Classifying and Reclassifying Hyperplasia of the Prostate

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Fewer than five years ago, ICD-9-CM contained just one code for classifying hyperplasia of the prostate. Today, there are nine ICD-9-CM codes in category 600, Hyperplasia of prostate. What is hyperplasia, and why have so many changes been made to this code category in recent years?

Hyperplasias of the prostate include many conditions, such as benign hypertrophy, nodular or multinodular forms, adenoma, fibroadenoma, and fibroma. All of these conditions were once listed as inclusion terms under one code, 600, Hyperplasia of prostate. In October 2000 new codes were created to distinguish between simple enlargement of the prostate and localized or more complex forms of prostate enlargement.

Effective October 2003 this code category was again expanded, creating combination codes to allow reporting of both the underlying prostate condition and the presence or absence of the accompanying symptoms of urinary obstruction or retention that necessitate treatment. This article will explore the clinical aspects of prostatic hyperplasias and review correct diagnosis code assignment in current practice (ICD-9-CM) and in the future (ICD-10-CM).

The Male Anatomy

The prostate is part of the male reproductive system. A normal prostate in a 25-year-old man is a walnut-sized gland located just below the bladder and surrounding the urethra. The gland consists of two lobes enclosed in an outer layer of tissue. One of the main functions of the prostate is to produce an important liquefying component of semen, which allows the sperm to move freely.

As a male matures, the prostate changes. In early puberty, the prostate doubles in size. Some time after age 25, the prostate begins to grow slowly and may continue to grow during most of a man's life. In extreme cases, the prostate can enlarge to the size of an orange.

Prostatic Hyperplasia

The medical term hyperplasia indicates an abnormal increase in the size of normal cells in normal arrangement. Hypertrophy is an enlargement of the organ as a whole because of the increase in size of the cells. The slow, continuous growth of the prostate over the years usually does not cause a problem until later in life, when the outer layer of the gland stops expanding, causing the growing tissue to press inward and constrict the urethra. This type of benign growth of the prostate, resulting from hyperplasia of the prostate glandular cells, is called benign prostatic hypertrophy (BPH). BPH rarely causes symptoms before age 40, but it affects more than half of men in their 60s and as many as 90 percent of men in their 70s and 80s.[1]

Other types of prostate hyperplasia are less common and can be classified into two groups: nodular and benign localized hyperplasia. The prostate can develop a nodule or more than one nodule (multinodular), which is described as hard and firm on rectal examination. This may be suspicious for prostate carcinoma. In contrast, BPH is a smooth enlarged prostate.

Benign localized hyperplasia is a clearly defined epithelial tumor. With aging, the prostate gland grows, possibly irregularly. This is probably due to long-term exposure to testosterone. Unlike BPH, benign localized hyperplasia is not clearly defined symptomatically. Other terms used for this condition include adenofibromatous hypertrophy, adenoma, fibroadenoma, fibroma, myoma, and polyp of prostate.

Signs and Symptoms

Symptoms of prostatic hyperplasias typically involve the urinary system. When the prostate constricts the urethra, the flow of urine is restricted. As a result, the bladder wall thickens and the bladder may become irritable. The irritated bladder begins to contract even when it contains only small amounts of urine, or the bladder may begin to weaken and no longer empty properly. Varying degrees of irritation and gradual loss of bladder function may manifest in one or more of the following urinary symptoms:

- Hesitancy
- Straining
- Urgency
- Dysuria
- Frequency
- Nocturia
- Retention
- Hematuria

Severe obstruction can cause serious problems over time, including urinary tract infections, bladder or kidney damage, bladder stones, and incontinence.

Diagnosis

An enlarged prostate may be detected during a routine screening exam. With a digital rectal examination (DRE), the physician can determine the general size and condition of the prostate. The prostate-specific antigen (PSA) blood test may also be performed as a screening exam. PSA is a protein produced by prostate cells. An increase in the number of prostate cells may correspond to an increased PSA level. However, an elevated PSA test may be indicative of an enlarged prostate or prostate cancer.

If abnormalities are noted during a screening exam, or if a patient presents with urinary symptoms, one of several ancillary tests may be performed, including:

- Lab tests: urinalysis (UA) to rule out a bladder infection or hematuria; blood urea nitrogen (BUN) and creatinine to evaluate renal function
- Transrectal ultrasound (TRUS) (with or without prostate biopsy) to assess the size of the prostate and rule out prostate cancer
- Renal ultrasound to assess hydronephrosis of the kidneys
- Uroflowmetry (a flow rate of < 10 mL/s may be indicative of bladder neck obstruction)
- Post-void residual urine to assess urinary retention
- Urodynamic pressure flow studies to assess the amount of pressure in the bladder during voiding

Treatment

Treatment of prostatic hyperplasia is usually reserved for men with problematic physiology or bothersome symptoms. Mild or moderate BPH may simply require close monitoring. If the patient is experiencing symptoms of urinary obstruction, treatment is warranted to prevent severe obstruction progressing to bladder or kidney damage. Advances have been made in medical treatment, using alpha blockers or medications that inhibit testosterone as first-line treatments.

Surgery may be required to relieve BPH symptoms. Most often, a transurethral procedure can be performed to remove or destroy all or a portion of the enlarged prostate. Larger prostates (> 75 g) may require open surgery using the suprapubic or retropubic approach.

Coding Implications: ICD-9-CM Code Assignment Simplified

ICD-9-CM category 600, Hyperplasia of prostate, currently includes nine codes. Conditions are classified in this category based on whether the physician specifies the prostatic hyperplasia as hypertrophy (benign), nodular, benign localized, cyst of the prostate, or unspecified. The new codes in this section, effective October 1, 2003, use the fifth digit to indicate whether the condition is with or without urinary obstruction or retention.

Historically the difficulty in assigning codes for these conditions was not necessarily in determining which code was appropriate, but in determining the correct sequencing of diagnosis codes. As previously discussed, surgical treatment of BPH is typically performed to relieve symptoms related to urinary obstruction.

Coding guidelines state that symptoms integral to the disease process should not be assigned as additional codes. However, the guidelines also state that symptoms that may not be routinely associated with a disease process should be coded when present.[2] Urinary obstruction, while it is integral to the condition, is not always present, so the symptom was typically coded separately. Confusion then ensued as to which condition should be sequenced first, the underlying condition (e.g., BPH) or the symptom that actually necessitates the procedure (e.g., urethral stricture or bladder neck obstruction). *Coding Clinic* has published a number of questions and answers addressing sequencing for this type of scenario.[3] The new combination codes resolve this sequencing problem, as the symptom is no longer reported separately.

The Future: ICD-10-CM Codes

ICD-10-CM codes are all alphanumeric, so they look very different from ICD-9-CM codes, but the overall organization and hierarchy of classifying conditions remain very similar.[4] The codes for hyperplasia of the prostate are an example of the similarity in the two classification systems.

As in ICD-9-CM, ICD-10-CM contains one code category for hyperplasia of prostate (category N40). Also as in ICD-9-CM, conditions are classified in category N40 based on whether the physician specifies the prostatic hyperplasia as hypertrophy (benign), nodular, benign localized, or unspecified.

ICD-10-CM removes cyst of the prostate from the hyperplasia of prostate category and classifies it with other specified disorders of the prostate (category N42). The other notable difference is that fifth digits in ICD-10-CM allow for more clarity in reporting complications related to enlargement of the prostate. Fifth digits are specified for the following situations: without complications, with obstruction, with hematuria, with hematuria and obstruction, with other complication. Specific combination codes are therefore available not only for "with obstruction," but also for "with hematuria."

A short time ago there was just one code for classifying hyperplasia of the prostate in ICD-9-CM. Today, ICD-9-CM code category 600, Hyperplasia of prostate, includes nine codes, and ICD-10-CM code category N40, Hyperplasia of prostate, includes 20 codes. Medical codes continue to change in response to changes in the practice and understanding of medicine.

How ICD-9-CM and ICD-10-CM Codes Compare

	FY 2003 ICD-9-CM	FY 2004 ICD-9-CM	ICD-10-CM Code
BPH, not otherwise specified	600.0	600.00	N40.00
BPH with urinary retention	600.0, 788.20	600.01	N40.01
BPH with bladder neck obstruction	600.0, 596.0	600.01	N40.01
Prostate polyp with urethral stricture	600.2, 598.9	600.21	N40.21

Notes

1. National Kidney and Urologic Diseases Information Clearinghouse. "Prostate Enlargement: Benign Prostatic Hyperplasia." Available online at http://kidney.niddk.nih.gov/kudiseases/ pubs/prostateenlargement.
2. National Center for Health Statistics. "Official ICD-9-CM Guidelines for Coding and Reporting." Section I, B, 7-8. Available online at www.cdc.gov/nchs/data/icd9/icdguide.pdf.
3. See, for example, American Hospital Association. *Coding Clinic* 3Q (1994): 12.
4. ICD-10-CM is not currently in use for reporting morbidity in the United States, although replacing ICD-9-CM as the HIPAA-mandated uniform code set for diagnosis reporting is under consideration. For more information on ICD-10-CM, go to www.cdc.gov/nchs/about/ otheract/icd9/abticd10.htm.

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