheter was removed and the solution retained for one hour, with changing position every 15 minutes. Patient tolerated the procedure well.

N30.11 Interstitial cystitis (chronic) with hematuria



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### Example

Monica presents for a follow-up visit for urethritis. Patient originally presented with complaints of burning, urgent urination, abdominal pain, and fever and chills. Urine culture revealed E. coli. She has completed her course of antibiotics and presents for a repeat urine culture. Will call with results.

N34.1 *Nonspecific urethritis*

B96.20 *Unspecified Escherichia coli as the cause of the diseases classified elsewhere*



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### Kidney Disease

- Hydronephrosis
- Chronic Kidney Disease (CKD)
- Acute Kidney Failure



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### Hydronephrosis

- Hydronephrosis causes
  - Structural abnormalities
  - Kidney ptosis
  - Renal pelvic stones
  - Obstruction or urine reflux in the bladder
- Noncongenital hydronephrosis
  - Category N13 Obstructive and reflux uropathy
  - Use an additional code (B95-B97) for infectious agent
- Congenital hydronephrosis
  - Coded as Q62.0



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### Coding Tip

- Category N13 has an Excludes 2 note which includes:
  - Calculus of kidney and ureter w/o hydronephrosis
  - Congenital obstructive defects of renal pelvis and ureter
  - Hydronephrosis with ureteropelvic junction obstruction
  - Obstructive pyelonephritis

According to the guidelines (I.A.12.b) states these conditions are not part of the conditions in N13, the patient could have both conditions at the same time, and both conditions can be reported.

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### Example

A patient presents with lower left back pain that is intermittent and sharp. She also has periodic fevers. Abdominal X-rays were negative, but IVP indicates moderate hydronephrosis of the left kidney with an obstruction in the ureter near the junction. The right kidney was unremarkable.

N13.1 Hydronephrosis with Ureteral stricture, not elsewhere classified

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### Chronic Kidney Disease

- CKD is a gradual loss of kidney function over time
- ICD-10 codes for CKD are based on severity
  - N18.1 CKD, stage 1
  - N18.2 CKD, stage 2 (mild)
  - N18.3 CKD, stage 3 (moderate)
  - N18.4 CKD, stage 4 (severe)
  - N18.5 CKD stage 5
  - N18.6 End stage renal disease
  - N18.9 CKD, unspecified

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### Coding Tips

- Sequencing guidelines are listed at the beginning of category N18.
  - Code first any associated diabetic CKD or hypertensive CKD
  - Instructional notes to code also the stage of the CKD
  - Assumed causal relationship between HTN and CKD
- N18.5 contains *Excludes 1* note that states if the patient has CKD stage 5 requiring chronic dialysis . It is coded to N18.6 *End Stage renal disease*.
- N18.6 contains a note to use an additional code to identify dialysis status with code Z99.2 (dependence on renal dialysis)

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### Example

75-year-old patient presents for evaluation. He has stage 3 CKD and HTN. He now has anemia of renal disease. He is feeling weak and tired. His GFR is at 31 ml/min. He has not hematuria, no foamy urine, pyuria, frequency, dysuria, weak stream or dribbling. His last creatinine was 2.2

CKD stage 3  
 HTN – well controlled. Cozaar dosage unchanged  
 Anemia of renal disease - Will start Aranesp 60 mcg q 2 weeks.  
 See him back in 3 months

I12.9 Hypertensive chronic kidney disease with stage 1-4 CKD, or unspecified CKD  
 N18.3 CKD, stage 3  
 D63.1 Anemia in chronic kidney disease

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### Example

Laura presents to the clinic. She is 55-year-old diabetic patient with diabetic kidney disease. She is overweight with a BMI at 29, not exercising, and not following her dietary regimen planned for her by the dietician. She was diagnosed in her teens and states she was used to eating whatever she wanted and has trouble sticking to the plan. I informed her that GFR results have been declining and are now at 28, which makes her CKD at stage 4.

I11.22 Type II Diabetic chronic kidney disease  
 N18.4 CKD, stage 4  
 E66.3 Overweight  
 Z68.29 Body mass index (BMI) 29.0-29.9, adult  
 Z91.11 Patient's noncompliance with dietary regimen

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### Example

Vera presents to the clinic. She had a kidney transplant 30 years ago and has not been feeling well, noting some edema and weight loss. Her test results are discussed showing an increase in BUN and creatinine and a GFR of 60. She is diagnosed with CKD, stage 2.

N18.2 Chronic kidney disease, stage 2  
Z94.0 Kidney transplant status




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### Acute Kidney Failure

- Three main reasons for kidney failure
  - Sudden, serious drop in blood flow to the kidneys
  - Damage from medications
  - Sudden blockage preventing urine from flowing from the kidneys
- Codes for Acute kidney failure located in category N17
- Instructional note under Category N17 that states to code also the associated underlying condition, indicating that the sequencing of the codes will depend upon the main reason for the visit.




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### Example

Urology is called for an inpatient consultation for acute renal failure with tubular necrosis. A postoperative patient was found to have a rising BUN and creatinine. An ultrasound revealed the patient to have a post operative Ureteral stricture.

N99.0 Post procedural urethral stricture  
N17.0 Acute kidney failure with tubular necrosis

There is an Excludes 2 listing for code block N17-N19, indicating if the patient is documented as having one of these conditions listed, in addition to the conditions in this code block, it is acceptable to report both codes -




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