

CHAPTER NOTES

Functional activity

- ❖ All neoplasms are classified in this chapter, whether they are functionally active or not.
- ❖ An additional code from chapter 4 may be used, to identify functional activity associated with any neoplasm.

Morphology [Histology]

- ❖ Chapter 2 classifies neoplasms primarily by site (topography), with broad groupings for behavior, malignant, in situ, benign, etc.
- ❖ The Table of Neoplasms should be used to identify the correct topography code.
- ❖ In a few cases, such as for malignant melanoma and certain neuroendocrine tumors, the morphology (histologic type) is included in the category and codes.

Primary malignant neoplasms overlapping site boundaries

- ❖ A primary malignant neoplasm that overlaps two or more contiguous (next to each other) sites should be classified to the subcategory/code .8 ('overlapping lesion'), unless the combination is specifically indexed elsewhere.
- ❖ For multiple neoplasms of the same site that are not contiguous, such as tumors in different quadrants of the same breast, codes for each site should be assigned.

Malignant neoplasm of ectopic tissue

- ❖ Malignant neoplasms of ectopic tissue are coded to the site mentioned, e.g., ectopic pancreatic malignant neoplasms are coded to pancreas, unspecified (C25.9).

If T-cell lineage or involvement is mentioned in conjunction with a specific lymphoma, code to the more specific description.

If B-cell lineage or involvement is mentioned in conjunction with a specific lymphoma, code to the more specific description.

Categories D37-D44 and D48 classify by site neoplasms of uncertain behavior, i.e., histologic confirmation whether the neoplasm is malignant or benign cannot be made.

Category D49 classifies by site neoplasms of unspecified morphology and behavior. The term 'mass', unless otherwise stated, is not to be regarded as a neoplastic growth.

Code C91.0 should only be used for T-cell and B-cell precursor leukemia.

GENERAL GUIDELINES

Chapter 2 of the ICD-10-CM contains the codes for most benign and all malignant neoplasms.

Certain benign neoplasms, such as prostatic adenomas, may be found in the specific body system chapters.

To properly code a neoplasm it is necessary to determine from the record if the neoplasm is benign, in situ, malignant, or of uncertain histologic behavior.

If malignant, any secondary (metastatic) sites should also be determined.

PRIMARY MALIGNANT NEOPLASMS OVERLAPPING SITE BOUNDARIES

A primary malignant neoplasm that overlaps two or more contiguous (next to each other) sites should be classified to the subcategory/code .8 ('overlapping lesion'), unless the combination is specifically indexed elsewhere.

For multiple neoplasms of the same site that are not contiguous such as tumors in different quadrants of the same breast, codes for each site should be assigned.

MALIGNANT NEOPLASM OF ECTOPIC TISSUE

Malignant neoplasms of ectopic tissue are to be coded to the site of origin mentioned, e.g., ectopic pancreatic malignant neoplasms involving the stomach are coded to the pancreas, unspecified (C25.9).

The neoplasm table in the Alphabetic Index should be referenced first.

However, if the histological term is documented, that term should be referenced first, rather than going immediately to the Neoplasm Table, in order to determine which column in the Neoplasm Table is appropriate.

For example, if the documentation indicates "adenoma," refer to the term in the Alphabetic Index to review the entries under this term and the instructional note to "see also neoplasm, by site, benign."

The table provides the proper code based on the type of neoplasm and the site.

It is important to select the proper column in the table that corresponds to the type of neoplasm.

The Tabular List should then be referenced to verify that the correct code has been selected from the table and that a more specific site code does not exist.

- ❖ See Section I.C.21. Factors influencing health status and contact with health services, Status, for information regarding Z15.0, codes for genetic susceptibility to cancer.

TREATMENT DIRECTED AT THE MALIGNANCY

If the treatment is directed at the malignancy, designate the malignancy as the principal diagnosis.

The only exception to this guideline is if a patient admission/encounter is solely for the administration of chemotherapy, immunotherapy or radiation therapy, assign the appropriate Z51.– code as the first-listed or principal diagnosis, and the diagnosis or problem for which the service is being performed as a secondary diagnosis.

TREATMENT OF SECONDARY SITE

When a patient is admitted because of a primary neoplasm with metastasis and treatment is directed toward the secondary site only, the secondary neoplasm is designated as the principal diagnosis even though the primary malignancy is still present.

CODING AND SEQUENCING OF COMPLICATIONS

Coding and sequencing of complications associated with the malignancies or with the therapy thereof are subject to the following guidelines:

- ❖ Anemia associated with malignancy
- ❖ Anemia associated with chemotherapy, immunotherapy and radiation therapy
- ❖ Management of dehydration due to the malignancy
- ❖ Treatment of a complication resulting from a surgical procedure

ANEMIA ASSOCIATED WITH MALIGNANCY

When admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by the appropriate code for the anemia (such as code D63.0, Anemia in neoplastic disease).

The provider needs to document whether the anemia is associated with the neoplasm, an adverse effect of the treatment associated with the malignancy, or some other cause.

ANEMIA ASSOCIATED WITH CHEMOTHERAPY, IMMUNOTHERAPY AND RADIATION THERAPY

When the admission/encounter is for management of an anemia associated with an adverse effect of the administration of chemotherapy or immunotherapy and the only treatment is for the anemia, the anemia code is sequenced first followed by the appropriate codes for the neoplasm and the adverse effect (T45.1X5, Adverse effect of antineoplastic and immunosuppressive drugs).

When the admission/encounter is for management of an anemia associated with an adverse effect of radiotherapy, the anemia code should be sequenced first, followed by the appropriate neoplasm code and code Y84.2, Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure.

MANAGEMENT OF DEHYDRATION DUE TO THE MALIGNANCY

When the admission/encounter is for management of dehydration due to the malignancy and only the dehydration is being treated (intravenous rehydration), the dehydration is sequenced first, followed by the code(s) for the malignancy.

TREATMENT OF A COMPLICATION RESULTING FROM A SURGICAL PROCEDURE

When the admission/encounter is for treatment of a complication resulting from a surgical procedure, designate the complication as the principal or first-listed diagnosis if treatment is directed at resolving the complication.

PRIMARY MALIGNANCY PREVIOUSLY EXCISED

When a primary malignancy has been previously excised or eradicated from its site and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy.

Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site.

The secondary site may be the principal or first-listed with the Z85 code used as a secondary code.

ADMISSIONS/ENCOUNTERS INVOLVING CHEMOTHERAPY, IMMUNOTHERAPY AND RADIATION THERAPY

Episode of care involves surgical removal of neoplasm

- ❖ When an episode of care involves the surgical removal of a neoplasm, primary or secondary site, followed by adjunct chemotherapy or radiation treatment during the same episode of care, the code for the neoplasm should be assigned as principal or first-listed diagnosis.

Patient admission/encounter solely for administration of chemotherapy, immunotherapy and radiation therapy

- ❖ If a patient admission/encounter is solely for the administration of chemotherapy, immunotherapy or radiation therapy assign code Z51.0, Encounter for antineoplastic radiation therapy, or Z51.11, Encounter for antineoplastic chemotherapy, or Z51.12, Encounter for antineoplastic immunotherapy as the first-listed or principal diagnosis.
- ❖ If a patient receives more than one of these therapies during the same admission more than one of these codes may be assigned, in any sequence.
- ❖ The malignancy for which the therapy is being administered should be assigned as a secondary diagnosis.

Patient admitted for radiation therapy, chemotherapy or immunotherapy and develops complications

- ❖ When a patient is admitted for the purpose of radiotherapy, immunotherapy or chemotherapy and develops complications such as uncontrolled nausea and vomiting or dehydration, the principal or first-listed diagnosis is Z51.0, Encounter for antineoplastic radiation therapy, or Z51.11, Encounter for antineoplastic chemotherapy, or Z51.12, Encounter for antineoplastic immunotherapy followed by any codes for the complications.

ADMISSION/ENCOUNTER TO DETERMINE EXTENT OF MALIGNANCY

When the reason for admission/encounter is to determine the extent of the malignancy, or for a procedure such as paracentesis or thoracentesis, the primary malignancy or appropriate metastatic site is designated as the principal or first-listed diagnosis, even though chemotherapy or radiotherapy is administered.

SYMPTOMS, SIGNS AND ABNORMAL FINDINGS LISTED IN CHAPTER 18 ASSOCIATED WITH NEOPLASM

Symptoms, signs, and ill-defined conditions listed in Chapter 18 characteristic of, or associated with, an existing primary or secondary site malignancy cannot be used to replace the malignancy as principal or first-listed diagnosis, regardless of the number of admissions or encounters for treatment and care of the neoplasm.

- ❖ See section I.C.21. Factors influencing health status and contact with health services, Encounter for prophylactic organ removal.

ADMISSION/ENCOUNTER FOR PAIN CONTROL MANAGEMENT

- ❖ See Section I.C.6. for information on coding admission/encounter for pain control/management.

MALIGNANCY IN TWO OR MORE NONCONTIGUOUS SITES

A patient may have more than one malignant tumor in the same organ.

These tumors may represent different primaries or metastatic disease, depending on the site.

Should the documentation be unclear, the provider should be queried as to the status of each tumor so that the correct codes can be assigned.

DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED

Code C80.0, Disseminated malignant neoplasm, unspecified, is for use only in those cases where the patient has advanced metastatic disease and no known primary or secondary sites are specified.

It should not be used in place of assigning codes for the primary site and all known secondary sites.

MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SITE

Code C80.1, Malignant (primary) neoplasm, unspecified, equates to Cancer, unspecified.

This code should only be used when no determination can be made as to the primary site of a malignancy.

This code should rarely be used in the inpatient setting.

SEQUENCING OF NEOPLASM CODES

Encounter for treatment of primary malignancy

- ❖ If the reason for the encounter is for treatment of a primary malignancy, assign the malignancy as the principal/first-listed diagnosis.
- ❖ The primary site is to be sequenced first, followed by any metastatic sites.

Encounter for treatment of secondary malignancy

- ❖ When an encounter is for a primary malignancy with metastasis and treatment is directed toward the metastatic (secondary) site(s) only, the metastatic site(s) is designated as the principal/first-listed diagnosis.
- ❖ The primary malignancy is coded as an additional code.

Malignant neoplasm in a pregnant patient

- ❖ When a pregnant woman has a malignant neoplasm, a code from subcategory O9A.1-, malignant neoplasm complicating pregnancy, childbirth, and the puerperium, should be sequenced first, followed by the appropriate code from Chapter 2 to indicate the type of neoplasm.

Encounter for complication associated with a neoplasm

- ❖ When an encounter is for management of a complication associated with a neoplasm, such as dehydration, and the treatment is only for the complication, the complication is coded first, followed by the appropriate code(s) for the neoplasm.
- ❖ The exception to this guideline is anemia.
- ❖ When the admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by code D63.0, Anemia in neoplastic disease.

Complication from surgical procedure for treatment of a neoplasm

- ❖ When an encounter is for treatment of a complication resulting from a surgical procedure performed for the treatment of the neoplasm, designate the complication as the principal/first-listed diagnosis.
- ❖ See guideline regarding the coding of a current malignancy versus personal history to determine if the code for the neoplasm should also be assigned.

Pathologic fracture due to a neoplasm

- ❖ When an encounter is for a pathological fracture due to a neoplasm, and the focus of treatment is the fracture, a code from subcategory M84.5, Pathological fracture in neoplastic disease, should be sequenced first, and followed by the code for the neoplasm.
- ❖ If the focus of treatment is the neoplasm with an associated pathological fracture, the neoplasm code should be sequenced first, followed by a code from M84.5 for the pathological fracture.

CURRENT MALIGNANCY VERSUS PERSONAL HISTORY OF MALIGNANCY

When a primary malignancy has been excised but further treatment, such as an additional surgery for the malignancy, radiation therapy or chemotherapy is directed to that site, the primary malignancy code should be used until treatment is completed.

When a primary malignancy has been previously excised or eradicated from its site, there is no further treatment (of the malignancy) directed to that site, and there is no evidence of any existing primary malignancy, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy.

- ❖ See Section I.C.21. Factors influencing health status and contact with health services, History (of)

LEUKEMIA, MULTIPLE MYELOMA AND MALIGNANT PLASMA CELL NEOPLASMS IN REMISSION VERSUS PERSONAL HISTORY

The categories for leukemia, and category C90, Multiple myeloma and malignant plasma cell neoplasms, have codes indicating whether or not the leukemia has achieved remission.

There are also codes Z85.6, Personal history of leukemia, and Z85.79, Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues.

If the documentation is unclear, as to whether the leukemia has achieved remission, the provider should be queried.

- ❖ See Section I.C.21. Factors influencing health status and contact with health services, History (of)

AFTERCARE FOLLOWING SURGERY FOR NEOPLASM

- ❖ See Section I.C.21. Factors influencing health status and contact with health services, Aftercare

FOLLOW-UP CARE FOR COMPLETED TREATMENT OF A MALIGNANCY

- ❖ See Section I.C.21. Factors influencing health status and contact with health services, Follow-up

PROPHYLACTIC ORGAN REMOVAL FOR PREVENTION OF MALIGNANCY

- ❖ See Section I.C. 21, Factors influencing health status and contact with health services, Prophylactic organ removal

MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANTED ORGAN

A malignant neoplasm of a transplanted organ should be coded as a transplant complication.

Assign first the appropriate code from category T86.-, Complications of transplanted organs and tissue, followed by code C80.2, Malignant neoplasm associated with transplanted organ.

Use an additional code for the specific malignancy.

CODING EXAMPLES

1. This 50-year-old female was diagnosed with left breast carcinoma four years ago, at which time she had a left mastectomy performed with chemotherapy administration. She has been well since that time with no further treatment except for yearly checkups. The patient is now being seen with visual disturbances, dizziness, headaches and blurred vision. Workup was completed which revealed metastasis to the brain, accounting for these symptoms. This was identified as being metastatic from the breast, not a new primary. What diagnosis codes are assigned?

ICD-10-CM Codes:

C79.31 Refer to Neoplasm Table, by site, brain, malignant, secondary site

Z85.3 History, personal (of), malignant neoplasm (of), breast

Z90.12 Absence (of) (organ or part) (complete or partial), breast(s) (and nipple(s)) (acquired)

Z92.21 History, personal (of) chemotherapy for neoplastic condition

RATIONALE: The reason for this encounter is the metastatic brain cancer. The breast cancer was previously excised with no further treatment directed at that site; therefore, it is coded as history

of breast cancer. Because the patient had a previous mastectomy, a code for the acquired absence of the breast is also coded. Laterality can be specified in the Z90.1 subcategory. It was documented that the brain metastasis was causing the symptoms, so they are not assigned additionally. If it is not clear by the documentation, a query might be in order. There is also a code available for history of chemotherapy if the facility takes coding to that level of detail.

2. The diagnosis for this 61-year-old female patient is small cell carcinoma of the right lower lobe of the lung with metastasis to the intrathoracic lymph nodes, brain and right rib.

ICD-10-CM Codes:

C34.31 Carcinoma, see also Neoplasm, by site, malignant. Refer to Neoplasm Table, by site (lung), malignant, primary site, lower lobe

C77.1 Refer to Neoplasm Table, by site, lymph gland, malignant, intrathoracic, secondary site

C79.31 Refer to Neoplasm Table, by site, brain, malignant, secondary site

C79.51 Refer to Neoplasm Table, by site, bone, malignant, rib, secondary site

RATIONALE: The primary site is the small cell carcinoma of the right lower lobe of the lung. The intrathoracic lymph nodes, brain, and rib are secondary sites. Index the term Carcinoma because the histological term is documented. This refers you to the Neoplasm Table, by site, malignant. It is correct to list each metastatic site.

3. The encounter is to receive chemotherapy following the recent diagnosis of carcinoma of the small intestines. The tumor was in the area where the duodenum and jejunum join. The cancer was resected two months ago and the patient has been receiving chemotherapy.

ICD-10-CM Codes:

Z51.11 Chemotherapy (session) (for), cancer

C17.8 Carcinoma, see also Neoplasm, by site, malignant. Refer to Neoplasm Table, by site, intestine, small, overlapping lesion, malignant, primary site

Z90.49 Absence (of) (organ or part) (complete or partial), intestine (acquired) (small)

RATIONALE: The reason for the encounter (chemotherapy) is the first listed diagnosis. The neoplasm is coded as current (even though it was excised) because the patient is still receiving chemotherapy. The overlapping sites code is used because the cancer is part in the duodenum and part in the jejunum. The acquired absence of the small intestine may be coded because the category includes the organ or part, complete or partial.

4. This 25-year-old female is treated for melanoma of the breast and left arm. What diagnosis codes are assigned?

ICD-10-CM Codes:

C43.52 Melanoma (malignant), skin, breast (female) (male)

C43.62 Melanoma (malignant), skin, arm. Review the Tabular for complete code assignment.

RATIONALE: To code melanoma, the code is found directly in the Index rather than the Neoplasm Table. It is incorrect to assign primary site of skin (C44.52, C44.62) when melanoma is documented. Melanoma in situ is classified in category D03.1-

5. This female patient with terminal carcinoma of the central portion of the right breast, metastatic to the liver and brain, was seen for dehydration and chronic intractable neoplasm-related pain. Patient was rehydrated with IVs and given IV pain medication with no treatment directed toward the cancer. What diagnosis codes are assigned?

ICD-10-CM Codes:

E86.0 Dehydration

G89.3 Pain(s) (see also Painful), chronic, neoplasm related

C50.111 Carcinoma, see also Neoplasm, by site, malignant. Refer to Neoplasm Table, by site (breast), malignant, primary site, central portion

C79.31 Refer to Neoplasm Table, by site, brain, malignant, secondary site

C78.7 Refer to Neoplasm Table, by site, liver, malignant, secondary site

RATIONALE: ICD-10-CM chapter-specific guideline for neoplasms states that when the encounter is for management of dehydration due to the malignancy or the therapy, or a combination of both, and only the dehydration is being treated, the dehydration is sequenced first, followed by the code(s) for the malignancy. An additional ICD-10-CM Coding Guideline states that when the reason for the encounter is for neoplasm-related pain control or pain management, the pain code may be assigned as the first-listed diagnosis. Because the focus of this encounter was both the dehydration and the intractable pain, either may be sequenced first.