ICD-10-CM TRAINING
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Factors influencing Health Status
Neoplasms

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Factors influencing Health Status

Z00-99

Z codes

Used in any health care setting

- Physician's office
- Hospital

Can be listed:

- Principal diagnosis – See list of codes which may be first listed only
- Secondary diagnosis - depends on the circumstances of encounter

First Listed codes

Z00 Encounter for general examination without complaint, suspected or reported diagnosis

Z01 Encounter for other specified examination without complaint, "   "   "

Z02 Encounter for administrative examination

Z03 Encounter for medical observation for suspected diseases and conditions ruled out

Z04 Encounter for Examination and observation for other reasons

Z33.2 Encounter for elective termination of pregnancy

Z31.81 – Z31.84 Encounter for RH incompatability status, assisted reproductive fertility procedure cycle, fertility preservation procedure

Z34 Encounter for supervision of normal pregnancy

Z38-Z39 Liveborn infants and maternal postpartum care

Z42 Encounter for plastic and reconstructive surgery

Z51.0 Encounter for antineoplastic radiation therapy

Z51.1 Encounter for chemotherapy and immunotherapy

Z52 Donors of organs and tissues

Z76.1-Z76.2 Encounter for health supervision and care of other healthy infant or child

Z99.12 Encounter for respirator (ventilator) dependence during power failure

Contact or Exposure
Z20

Use when a patient has had contact with or suspected exposure to a communicable disease.
   exposed by close personal contact
   where a disease is epidemic

No signs or symptoms of the disease

Z77 – contact with and suspected exposures hazardous to health
          environmental pollution
          hazard in the physical environment

**May be first listed code to explain a reason for testing
**May be second listed to identify a potential risk to the patient

Inoculations/Vaccinations

Z23

Use this code to indicate that the patient is being seen to receive a prophylactic inoculation against a disease.

Use a procedure code:

- to specify the actual administration of the injection
- to specify the type of immunization given

Z23 can be used as a secondary code if immunization is given as part of a well-child visit or preventative health visit

Status

Status indicates:

- Patient is a carrier of a disease
- Patient has a sequela or residual of a past disease or condition ---Presence of prosthesis, mechanical device

Status code is:

- Informative – can affect the course of treatment or outcome
- Distinct from a history code
- Indicating the patient no longer has the condition

Status

The status code should not be used with a diagnosis from one of the body system chapters when it does not provide additional information.

Z94.1 Heart Transplant Status

T86.2 Complication of heart transplant

Do not code the Heart transplant status in this situation as no additional information is provided.

Weaning from Mech Vent.

Always code the underlying disease followed by the code for the ventilator status.

J96.11   Chronic respiratory failure with hypoxia

Z99.11   Dependence on ventilator

Categories for "status codes"

Z14 Genetic carrier – A person carries a gene associated
     with a particular disease- You do not have the disease
     and is not at risk for developing the disease.

   Z14.1 Cystic Fibrosis carrier

   Z14.8 Stargardt's carrier

Categories for "status codes"

Z15 Genetic susceptibility to disease – You have a gene that increases your risk of developing the disease.

Breast Mass	N63
Breast Cancer Gene	Z15.01
History of mother and sister with breast cancer	Z80.3

Encounter for Genetic testing procreation	Z31.5
Breast cancer Gene	Z15.01
Family history of breast cancer	Z80.3

Z16

Resistance to antimicrobial drugs

Z16.11 Resistance to Penicillin

Z16.21 Resistance to Vancomycin

Z16.24 Resistance to multiple antibiotics

Z16.341 Resistance to single antimycobacterial drug

Code the infection first

A15.9 Tuberculosis   R16.341 Resistance to drug

Z22

Carrier of infectious disease

Patient does not manifest the disease, harbors the specific disease, and is capable of spreading the disease

Z22.322   MRSA carrier
Z22.52   Hep C carrier

Status codes

Z17   Estrogen receptor status

Z18   Retained foreign bodies

Z28.3 Under immunization

Z66   Do not resuscitate – code only when documented

Z67   Blood type

Z68   Body Mass Index (BMI)

Z74.01 Bed confinement status

Z76.82 Awaiting organ transplantation

Z78.1   Physical restraint status

Status codes

Z79 Long Term drug therapy

This code indicated the patient is on continuous

prescribed drug therapy. (not for nonprescription

drug use – code to abuse.

Long term methadone –

drug dependence

Aspirin

Coumadin

Antibiotics

Status codes

Z88 Allergy to drugs

Z89 Acquired absence of limb

Z90 Acquired absence of organ

Z91 Allergy due to substances other than drugs

Z92.82 Status post administration of TPA

         has to be in other facility prior to admission

           within 24 hours

         secondary diagnosis

         assigned only to the receiving facility

Status codes

Z93 Artificial opening status – colostomy, tracheostomy

Z94 Transplanted organ or tissue – kidney, liver

Z95 Presence of cardiac and vascular devices – Pacemaker

Z96 Presence of other functioning devices – Myringotomy
                                                    tubes – joints

Z97 Presence of other devices – artificial leg, arm

Z98 Other post procedural states

   Z98.85 Transplanted organ removal

   Code also the complication necessitating the removal

Z99 Dependence on enabling machines and devices

   Z99.2 Dependence on renal dialysis

   Z99.3 Dependence on wheelchair - code the reason as first code

History of

Personal History – may be used with follow up codes
Family History – may be used with screening codes

Use only when there is a history present and the patient is not receiving any treatment, but disease has a possibility of returning and needs continued monitoring.

These codes may be used on any encounter as it is important information that may alter the type of treatment ordered.

Screening

Z code indicates a screening is planned – must have procedure code
----

Patient in for routine pelvic exam   Z01.41
   do not code the pap smear as it is inherent to the exam

If the patient has a sign or symptom of a disease it is a diagnostic exam not a screening.

        K92.1 Melena

Screening

Testing for disease or disease precursors in well individuals for early detection of disease and treatment for those who test positive.

Z12.11 50 year old patient comes in for colon cancer screening

Patient comes in for screening and colon polyps are found

Z12.11

K63.2 or D12.6

Observation

Z03

Z04

Used only when a patient is observed for a suspected condition that is ruled out.

Used as principal diagnosis. Additional codes may be assigned if unrelated to the suspected condition.

Not used if illness or injury or any signs or symptoms are present.

Headache after fall from bike. R51
V18.0

Observation

Z03.7 Encounter for maternal or fetal conditions ruled out

- Used in limited circumstances – first listed or additional Dx

- Abnormal lab test in mother - Disease ruled out.

- Not to be used for antenatal screening for mother.

- If suspected fetal condition, use codes O35, O36, O40, O41

Aftercare

Healing or recovery phase:

- Patient requires continued care after initial treatment
- Long term follow up of a disease

Not for use with current, acute disease process

Exceptions: Z51.0 Encounter for radiation therapy

Z51.1 Encounter for chemotherapy

immunotherapy

C34.11 Malignant neoplasm of the RUL

Aftercare

Not to be used for aftercare of an injury

Assign injury code with appropriate 7th character

S32.010D Wedge compression fracture of 1st lumbar vertebrae- subsequent encounter with routine healing

Orthopedic aftercare – Z47.1   Joint replacement

Z47.2   Internal fixation device

Z47.81 Surgical amputation

Aftercare

Usually a first listed code

Use a secondary code to describe the resolving condition

Z51.0   Encounter for radiation therapy

C78.01 Secondary (metastatic) ca of the R. lung

Z85.3   History of malignant neoplasm of breast

Certain Z codes need a secondary diagnosis code to describe the resolving condition

Aftercare

Status "Z" codes may be used with aftercare codes

    Z48.812 Encounter for surgical aftercare on circulatory
                   system

    Z95.1   Presence of aortocoronary bypass graft

Do not use a status code when the type of status is described in
  the aftercare code.

     Z43.0 Encounter for attention to tracheostomy

More than one aftercare code may be used to describe the
reason for the visit

Follow-up

Follow-up codes are used for continuing surveillance following completed treatment of a disease and the disease no longer exists.

Follow-up codes may be used with History codes

  Z08 Follow up after completed treatment of malignant neoplasm
  Z85.820 History of malignant melanoma of skin

Follow –up visit with recurrence of malignant neoplasm of lung

   C34.11 Malignant neoplasm of the RUL of the lung

Encounters for OB/Reproduction

See the Pregnancy/ Childbirth, and the Puerperium - Chapter 15

Z codes used only when no condition from OB chapter exists
    Routine prenatal visit or postpartum care

Z34 Encounter for supervision of normal pregnancy
- First listed code
- May not be used with any code from Obstetrics chapter

Z3A Weeks of gestation may be assigned to provide additional
    information about the pregnancy

        use date of admission to determine weeks of pregnancy for inpatient
        admission is admission is over one week.

Z37

Outcome of delivery

- Included as secondary code on every maternal delivery episode
- Never used on a newborn record

Z30

Z codes for family planning, procreative management and counseling should be included on OB prenatal visits and postpartum care if applicable

Z31.61 Procreative counseling and advice using natural family planning

Newborns and Infants

Z38 Liveborn infants according to place of delivery and type
       of delivery – always listed as principal diagnosis

Z76.1   Encounter for health supervision and care

Z00.1-   Encounter for routine child health examination
         Z00.110 Newborn less than 8 days
         Z00.111 Newborn 8-28 days old (weight check)

         Z00.12   Routine child health examination
                   Z00.121 with abnormal findings
                   L22   Diaper rash

                   Z00.129 without abnormal findings

Routine and administrative examinations.

Z codes used for encounters for routine examinations
- General checkup
- Examination for administrative purposes
    Example: pre-employment physical

Do not use if the examination is for diagnosis of a suspected
condition or for treatment purposes.

    Z00.0-   Encounter for general adult examination
    Z00.00 without abnormal findings- may be listed if before lab results return

    Z00.01 with abnormal findings – always specify the abnormal finding
    R19.15 abnormal heart murmur

Also list chronic conditions may be included as additional diagnoses as long as the
examination is not focused on any particular condition.

Prophylactic organ removal

Z code - First listed code

       Z40.01 Encounter for prophylactic breast removal

       Z15.01 Genetic susceptibility

       Z80.3   Family Hx of breast cancer

If prophylactic breast removal is done for a patient with
current breast cancer of opposite breast or metastatic disease
use additional code for the current malignancy

         Z40.01   Encounter for prophylactic breast removal

         C50.511   Malignant neoplasm LOQ right breast

Do not use Z codes if prophylactic surgery is being used to treat the malignancy

         Testicle removal for treatment of prostate cancer

Nonspecific Z codes

Do not use in the inpatient setting.

Limit use in outpatient setting – use only when there is no further documentation. Use any sign or symptom or any other reason for the visit that can be captured with another code.

Neoplasms

C00-D49

Fig. 206.—Positions of the Subserous, Interstitial, and Submucous Fibroids.

Neoplasms

Chapter contains 21 code families – First character C and D

Character D is also shared with "Blood and Blood forming
Organs and certain disorders involving the immune system"

C - All malignant neoplasms – primary, secondary and neuroendocrine

D – In situ,
  benign neoplasms and benign neuroendocrine tumors,
  uncertain behavior, polycythemia vera and myelodysplastic
    syndromes
  unspecified behavior neoplasms

Neoplasms

Neoplasm codes include most benign and all malignant tumors.

Some benign tumors such as prostate adenoma's will be found in the body systems chapter.

Determine if tumor is malignant, benign, in situ, uncertain behavior or uncertain histological behavior
        Pathology report
        Morphology

Neoplasms

Neoplasm are classified:
- Behavior
- Anatomical site

Neoplasm is defined as new growth - unspecified behavior
   includes: new growth
             growth NOS
Mass is not synonymous with neoplasm or tumor
        see mass by site – a symptom code
        Localized swelling, mass or lump by site

          R22.1 Localized swelling, lump, mass of neck

Neoplasms

Malignant – Presence of cancer- potential for invasion

Primary is the origin of the tumor- where it starts

Secondary – where it has spread to

Carcinoma in situ – Neoplastic cells confined to the point of
origin without invading surrounding tissue

Benign – No invasion of adjacent structures, but may cause
pressure of surrounding tissues – Excision usually cures

Uncertain behavior – A definitive diagnosis (Pathology) has not been
established or is not possible.

Unspecified behavior – Neither morphology or behavior is
specified – Common in outpatient setting
to report a working diagnosis

Growth, new growth, tumor, neoplasm NOS

Ectopic tissue

Malignant neoplasms of ectopic tissue such as breast tissue or pancreatic tissue are coded to the site of the origin mentioned.

Code Location

The neoplasm table should be referenced first

If histology is known, the term should be referenced first rather than going to the table.

The index will lead you to the correct column of the table.

The table will provide the correct code bases on the type of Neoplasm and the site.

Always verify the code in the tabular listing.

Neoplasms

Morphology terms and cross-reference as guidance for neoplasm classification

Neoplasm
  merkel cell – see carcinoma, merkel cell
  blood vessel – see connective tissue

For morphology see alphabetical index by tumor morphology from pathology report and physician documentation

Fibroma – see neoplasm, connective tissue, benign.
Fibrosarcoma – see Neoplasm, connective tissue, malignant

Neoplasms

Table of Neoplasms separate section of alphabetical index

- Neoplasm by site – arranged alphabetically - vertically
- Neoplasm by morphology- arranged horizontally by type

Neoplasm	Malignant primary	Malignant secondary	Ca in situ	Benign	Uncertain behavior	Unspecified behavior
Liver	-	-	-	-	-	-
Lung	-	-	-	-	-	-
Pancreas	-	-	-	-	-	-
Rectum	-	-	-	-	-	-
Thymus	-	-	-	-	-	-

Neoplasm

ICD-10-CM codes in alphabetical index with a (dash -)
indicate laterality of the code required – 5th character

C44.29- is an incomplete code

Always check the tabular listing to: confirm the code

clarify terminology

Neoplasm

ICD-10-CM is more specific in terms of neoplasm codes
- Laterality
- Type
- Anatomical site

Morphology-type of tumor – Liver cell carcinoma, hepatoblastoma, angiosarcoma of lung

Benign neoplasm of colon
- Cecum, appendix, ascending colon, transverse colon, descending colon, sigmoid colon or unspecified

Malignant neoplasm of lung – right vs left

                                C34.11 Upper lobe right bronchus or lung

Neuroendocrine tumors

Unique category codes for neuroendocrine tumors

Third character is a letter according to morphology type

C7**A**.010 Malignant carcinoid tumor or the small intestine

C7**B**.02   Secondary carcinoid tumor of the liver

Malignant neuroendocrine tumors

Code also any associated multiple endocrine neoplasia (MEN) syndrome (E31.2-)

Use additional code to identify any associated endocrine syndrome such as carcinoid syndrome.

C7A.011 Malignant carcinoid tumor of the duodenum

Neuroendocrine tumors

Neuroendocrine tumors (NETs) belong to a family of solid malignant neoplasms that are believed to originate from neuroendocrine cells found throughout the body.[1] They are more prevalent than many GI malignancies, including stomach and pancreatic cancer combined

Carcinoid Syndrome

Carcinoid tumors may arise in many locations, but they are most commonly found in the gastrointestinal tract or the lungs
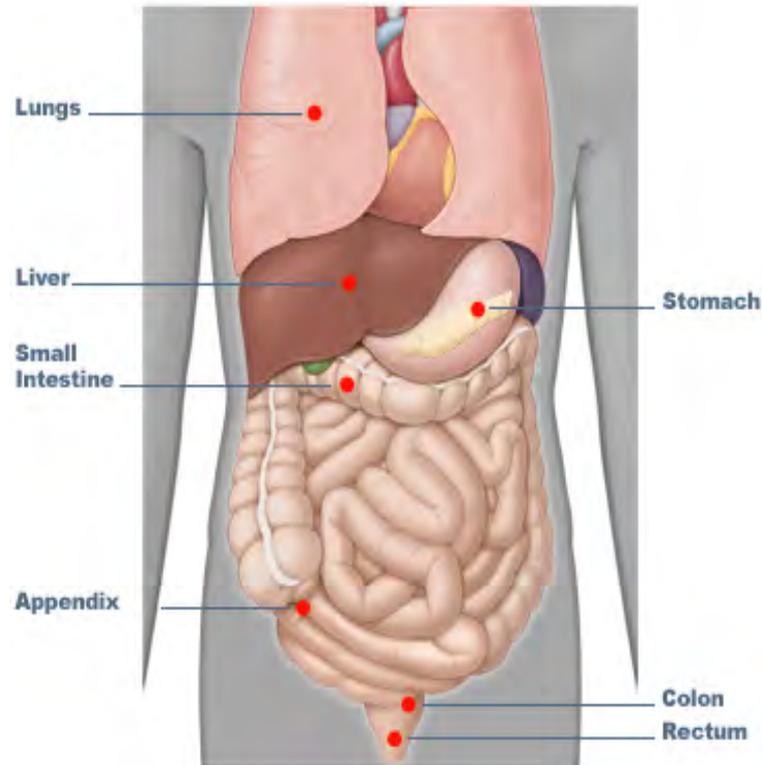
Carcinoid Syndrome

Carcinoid syndrome is caused by carcinoid tumors that most commonly arise in the mucosa of the gastrointestinal tract. Carcinoid syndrome is the set of symptoms that may occur in patients who have carcinoid tumors. Not all people with carcinoid tumors have carcinoid syndrome. The syndrome occurs when carcinoid tumors overproduce substances such as serotonin that normally circulate throughout your body. This overproduction of serotonin and other hormones is what causes the symptoms of carcinoid syndrome.

Melanoma

Look up the term melanoma in the alphabetical listing.
    See neoplasm, melanoma in the neoplasm table
    code to site of melanoma

Incorrect to code to Neoplasm, primary skin, NEC

Melanoma in situ: D03.

Alphabetical index provides cross-reference for certain histiological types of melanoma that are classified elsewhere.

Coding guidelines

General neoplasm guidelines:

- When treatment is directed at the malignancy, sequence the neoplasm first

        Patient admitted with RUQ pain and is found
to have cancer of the gallbladder. There is
obstruction of the common bile duct. The patient has a
cholecystectomy with insertion of a stent in the bile duct

          C23
          K83.1

Coding guidelines

Admission for chemotherapy in a patient who has cancer of the R. main bronchus

Z51.11   Admission for chemotherapy

C34.01   Malignant neoplasm R. main bronchus

Coding guidelines

- If the admission with an existing primary malignancy is directed at the secondary malignancy, code secondary malignancy first, followed by the primary malignancy

A patient is admitted with jaundice due to obstruction of the common bile duct. The patient is found to have metastasis to the duct and has a stent placed to treat the obstruction. The primary site is the head of the pancreas. The pancreatic tumor is not treated.

C78.89
C25.0

Coding guidelines

- Complications of neoplasms are sequenced first

  A patient is seen for dehydration associated with a malignant neoplasm of the stomach. The patient cannot eat due to obstruction by the tumor. The patient is treated with IV's for dehydration. The stomach tumor is not treated.

      E86.0   Dehydration

      C16.4   Malignant neoplasm of the pylorus
                  (stomach)

Coding guidelines

- If a primary malignancy has been previously excised, is not receiving active treatment, and no evidence of malignancy exists use the appropriate history of malignancy code

 A 59 year old woman is seen for rectal bleeding. Her history states she had endometrial cancer 10 years ago and received a abdominal hysterectomy as her treatment for her original diagnosis. She is seen to rule out metastatic endometrial cancer. Colonoscopy shows only internal hemorrhoids., 1st degree.

K64.0

Z85.42

Coding guidelines

Encounter for a complication associated with a neoplasm

Most complications of treatment of neoplasms are coded as the principal diagnosis.   Pancytopenia due to chemotherapy
          Pain due to malignancy of the liver
          Dehydration due to chemotherapy treatment

When you have anemia associated with the malignancy:
     Code to the neoplasm code as principal diagnosis   C16.1
     code additional code for the type of neoplasm   D63.0

When you have anemia due to chemotherapy:
     Code the anemia code as principal diagnosis
     Code the adverse effect of chemotherapy code as a secondary diagnosis
     Code the malignancy as a secondary diagnosis

Coding guidelines

- Complications of treatment (chemo, RT) sequencing is determined by the circumstances of the encounter

  Anemia due to chemotherapy in a patient with metastatic cancer of the RLL lung. The patient received transfusion and no care directed at the metastatic cancer.

  D64.81 Anemia due to chemotherapy

  C34.31 Metastatic neoplasm of the RLL lung

  T45.1X5A   (initial encounter)

If the patient returns for same condition on subsequent encounter, you would code to the 7th character of "D" for subsequent encounter.

Coding guidelines

- Primary malignancies previously excised but still receiving treatment should be coded to the primary malignancy

Breast cancer, treated with mastectomy 6 mo ago, but receiving therapy (Herceptin) for HER2+ cancer

C50.411 Ca of the RUQ of the breast

Z79.811   Long term use of aromatase

Coding guidelines

- Sequencing of pathological fractures are determined by the circumstances of the admission and focus of treatment. Patient admitted for metastatic cancer of the R femur with pathological fracture due to the neoplastic disease with unipolar R. hip arthroplasty. Previous prostate malignancy treated with radical prostatectomy.

M84.551 Pathological Fx R. femur due to neoplasm

C79.71   Secondary malignant neoplasm of bone

Z85.46   History of cancer of the prostate

Coding guidelines

- Neoplasm of overlapping boundaries or one or more contiguous site are reported with 4th character of .8 for overlapping site.

(RUQ, Central breast for large tumor)

C50.811 Contiguous sites of R female breast

Exception: multiple site of non contiguous tumors

lung   stomach,   liver

Contiguous – Neighboring, adjacent, touching

Neoplasm related pain

When coding neoplasm related pain:

- G89.3   Neoplasm related pain (acute) (chronic)
- C79.51 Secondary malignant neoplasm of bone
- C61   Malignant neoplasm of the prostate

You do not need to code the site of bone pain.

Use this sequencing when the admission is for pain control which is due to or associated with the malignancy

Neoplasm related pain

When the admission if for treatment of the neoplasm and neoplasm related pain:

Neoplasm related pain may be coded as a secondary Dx

Code to the reason for the encounter, this will help determine the principal diagnosis.

You may use multiple codes to explain the reason for the encounter

Encounter for therapy

Follow above guidelines

If the patient has an adverse effect of cancer therapy, sequence the appropriate complication of condition code first followed by the adverse effect code and code for the malignant neoplasm

Fever due to chemotherapy:

R50.9   Drug induced fever

T45.1X5A Adverse effect of chemotherapy, initial encounter

C46.0   Kaposi's sarcoma of the skin

Leukemia, Multiple myeloma and Malignant plasma cell neoplasm

Specificity is needed to determine if these tumors are in remission or are considered to be active disease.

If it is unknown, query the physician.

There are codes for history of leukemia codes available if the disease has been in remission for a prolonged period of time. Query the physician if unknown if the cancer is in remission or considered to be a "history of."

Malignancy

A malignant neoplasm of a transplanted organ is considered to be a complication of the transplant.

T86.19   Malignant neoplasm of the left kidney, transplanted kidney

C80.2   Malignant neoplasm associated with transplanted organ

C64.2   Malignant neoplasm of the left kidney

Disseminated Malignancy Unknown Primary

Use the code for disseminated malignant neoplasm only when the patient has advanced disease and no primary or secondary site are specified.   C80.0

   Patient has an unknown primary but has metastasis to the liver and R. lung.

   C80.1

   C78.7

   C78.01

Query?

If documentation does not state if a neoplasm is the primary or a secondary site.

If you are uncertain about if lymph nodes are involved and the pathology report states they are positive

Type of anemia is unstated. This will matter if the anemia is due to the neoplastic disease

Malignancy in pregnant patient

Follow OB chapter guidelines: OB codes take precedence over other codes, unless condition unrelated to preg and documented as such

O9A.13 Malignant neoplasm complicating pregnancy

C50.411 Malignant neoplasm of the RUQ female breast

ICD-10

REFERENCES

- CMS: http://www.cms.gov/Medicare/Coding/ICD10/index.html
- AHIMA: http://www.ahima.org/
- AAPC: http://www.aapc.com/
- ACDIS: http://www.hcpro.com/acdis/index.cfm
- HCPro Just Coding: http://www.justcoding.com/

ICD-10

QUESTIONS?