



## Understanding the ICD-10-CM Neoplasm Coding Guidelines

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# Objectives

In this session we will:

- Examine the classification of neoplastic disease in ICD-10-CM Chapter 2: Neoplasms (C00-D49)
- Identify the documentation needed to properly code a neoplasm
- Review how to locate codes for neoplasms using the Neoplasm Table
- Study the general and chapter-specific guidelines, coding conventions, and sequencing rules for assigning ICD-10-CM neoplasm codes

# Introduction

Cancer is the second most common cause of death in the United States, according to the Centers for Disease Control and Prevention (CDC).

The most common cancers include **lung** cancer, **breast** cancer, and **colorectal** cancer.

Accurate coding of neoplastic disease requires a solid understanding of the ICD-10-CM coding guidelines.

This one-hour session will review the guidelines, conventions and sequencing instructions for coding neoplasms in ICD-10-CM.





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Understanding ICD-10-CM Neoplasm Coding Guidelines

# ICD-10-CM Coding Guidelines



# What are the ICD-10-CM Guidelines?

The **ICD-10-CM Official Guidelines for Coding and Reporting** are rules that supplement the conventions and instructions within the ICD-10-CM classification. Adherence to these guidelines is required under the Health Insurance Portability and Accountability Act (HIPAA).

## ICD-10-CM Official Guidelines for Coding and Reporting

FY 2016

Narrative changes appear in bold text

Items underlined have been moved within the guidelines since the FY 2014 version

*Italics* are used to indicate revisions to heading changes

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10<sup>th</sup> Revision, Clinical Modification (ICD-10-CM). These guidelines should be used as a companion document to the official version of the ICD-10-CM as published on the NCHS website. The ICD-10-CM is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings. The ICD-10-CM is based on the ICD-10, the statistical classification of disease published by the World Health Organization (WHO).

These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS.



# Where can I find the ICD-10-CM Guidelines?

The CDC's National Center for Health Statistics (NCHS) and the Centers for Medicare and Medicaid Services (CMS) provide the guidelines for coding with ICD-10-CM.

The screenshot shows the CDC website page for the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). The page features a navigation menu on the left with 'ICD-10-CM' highlighted. The main content area includes a breadcrumb trail 'NCHS Home > ICD and ICF Home', social media icons, and a large heading 'International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)'. A red arrow points to a note: 'Note: The FY 2016 release of ICD-10-CM is now available.' Below this, a text box states: 'On July 31, 2014, the U.S. Department of Health and Human Services issued a final rule finalizing October 1, 2015 as the new compliance date to transition to the ICD-10 code sets. The rule also requires HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015.' A 'Print page' button is visible in the top right. The right sidebar contains contact information for the National Center for Health Statistics, including address, phone, and TTY numbers, and a link to 'Contact CDC-INFO'. The bottom left sidebar lists 'Related Sites' such as 'Centers for Medicare and Medicaid Services' and 'World Health Organization'.

CDC Home  
Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

SEARCH

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

## Classification of Diseases, Functioning, and Disability

ICD and ICF Home

- ICD-9
- ICD-10 (Mortality)
- ICD-9-CM
- ICD-10-CM
- ICD-10-CM/PCS Transition
- ICF
- Classification of Death and Injury Resulting from Terrorism
- North American Collaborating Center

NCHS Home > ICD and ICF Home

Print page

f t +

### International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)

Note: The **FY 2016 release of ICD-10-CM** is now available.

On July 31, 2014, the U.S. Department of Health and Human Services issued a final rule finalizing October 1, 2015 as the new compliance date to transition to the ICD-10 code sets. The rule also requires HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015.

The National Center for Health Statistics (NCHS), the Federal agency responsible for use of the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) in the United States, has developed a clinical modification of the classification for morbidity purposes. The ICD-10 is used to code and classify mortality data from death certificates, having replaced ICD-9 for this purpose as of January 1, 1999. ICD-10-CM is the replacement for ICD-9-CM, volumes 1 and 2, effective October 1, 2015.

CDFD  
CLASSIFICATION OF DISEASES AND FUNCTIONING & DISABILITY

Contact Us:

- National Center for Health Statistics  
3311 Toledo Rd  
Room 5419  
Hyattsville, MD 20782-2064
- 1 (800) 232-4636  
TTY: 1 (888) 232-6348

Contact CDC-INFO

Related Sites

- Centers for Medicare and Medicaid Services
- World Health Organization

➔ <http://www.cdc.gov/nchs/icd/icd10cm.htm>



# Where can I find the ICD-10-CM Guidelines?

Here is the **Centers for Medicare and Medicaid Services (CMS)** webpage with the ICD-10-CM coding guidelines: <https://www.cms.gov/Medicare/Coding/ICD10/index.html>

The screenshot shows the CMS.gov website. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. Below this is a search bar with the text "Learn about your healthcare options" and a "Search" button. The main navigation menu includes buttons for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail reads: Home > Medicare > ICD-10 > 2016 ICD-10-CM and GEMs. The left sidebar contains a list of links under the "ICD-10" heading, with "2016 ICD-10-CM and GEMs" highlighted and a red arrow pointing to it. The main content area is titled "2016 ICD-10-CM and GEMs" and contains a paragraph explaining that the 2016 ICD-10-CM files are a replacement for ICD-9-CM, Volumes 1 and 2. Below this is a "Downloads" section with a list of links to various files, including "2016 Code Descriptions in Tabular Order [ZIP, 2MB]", "2016 Code Tables and Index [ZIP, 16MB]", "2016 ICD-10-CM Duplicate Code Numbers [ZIP, 64KB]", "2016 Addendum [PDF, 79KB]", "2016 General Equivalence Mappings (GEMs) – Diagnosis Codes and Guide [ZIP, 1MB]", "2016 Present On Admission (POA) Exempt List (Updated 8/20/2015) [ZIP, 1MB]", "2016 ICD-10-CM Guidelines [PDF, 1MB]", and "2016 Reimbursement Mappings – Diagnosis Codes and Guides [ZIP, 449KB]". At the bottom of the page, it says "Page last Modified: 08/10/2015 1:33 PM" and provides a link for "Help with File Formats and Plug-Ins".

Understanding ICD-10-CM Neoplasm Coding Guidelines

# What is Neoplastic Disease?





## What is Neoplastic Disease?

“**Cancer**” describes diseases with abnormal cellular growth (**neoplasia**) that often invades surrounding tissues or spreads to other sites.

Neoplasm: “new growth”

(Neo = new) + (Plasm = growth, formation)

Coding and Documentation Note:

- “**Cancer**” and “**malignant neoplasm**” are often used interchangeably but...
- **Neoplasm** is not synonymous with **cancer**. Neoplasms can be either cancerous or noncancerous.





# What are Neoplasms?

**Neoplasms** are abnormal tissue growths resulting from rapid division of cells. Also called **tumors** or **masses**, neoplasms can be either solid or fluid-filled and may be **benign** or **malignant**.

## Benign neoplasms (not cancerous):

- May grow larger
- Do not invade surrounding tissue or spread
- Treated with surgical removal

## Malignant neoplasms (cancerous):

- Formed from abnormal cells that divide without control
- Often invades nearby tissues and spreads to other parts of the body.



# What are Benign Neoplasms?

A benign neoplasm is a non-malignant (non-cancerous) tumor. Examples of commonly documented **benign neoplasms** include:

## Adenoma

- Epithelial tissue tumor in a gland or organ
- *Example:* **colon polyp**

## Fibroma

- Connective tissue tumor
- *Example:* **uterine fibroid**

## Nevi

- Growths on the skin
- *Example:* **mole**

## Lipoma

- Tumor made of fat cells
- *Example:* **adenolipoma of the skin**



# What are Malignant Neoplasms?

A **malignant neoplasm** or tumor:

- Can invade nearby tissues or spread to other parts of the body (called **metastasis**)
- May be treated using surgery, and adjunct treatments (e.g., **chemotherapy**, **immunotherapy**, and **radiation therapy**)

## Neoplasm Documentation: Malignant vs. Benign Neoplasms

### MALIGNANT

Adenocarcinoma

Liposarcoma

Osteosarcoma

### BENIGN

Adenoma

Lipoma

Osteoma



## How are Malignant Neoplasms Described?

Malignant neoplasms are also described as **primary** or **secondary**:

**Primary**

- Original site or point of origin

**Secondary**

- Site or sites where malignancy has spread (metastases)

### Caution!

Do not confuse the term **secondary** referring to a **metastasis**, with a secondary or additional, diagnosis. The term primary or secondary malignant neoplasm does not indicate the sequencing order for code assignment.

Understanding ICD-10-CM Neoplasm Coding Guidelines

# Neoplasm Classification

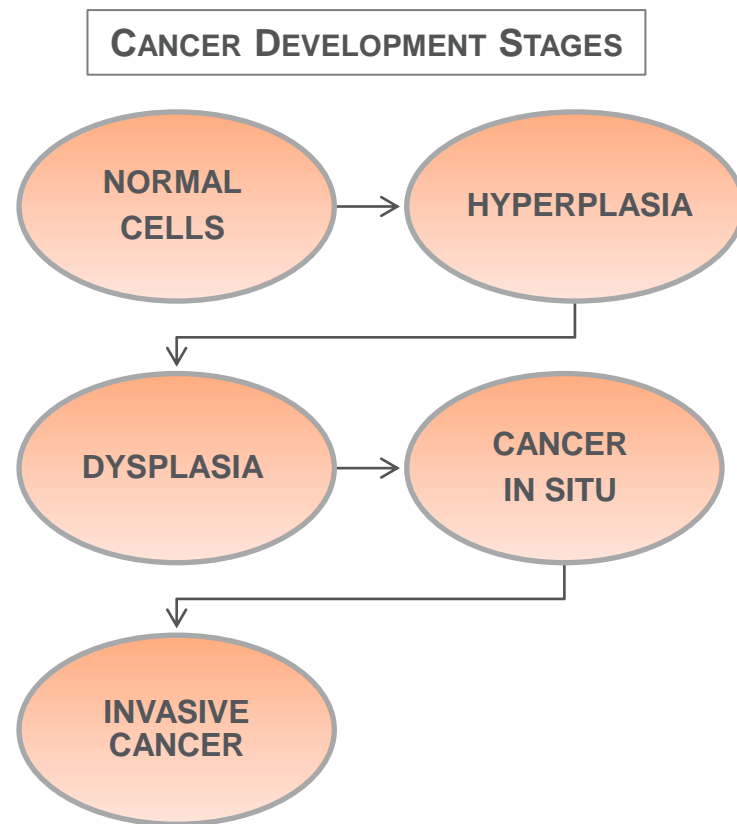
# How are Neoplasms Classified?



ICD-10-CM Chapter 2, Neoplasms (C00-D49), classifies neoplasms by **anatomic site** and by **behavior** as:

- **Benign** (noncancerous)
- **Malignant** (cancerous)
- **In situ** (in original place)
- **Uncertain behavior**
- **Unspecified behavior**

Code blocks within each **behavior** subsection are arranged anatomically by the site involved.



## Coding Note

“**Uncertain behavior**” is used when the neoplasm behavior cannot be determined pathologically. “**Unspecified behavior**” is used when the behavior is not stated.



# Neoplasm Classification

Neoplasms are classified on the basis of the following characteristics:

<b>Histologic Behavior</b>	<b>Site</b> (anatomical location, topography)	<b>Cell type</b> (morphology, histology, cytology)	<b>Acuity</b>
<ul style="list-style-type: none"><li>• Primary malignancy</li><li>• Secondary malignancy (metastases)</li><li>• Benign</li><li>• In-situ</li><li>• Uncertain</li><li>• Unspecified</li></ul>	<ul style="list-style-type: none"><li>• Specific body site or part</li><li>• Tissue type:<ul style="list-style-type: none"><li>- Connective</li><li>- Skin</li><li>- Neuro-endocrine</li><li>- Lymphatic</li><li>- Hematopoietic</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Carcinoma</li><li>• Lymphoma</li><li>• Melanoma</li><li>• Mesothelioma</li><li>• Mast cell</li><li>• Leukemia</li><li>• Osteosarcoma</li></ul>	<ul style="list-style-type: none"><li>• Acute or chronic</li><li>• Not achieved remission</li><li>• In remission</li><li>• In relapse</li><li>• Recurrent</li><li>• History of</li></ul>



# Neoplasm Classification: Staging and Grading



Clinically, the **stage** and **grade** of a tumor are directly linked to prognosis.

## Stage

Severity based on the size and how far it has spread

Done upon diagnosis for treatment planning

## Grade

Based on cell abnormality (**differentiation**)

Higher-grade indicates worse prognosis

### Coding Note:

It is appropriate to use the completed cancer staging form for coding purposes when it is authenticated by the attending physician.



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# Neoplasm Documentation

## How are Neoplasms Documented?

Detailed provider documentation of neoplastic disease is required for complete, accurate neoplasm reporting, including:

- ✓ Anatomical location
- ✓ Behavior or cell type
- ✓ Metastatic sites
- ✓ Related conditions
- ✓ Treatment
- ✓ Complications

For **malignant neoplasms**, identify the **primary** site and any **secondary** (metastatic) sites. Look for documentation of the spread **"from"** the primary **"to"** the secondary site.





# Neoplasm Documentation



- ➔ The term "**mass**" is not a neoplastic growth.
- ➔ Do not code "**mass**" or "**lump**" from the Neoplasm Table.

The ICD-10-CM Index, under the main term "lump", directs the coder to **see Mass**. If there is no index entry for the specific site under "mass" the Alphabetic Index directs the coder to see Disease by site.

## Coding Note:

Diagnoses documented as **growth**, **new growth**, **neoplasm**, or **tumor** without further specification, are coded to D49.-. Category D49 classifies neoplasms of unspecified morphology and behavior by site.



## Neoplasm Documentation: Related Conditions

Conditions related to neoplasms must be documented by the provider and linked to the neoplasm. Look for terms such as "**due to**," "**secondary to**," "**caused by**," or "**resulting from**" that connect the neoplasm with associated conditions or complications.

### *For example:*

- ✓ Anemia **due to** adenocarcinoma of the colon
- ✓ Diabetes mellitus **secondary to** pancreatic carcinoma
- ✓ Pathological fracture **resulting from** metastatic stage 4 ovarian carcinoma

### **Coding Note:**

Code assignment is based on the provider's documentation of the relationship between a condition and the underlying neoplastic disease.

# Neoplasm Documentation: Treatment

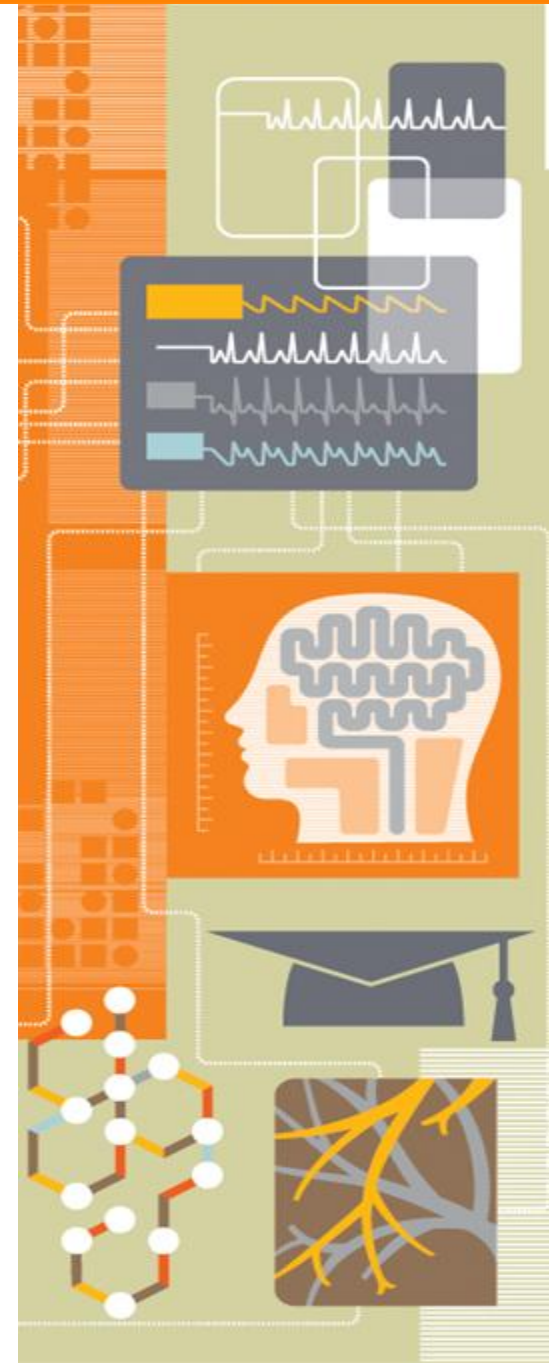
Look for documentation of **chemotherapy**, **radiation**, or **immunotherapy**, and conditions caused by treatments which may require evaluation, monitoring, treatment, or hospitalization.

## *For example:*

- ↳ Immunotherapy for cancer of the prostate
- ↳ Anemia as an adverse effect of radiation therapy
- ↳ Intravenous rehydration for dehydration due to malignancy

## **Coding Note:**

When coding surgical removal of a neoplasm 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.





# Neoplasm Documentation: Complications of Care

Complications can result from **neoplastic disease** or from its **treatment**.

Code assignment is based on the provider's documentation of the relationship between the condition and the underlying neoplastic treatment (such as "side effects" caused by or resulting from therapy).

## 16. Documentation of Complications of Care

Code assignment is based on the provider's documentation of the relationship between the condition and the care or procedure. The guideline extends to any complications of care, regardless of the chapter the code is located in. It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications. There must be a cause-and-effect relationship between the care provided and the condition, and an indication in the documentation that it is a complication. Query the provider for clarification, if the complication is not clearly documented.

### Coding Note:

Provider documentation of a cause-and-effect relationship between the care provided and the condition, and documentation indicating it is a complication, is required for code assignment. Query the provider if the complication is not clearly documented.

Understanding ICD-10-CM Neoplasm Coding Guidelines

# Neoplasm Coding in ICD-10-CM





# Neoplasm Coding in ICD-10-CM

**ICD-10-CM Chapter 2** contains codes for most benign and all malignant neoplasms. Certain benign neoplasms are located in the specific body system chapters (for example prostatic adenomas). In order to code neoplasm in ICD-10-CM:

1. Determine the location of the neoplasm on the body
2. Determine whether the neoplasm is:
  - Benign
  - In-situ
  - Malignant, or
  - Of uncertain histologic behavior
3. If malignant, determine if there are any **secondary (metastatic) sites**.

## Coding Note:

When the histological term or a descriptor such as malignant, benign, in situ, is not documented, consult the Index under **Neoplasm**, then by **site**.



# ICD-10-CM Neoplasm Coding: Step 1

First, reference the **histological term** in the Alphabetic Index to determine the appropriate column in the Neoplasm Table (i.e., benign, malignant, in situ, or uncertain behavior).

If the histology is not documented, consult the index for instructional notes following the main term, such as:

- ↳ “see Neoplasm, malignant, by site” or
- ↳ “see also Neoplasm, uncertain behavior, by site”

Let’s look at an example...

**ICD-10-CM INDEX TO DISEASES and INJURIES**

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

**A**

**Aarskog's syndrome** Q87.1  
**Abandonment** —see Maltreatment  
**Abasia** (-astasia) (hysterical) F44.4  
**Abderhalden-Kaufmann-Lignac syndrome** (cystinosis) E72.04  
**Abdomen, abdominal** —see also condition  
 - acute R10.0  
 - angina K55.1  
 - muscle deficiency syndrome Q79.4  
**Abdominalgia** —see Pain, abdominal  
**Abduction contracture, hip or other joint** —see Contraction, joint  
**Aberrant** (congenital) —see also Malposition, congenital  
 - adrenal gland Q89.1  
 - artery (peripheral) Q27.8  
 - - basilar NEC Q28.1  
 - - cerebral Q28.3  
 - - coronary Q24.5  
 - - digestive system Q27.8  
 - - eye Q15.8  
 - - lower limb Q27.8  
 - - precerebral Q28.1  
 - - pulmonary Q25.79  
 - - renal Q27.2  
 - - retina Q14.1  
 - - specified site NEC Q27.8  
 - - subclavian Q27.8  
 - - upper limb Q27.8  
 - - vertebral Q28.1  
 - breast Q83.9  
 - endocrine gland NEC Q89.2  
 - hepatic duct Q44.5  
 - pancreas Q45.3  
 - parathyroid gland Q89.2  
 - pituitary gland Q89.2  
 - sebaceous glands, mucous membrane, mouth, congenital Q38.6  
 - spleen Q89.09  
 - subclavian artery Q27.8  
 - thymus (gland) Q89.2  
 - thyroid gland Q89.2  
 - vein (peripheral) NEC Q27.8  
 - - cerebral Q28.3  
 - - digestive system Q27.8  
 - - lower limb Q27.8  
 - - precerebral Q28.1  
 - - specified site NEC Q27.8  
 - - upper limb Q27.8  
**Aberration**  
 - distal —see Disturbance, visual  
 - mental F99  
**Abetalipoproteinemia** E78.6  
**Abiotrophy** R68.89  
**Ablatio, ablation**  
 - retinae —see Detachment, retina  
**Ablepharia, ablepharon** Q10.3



## ICD-10-CM Neoplasm Coding - Example

If “**adenoma**” is documented in the medical record, the instructional note in the Index directs the coder to “**see also Neoplasm, by site, benign.**”

**Adenoma** —see also Neoplasm, benign, by site

- acidophil
- - specified site —see Neoplasm, benign, by site
- - unspecified site D35.2
- acidophil-basophil, mixed
- - specified site —see Neoplasm, benign, by site
- - unspecified site D35.2
- adrenal (cortical) D35.00
- - clear cell D35.00

### Coding Note:

The index guidance is overridden when a descriptor is documented. For example, “malignant adenoma of colon” is coded to C18.9 rather than D12.6 because the adjective “malignant” overrules the Index direction to see benign neoplasm.



# ICD-10-CM Table of Neoplasms

The **Table of Neoplasms**, in the Alphabetic Index, lists the codes for neoplasms by anatomical site. For each site, there are six columns of codes identifying whether the neoplasm is **malignant**, **benign**, **in situ**, **uncertain** or **unspecified behavior**.

Documentation often indicates which column is appropriate, for example:

- **Malignant** melanoma of skin
- **Benign** fibroadenoma of breast
- **Carcinoma in situ** of cervix uteri

## ICD-10-CM TABLE of NEOPLASMS

The list below gives the code numbers for neoplasms by anatomical site. For each site there are six possible code numbers according to whether the neoplasm in question is malignant, benign, in situ, of uncertain behavior, or of unspecified nature. The description of the neoplasm will often indicate which of the six columns is appropriate; e.g., malignant melanoma of skin, benign fibroadenoma of breast, carcinoma in situ of cervix uteri.

Where such descriptors are not present, the remainder of the Index should be consulted where guidance is given to the appropriate column for each morphological (histological) variety listed; e.g., Mesonephroma—see Neoplasm, malignant; Embryoma—see also Neoplasm, uncertain behavior; Disease, Bowen's—see Neoplasm, skin, in situ. However, the guidance in the Index can be overridden if one of the descriptors mentioned above is present; e.g., malignant adenoma of colon is coded to C18.9 and not to D12.6 as the adjective "malignant" overrides the Index entry "Adenoma—see also Neoplasm, benign."

Codes listed with a dash -, following the code have a required additional character for laterality. The tabular must be reviewed for the complete code.

	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
<b>Neoplasm, neoplastic</b>	C80.1	C79.9	D09.9	D36.9	D48.9	D49.9
- abdomen, abdominal	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
-- cavity	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
-- organ	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
-- viscera	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
-- wall—see also Neoplasm, abdomen, wall, skin	C44.509	C79.2-	D04.5	D23.5	D48.5	D49.2
--- connective tissue	C49.4	C79.8-	-	D21.4	D48.1	D49.2
--- skin	C44.509					
---- basal cell carcinoma	C44.519	-	-	-	-	-
---- unspecified by site	C44.599					

## Coding Note:

In the neoplasm table, a dash at the end of a code indicates an additional character is needed (e.g., laterality). The tabular list must be reviewed for the complete code.

# Neoplasm Coding: ICD-10-CM Neoplasm Table



Certain neoplasms (such as malignant melanoma) cannot be assigned from the Neoplasm Table. The morphological term must be indexed to find the appropriate code.

## *For example:*

- Merkel cell tumor – see Carcinoma, Merkel cell
  - ↳ Carcinoma, merkel cell C4A.9

Mercurial —see condition  
Mercurialism —see subcategory T56.1  
**MERRF syndrome** (myoclonic epilepsy associated with)  
**Merkel cell tumor** —see Carcinoma, Merkel cell  
Merocele —see Hernia, femoral  
Meromelia  
- lower limb, foot, or hand

## **Coding Note:**

For connective tissue neoplasms (such as blood vessel, fascia, tendon, ligament, muscle, nerves and ganglia, synovia), refer to the index main term **Connective tissue**, then by site. Morphological types that indicate connective tissue appear in the alphabetic index with the instruction "see Neoplasm, connective tissue".

Understanding ICD-10-CM Neoplasm Coding Guidelines

# Neoplasm Coding Guidelines



# Neoplasm Coding Guidelines

The *ICD-10-CM Official Guidelines for Coding and Reporting* for Chapter 2 contain many guidelines for coding and sequencing of neoplasms...

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p.	Follow-up care for completed treatment of a malignancy.....	31
q.	Prophylactic organ removal for prevention of malignancy .....	31
r.	Malignant neoplasm associated with transplanted organ.....	31



# Neoplasm Coding Guidelines: Principal Diagnosis

When coding neoplasms, both the general coding guidelines and the chapter specific guidelines must be applied. Code the condition for which the encounter or service is being performed as the **first-listed** or **principal diagnosis**.

## Guideline

- When a patient with a **primary neoplasm with metastasis** is admitted, 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 Note:

Additional diagnoses are reported for any other conditions that coexist at the time of admission or develop subsequently, or which impact the patient's care.





## Neoplasm Coding Guidelines: Examples

Patient admitted with breast cancer with metastasis to the bones. A mastectomy is performed and the secondary sites are evaluated.

The **primary malignancy** of the breast will be the **principal diagnosis**.

The **secondary site** of the bone is coded as an **additional diagnosis**.

Patient admitted with cancer of the trachea with metastasis to the cervical lymph nodes. The primary site of the trachea is monitored and the affected lymph nodes are resected.

The **secondary metastatic site** (cervical lymph nodes) is the **principal diagnosis**.

The **primary site** (trachea) is coded as an **additional diagnosis**.



## Neoplasm Coding Guidelines: Current or Personal History?

Assign the code for the primary malignancy until treatment is completed. This applies even when the primary malignancy has been excised but further treatment (e.g., radiation therapy, chemotherapy, or additional surgery) is directed to that site.

### Guideline

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

### Coding Note:

Don't confuse personal history with "in remission". Codes for leukemia, multiple myeloma, and malignant plasma cell neoplasms indicate whether the condition has achieved remission.



## Neoplasm Coding Guidelines: Examples

Patient admitted to rule out metastatic bone cancer originating from the breast. The breast cancer was treated with mastectomy and adjunct chemotherapy 3 years ago.

Report the code for  
**Personal history of malignant neoplasm of breast (Z85.3)**

Patient with leukemia documented as "in remission" is admitted for autologous bone marrow transplantation.

Use the appropriate code to designate the type of **leukemia** and **in remission**.

### Coding Note:

Assign a code for personal history of leukemia when the physician documents that the leukemia no longer exists. The codes for personal history and in remission are only assigned when the documented by the provider.



# Neoplasm Coding Guidelines: Reason for Care

To code neoplasms, the **reason for the medical care** must be correctly identified.

*For example*, was the encounter or admission for:

- ? **Therapy** (chemotherapy, immunotherapy, radiation therapy)
- ? **Pain control/management**
- ? **Treatment of a complication** resulting from surgery or care
- ? **Aftercare** following surgery for neoplasm
- ? **Follow-up** care for completed treatment of a malignancy
- ? **Prophylactic** organ removal for **prevention** of malignancy

## G. ICD-10-CM code for the diagnosis, condition, problem, or other reason for encounter/visit

List first the ICD-10-CM code for the diagnosis, condition, problem, or other reason for encounter/visit shown in the medical record to be chiefly responsible for the services provided. List additional codes that describe any coexisting conditions. In some cases the first-listed diagnosis may be a symptom when a diagnosis has not been established (confirmed) by the physician.



# Neoplasm Coding Guidelines: Therapy

When the patient is admitted **solely for the administration** of chemotherapy, immunotherapy, or radiation therapy, the **therapy** is listed as the **principal diagnosis**, with an additional code for the neoplasm.

For example:

- Z51.0 Encounter for antineoplastic radiation therapy
- Z51.11 Encounter for antineoplastic chemotherapy
- Z51.12 Encounter for antineoplastic immunotherapy

## **2) 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



## Coding Guideline: Neoplasm Related Pain

Neoplasm related pain may occur as a result of cancer surgery or chemotherapy and radiation therapy, or because of the neoplastic disease itself.

When pain is documented as being *related to*, *associated with*, or *due to cancer*, code G89.3, Neoplasm-related pain (acute) (chronic), is assigned.



### **G89.3 Neoplasm related pain (acute) (chronic)**

Cancer associated pain

Pain due to malignancy (primary) (secondary)

Tumor associated pain

### **Coding Note:**

The inclusion terms under code G89.3 list *cancer-associated pain*, *pain due to malignancy (primary) (secondary)*, and *tumor-associated pain*.

# Neoplasm-Related Pain Coding Guidelines



Reason for care documented as:	Coding guideline:
Pain due to malignancy, cancer associated pain, tumor associated pain	Code G89.3 is assigned to pain documented as being related, associated or due to cancer, primary or secondary malignancy, or tumor
Acute neoplasm-related pain Chronic neoplasm-related pain	Code G89.3 is assigned regardless of whether the pain is acute or chronic.
Neoplasm-related pain control or management	Code G89.3 is assigned as the principal or first-listed code and the underlying neoplasm is reported as an additional diagnosis.
Management of the neoplasm and neoplasm-related pain	Code the neoplasm as the principal or first-listed diagnosis and code G89.3 as an additional diagnosis. An additional code for the site of the pain is not necessary.



## Applying the Neoplasm Coding Guidelines

How should this admission be coded?

A patient with metastatic bone cancer originating from breast cancer that was eradicated 3 years ago, is admitted for pain management.



# Applying the Neoplasm Coding Guidelines



A patient with metastatic bone cancer originating from breast cancer that was eradicated 3 years ago, is admitted for pain management.

G89.3 Neoplasm-related pain (acute) (chronic)  
C79.51 Secondary malignant neoplasm of bone  
Z85.3 Personal history of malignant neoplasm of breast

## Coding Note:

When the reason for the admission/encounter is management of the neoplasm and the pain associated with the neoplasm, code G89.3 is assigned as an additional diagnosis.



## Applying the Neoplasm Coding Guidelines

How should this admission be coded?

A patient with metastatic bone cancer originating from breast cancer that was eradicated 3 years ago, is admitted for external beam of radiation to the affected bone and implantation of a spinal cord neurostimulator for control of chronic neoplasm-related pain.



# Applying the Neoplasm Coding Guidelines

A patient with metastatic bone cancer originating from breast cancer that was eradicated 3 years ago, is admitted for external beam of radiation to the affected bone and implantation of a spinal cord neurostimulator for control of chronic neoplasm-related pain.

C79.51 Secondary malignant neoplasm of bone  
G89.3 Neoplasm-related pain (acute) (chronic)  
Z85.3 Personal history of malignant neoplasm of breast

## Coding Note:

When a procedure to treat the underlying condition and a neuro-stimulator is inserted for pain control during the same admission, a code for the **underlying condition** should be assigned as the **principal diagnosis** and the appropriate **pain** code should be assigned as a **secondary diagnosis**.

Understanding ICD-10-CM Neoplasm Coding Guidelines

# Coding Complications

# Neoplasm Coding Guidelines: Complications



For complications associated with a malignancy or with the therapy for a malignancy, provider documentation of the treatment and a link to the condition is needed for code assignment.

- ➔ If a patient admitted for radiation therapy, chemotherapy, or immunotherapy develops a complication, the code for the **therapy** (Z51.0, Z51.11, or Z51.12) is listed as the **principal diagnosis**, and code(s) for the complications are reported as additional codes, along with the code for the neoplasm.

### 3) **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.



## Applying the Neoplasm Coding Guidelines

How should this admission be coded?

A patient with diffuse large B-cell lymphoma throughout the lymph nodes is admitted for chemotherapy and develops uncontrolled nausea and vomiting.



## Applying Neoplasm Coding Guidelines

A patient with diffuse large B-cell lymphoma throughout the lymph nodes is admitted for chemotherapy and develops uncontrolled nausea and vomiting.

Z51.11 Encounter for antineoplastic chemotherapy  
C83.38 Diffuse large B-cell lymphoma, lymph nodes of multiple sites  
R11.2 Nausea with vomiting, unspecified

### Coding Note:

When a patient is admitted for radiotherapy, immunotherapy or chemotherapy and develops complications such as uncontrolled nausea and vomiting, the Z51.- code is the principal or first-listed followed by codes for the complication(s) and the neoplasm.

# Neoplasm Coding Guidelines: Complications



When treatment is only for **management of a complication associated with a neoplasm**, the complication is coded first, followed by the appropriate code(s) for the neoplasm.

## *For example:*

Admission is for the management of dehydration due to malignancy, the **dehydration** is listed as the **principal** diagnosis, with the **malignancy** coded as an **additional** diagnosis.

### **3) 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.





## Applying the Neoplasm Coding Guidelines

How should this admission be coded?

A patient with acute lymphoblastic leukemia and symptoms of dehydration is admitted for rehydration via intravenous fluids.



# Applying Neoplasm Coding Guidelines

A patient with acute lymphoblastic leukemia and symptoms of dehydration, is admitted for rehydration via intravenous fluids.

E86.0 Dehydration

C91.00 Acute lymphoblastic leukemia, not having achieved remission

## Coding Note:

Dehydration (E86.0) is sequenced first followed by a code for the leukemia. Reference the main index term Leukemia, subterm acute lymphoblastic (C91.0-). The 0 is added to indicate remission was not achieved.

# Neoplasm Coding Guidelines: Complications



**GUIDELINE:** When treatment is for management of a **complication associated with a neoplasm** (e.g., dehydration) **only**, code the complication first, followed by the code(s) for the neoplasm.

**EXCEPTION:** Anemia

When the treatment is **only for management of anemia** associated with the malignancy, the appropriate code for the **malignancy** is sequenced as the **principal or first-listed** diagnosis followed by code D63.0, Anemia in neoplastic disease.

## 1) 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).



# Neoplasm Coding Guidelines: Anemia

Treatment of anemia associated with the malignancy:

The **malignancy** code is sequenced as the **principal** or first-listed diagnosis followed by the appropriate code for the anemia.

Treatment of anemia that is an adverse effect of chemotherapy or immunotherapy:

The **anemia** code is sequenced **first** followed by the codes for the neoplasm and adverse effect of antineoplastic and immunosuppressive drugs.

## Coding Note:

The code for the adverse effect of antineoplastic and immunosuppressive drugs requires a **7th character** to indicate the encounter: “**A**” for **initial encounter**, “**D**” for **subsequent** encounter, or “**S**” for **sequela**.



## Applying the Neoplasm Coding Guidelines

How should this admission be coded?

A patient with aplastic anemia due to chemotherapy treatments for ovarian cancer, is admitted for transfusions of packed cells for the anemia.



# Applying the Neoplasm Coding Guidelines

A patient with aplastic anemia that is due to chemotherapy treatments for ovarian cancer is admitted for transfusions of packed cells for the anemia.

D61.1	Drug-induced aplastic anemia
C56.9	Malignant neoplasm of unspecified ovary
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter

## Coding Note:

The adverse effect code is located by referencing the Table of Drugs and Chemicals under the substance main term Antineoplastic NEC under the column for adverse effects. The A is added to indicate an initial encounter.

# Neoplasm Coding Guidelines: Surgical Complications



Many patients with malignant neoplasms undergo surgical procedures to treat the malignancy. Complications of these procedures may result.

If the patient is admitted for management and treatment directed at resolving a complication that resulted from a surgical procedure:

- ↳ The **complication** is designated as the **principal diagnosis**.
- ↳ The malignant **neoplasm** is listed as an **additional code**.

#### **4) 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.



## Applying the Neoplasm Coding Guidelines

How should this admission be coded?

A patient treated with surgery and radiation therapy for carcinoma of the body of the stomach is readmitted for drainage of a hematoma of the skin at the surgical site.





# Applying the Neoplasm Coding Guidelines

A patient treated with surgery and radiation therapy for carcinoma of the body of the stomach is readmitted for drainage of a hematoma of the skin at the surgical site.

L76.22 Postprocedural hemorrhage and hematoma of skin and subcutaneous tissue following other procedure

C16.2 Malignant neoplasm of the body of stomach

## Coding Note:

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

# Wrap Up



**Thank you for attending our webinar!**

In this webinar we:

- Examined the classification of neoplastic disease in ICD-10-CM Chapter 2: Neoplasms (C00-D49) and how to locate codes for neoplasms using the Index and the Neoplasm Table.
- Identified the terminology used in the medical record to describe neoplastic disease and the documentation needed to properly code neoplasms
- Practiced applying the chapter-specific guidelines, coding conventions, and sequencing rules while assigning ICD-10-CM neoplasm codes.

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