ICD-10 Neoplasms

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Objectives

• Guidelines
  • Case studies
    • I
    • II
• Follow-up/History of Visits
  • Case study
    • III
• Review
Guidelines

• To properly code a neoplasm, first determine whether:
  • It is benign, malignant, in situ or of uncertain behavior
    • If malignant, secondary (metastatic) sites should be identified

• The Neoplasm Table should always be accessed EXCEPT when:
  • The histology is mentioned in the description (e.g. adenoma or sarcoma)
Guidelines

• If the encounter is strictly for chemo, immuno, or radiation therapy, those codes are coded as principle diagnosis and the malignancy is secondary

• If treatment is focused on a secondary malignancy it is coded as the principle diagnosis
Guidelines

- Anemia associated with malignancy is sequenced the malignancy first and anemia second.
  - This is a major change
  - Watch to see what payers do with this.
- Anemia associated with chemo/immunotherapy is sequenced with the adverse event code first, the anemia second, and then the malignancy.
Guidelines

• Anemia associated with radiation is sequenced with anemia first, malignancy second, and Y84.2 third (which is radiation causing an abnormal reaction in the patient).
• Dehydration is coded first with the malignancy second
• Personal history
  • Primary malignancy still being treated code malignancy
  • No further treatment directed at site code personal history
  • From category Z85
Guidelines

- Malignancies of two or more contiguous sites should not be coded as one or the other without asking the physician.
- Lymphomas and Leukemia do not metastasize to secondary sites. They circulate within the lymphatic or hematopoietic circulation and may occur in other sites within these tissues. Assigned to morphology rather than site.
- ICD-10 does not make a distinction between method of metastasis.
Case Study I: Breast Cancer

- Malignant Neoplasm Breast
  - 54 choices for male/female breast
  - Documentation must include:
    - Laterality
    - Location
    - Estrogen receptor status (when necessary)

Malignant neoplasm of upper-outer quadrant of the left male breast
## ICD-10-CM TABLE of NEOPLASMS

<table>
<thead>
<tr>
<th>Location</th>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>Ca in situ</th>
<th>Benign</th>
<th>Uncertain Behavior</th>
<th>Unspecified Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>- breast (connective tissue) (glandular tissue) (soft parts)</td>
<td>C50.9-</td>
<td>C79.81</td>
<td>D05.-</td>
<td>D24.-</td>
<td>D48.6-</td>
<td>D49.3</td>
</tr>
<tr>
<td>- areola</td>
<td>C50.0-</td>
<td>C79.81</td>
<td>D05.-</td>
<td>D24.-</td>
<td>D48.6-</td>
<td>D49.3</td>
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<td>C79.81</td>
<td>D05.-</td>
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<tr>
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<td>C79.81</td>
<td>D05.-</td>
<td>D24.-</td>
<td>D48.6-</td>
<td>D49.3</td>
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<tr>
<td>- inner</td>
<td>C50.8-</td>
<td>C79.81</td>
<td>D05.-</td>
<td>D24.-</td>
<td>D48.6-</td>
<td>D49.3</td>
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<tr>
<td>- lower</td>
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<td>C79.81</td>
<td>D05.-</td>
<td>D24.-</td>
<td>D48.6-</td>
<td>D49.3</td>
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<tr>
<td>- lower-inner quadrant</td>
<td>C50.8-</td>
<td>C79.81</td>
<td>D05.-</td>
<td>D24.-</td>
<td>D48.6-</td>
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<td>C79.81</td>
<td>D05.-</td>
<td>D24.-</td>
<td>D48.6-</td>
<td>D49.3</td>
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<tr>
<td>- mastectomy site (skin)—see also Neoplasm, breast, skin</td>
<td>C44.501</td>
<td>C79.2</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>- upper</td>
<td>C50.8-</td>
<td>C79.81</td>
<td>D05.-</td>
<td>D24.-</td>
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<td>C79.81</td>
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<td>- upper-outer quadrant</td>
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<td>- broad ligament</td>
<td>C57.1</td>
<td>C79.82</td>
<td>D07.39</td>
<td>D28.2</td>
<td>D39.8</td>
<td>D49.5</td>
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</tbody>
</table>
C50.4 Malignant neoplasm of upper-outer quadrant of breast

C50.41 Malignant neoplasm of upper-outer quadrant of breast, female
   C50.411 Malignant neoplasm of upper-outer quadrant of right female breast
   C50.412 Malignant neoplasm of upper-outer quadrant of left female breast
   C50.419 Malignant neoplasm of upper-outer quadrant of unspecified female breast

C50.42 Malignant neoplasm of upper-outer quadrant of breast, male
   C50.421 Malignant neoplasm of upper-outer quadrant of right male breast
   C50.422 Malignant neoplasm of upper-outer quadrant of left male breast
   C50.429 Malignant neoplasm of upper-outer quadrant of unspecified male breast
Case Study II: Neoplasm of Splenic Flexure

- Large and small intestine
  - 26 choices available
- Documentation must include
  - Specific site: appendix, caput coli, cecum, colon and rectum, ascending, caput, descending, distal, left, overlapping, pelvic, right, sigmoid, hepatic flexure, sigmoid flexure, duodenum, ileum, jejunum

Malignant neoplasm of splenic flexure
# ICD-10-CM TABLE of NEOPLASMS

<table>
<thead>
<tr>
<th>Description</th>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>Ca in situ</th>
<th>Benign</th>
<th>Uncertain Behavior</th>
<th>Unspecified Behavior</th>
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<tbody>
<tr>
<td>- intervertebral cartilage or disc</td>
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<td>C79.51</td>
<td>-</td>
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<td>D48.0</td>
<td>D49.2</td>
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<td>- intestine, intestinal</td>
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<td>C78.80</td>
<td>D01.40</td>
<td>D13.9</td>
<td>D37.8</td>
<td>D49.0</td>
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<td>- large</td>
<td>C18.9</td>
<td>C78.5</td>
<td>D01.0</td>
<td>D12.6</td>
<td>D37.4</td>
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<td>C78.5</td>
<td>D01.0</td>
<td>D12.1</td>
<td>D37.3</td>
<td>D49.0</td>
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<td>C78.5</td>
<td>D01.0</td>
<td>D12.0</td>
<td>D37.4</td>
<td>D49.0</td>
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<td>- - cecum</td>
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<td>D01.0</td>
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<td>D37.4</td>
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<td>C78.5</td>
<td>D01.0</td>
<td>D12.6</td>
<td>D37.4</td>
<td>D49.0</td>
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<tr>
<td>- - and rectum</td>
<td>C19</td>
<td>C78.5</td>
<td>D01.1</td>
<td>D12.7</td>
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<td>D01.0</td>
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<tr>
<td>- - caput</td>
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<td>C78.5</td>
<td>D01.0</td>
<td>D12.0</td>
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<td>- - ileocecum, ileocecal (coil) (valve)</td>
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<td>C78.5</td>
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<td>D49.0</td>
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<td>-</td>
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<tr>
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<td>C78.5</td>
<td>D01.0</td>
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<tr>
<td>- splenic flexure</td>
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<td>C78.4</td>
<td>D01.0</td>
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<tr>
<td>- small</td>
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<td>C78.4</td>
<td>D01.49</td>
<td>D13.2</td>
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</table>
Case Study II: Answer/Tabular View

C18 Malignant neoplasm of colon

**Excludes1**: malignant carcinoid tumors of the colon (C7A.02-)

- C18.0 Malignant neoplasm of cecum
  - Malignant neoplasm of ileocecal valve
- C18.1 Malignant neoplasm of appendix
- C18.2 Malignant neoplasm of ascending colon
- C18.3 Malignant neoplasm of hepatic flexure
- C18.4 Malignant neoplasm of transverse colon
- C18.5 Malignant neoplasm of splenic flexure
- C18.6 Malignant neoplasm of descending colon
Follow up Admissions

• Various scenarios can be encountered to allow one to code history or follow up codes
  • Recurrent malignancies
  • Interventions after diagnosis of Ca made
  • Observation for suspected malignancy
  • History of malignant neoplasms
  • Chemotherapy/Radiation
  • Prophylactic interventions
Case Study III: Recurrent Malignancies

Sandra had cancer of the right breast—lumpectomy removed entire lesion. She is returning now a year later with a lesion at the site of previous lumpectomy. According to pathology this is a recurrence of the primary malignancy with a ER+
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<td>C79.2</td>
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<td>-</td>
<td>-</td>
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</tr>
</tbody>
</table>


Case Study III: Tabular View

C50.9 Malignant neoplasm of breast of unspecified site

C50.91 Malignant neoplasm of breast of unspecified site, female
   C50.911 Malignant neoplasm of unspecified site of right female breast
   C50.912 Malignant neoplasm of unspecified site of left female breast
   C50.919 Malignant neoplasm of unspecified site of unspecified female breast

Use additional code to identify estrogen receptor status (Z17.0, Z17.1)
Case Study III: Tabular View

Estrogen receptor status (Z17)

Z17  Estrogen receptor status

**Code first** malignant neoplasm of breast (C50.-)

Z17.0  Estrogen receptor positive status [ER+]

Z17.1  Estrogen receptor negative status [ER-]

**Code also for History of:**

Z85.3  Personal history of malignant neoplasm of breast

Conditions classifiable to C51-C63
Case Study III: Answer/Recurrent Malignancies

C50.911 Malignant neoplasm of unspecified site of right female breast

Z17.0 Estrogen receptor positive status [ER+]

Z85.3 Personal history of malignant neoplasm of breast.
Review

- Code to point of origin
- Has the malignancy been excised or eradicated?
- Is treatment being directed to the primary site?
- Is there evidence of remaining malignancy at the primary site.
- Account for primary with either malignant code or ‘history of’ code
References/Resources

- bbuell@onpointoncology.cim
References/Resources

- https://instruct.uwo.ca/kinesiology/315e/Week4/Neoplasms.ppt
Questions

Thank you!