

Roadmap to ICD-10-CM



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This month's focus is understanding the ICD-10-CM draft guidelines for neoplasm sequencing. Last month the focus was on the neoplasm coding guidelines.

Sequencing of neoplasm codes

If the reason for the encounter is for diagnosis of a suspicious lump, skin lesion, or other indication that a malignancy might be present, assign the code for the sign or symptom until confirmation of the diagnosis is made. At the time of coding, if confirmation of a malignancy has been made for an outpatient visit, the neoplasm code should be assigned.

Example

During a routine examination, the physician found a suspicious breast mass in the left breast of a female patient who has a history of breast cancer of the right breast. The physician scheduled a biopsy in the outpatient ASC at the hospital. Since the diagnosis of a malignancy cannot be confirmed at this visit, the breast mass is reported.

ICD-9-CM

611.72 Lump or mass in breast

ICD-10-CM

N63 Unspecified lump in breast

Includes: nodule(s) NOS in breast

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

Example

A patient underwent removal of the upper lobe of the lung due to lung cancer after a mass was discovered during a CT scan.

ICD-9-CM

162 Malignant neoplasm of bronchus or lung

162.3 Malignant neoplasm of upper lobe, bronchus, or lung

ICD-10-CM

The correct ICD-10-CM diagnosis code selection would be C34.10 since the side is not specified. Documentation in this example is extremely important as you can see, since the specificity in the documentation would indicate either the left or right lobe. It is important to begin encouraging the physicians to document details more specifically in order to select the most appropriate diagnosis code. You will also notice ICD-10-CM specifies side in

which ICD-9-CM does not.

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.

Example

A patient was diagnosed with a malignant cancer of the pancreatic duct with metastasis to the liver. The patient is being treated for the liver malignancy.

ICD-9-CM

First listed diagnosis:

197.7 Secondary malignant neoplasm of liver

Primary malignancy:

157.3 Malignant neoplasm of pancreatic duct

ICD-10-CM

First listed diagnosis:

C78.7 Secondary malignant neoplasm of liver

Primary malignancy:

C25.3 Malignant neoplasm of pancreatic duct

When an encounter is for management of a complication associated with the malignancy, such as dehydration, and the treatment is only for the complication, the complication is coded first, followed by the appropriate code(s) for the malignancy.

Example

A patient was admitted to the hospital after chemotherapy for a malignancy to the ethmoidal sinus.

ICD-10-CM

First listed diagnosis:

E86.0 Dehydration

Secondary diagnosis:

C31.1 Malignant neoplasm of ethmoidal sinus

An exception to this is anemia due to a neoplasm. Code D63.0, Anemia in neoplastic disease, is a manifestation (secondary) code. Coding conventions require that it be sequenced after the underlying neoplasm code.

Example

A patient was diagnosed with a malignant neoplasm of the frontal lobe. The patient was also anemic due to the tumor.

Tabular List

D63 Anemia in chronic diseases classified elsewhere

D63.0 Anemia in neoplastic disease

Code first neoplasm (C00-D49)

First listed diagnosis:

D63.0 Anemia in neoplastic disease

Secondary diagnosis:

C71.1 Malignant neoplasm of frontal lobe

When an encounter is for a pathological fracture due to a malignancy, if the focus of treatment is the fracture, a code from subcategory M84.5, Pathological fracture of bone in neoplastic disease, should be sequenced first, followed by the code for the malignancy.

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. The “code also” note at M84.5 provides this sequencing instruction.

Example

A patient was treated initially for a pathologic fracture of the right tibia, due to a neoplasm of the right tibia
The first listed diagnosis would be C76.51 Malignant neoplasm of right lower limb followed by the code for the pathologic fracture of a bone in neoplastic disease.

Tabular List

M84.5 Pathologic fracture of bone in neoplastic disease

Code also underlying neoplasm

The following seventh character extensions are to be added to each code for subcategory M84.5:

M84.561a Pathologic fracture of bone in neoplastic disease, right tibia

The codes would be reported in the following sequence:

First listed diagnosis:

C76.51 Malignant neoplasm of right lower limb

Secondary diagnosis:

M84.561a Pathologic fracture of bone in neoplastic disease, right tibia

When an encounter is for pain management due to the malignancy, the pain code, R52.02,

R52.12, or, R52.22 should be sequenced first, followed by the appropriate neoplasm code(s).

Example

A patient with a malignancy of the frontal lobe of the brain was in acute pain during his follow-up visit. The physician prescribed a drug to relieve the patient’s pain.

First listed diagnosis:

R52.02 Acute pain in neoplastic disease Code also neoplasm

Secondary diagnosis:

C71.1 Malignant neoplasm of frontal lobe

Tabular List

R52.02 Acute pain in neoplastic disease

Code also neoplasm

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

Example

A patient was treated for sepsis following surgery for the removal of a malignant tumor of the lateral wall of the bladder.

First listed diagnosis:

T81.4a Infection following a procedure, not elsewhere classified

Sepsis following a procedure, not elsewhere classified

Secondary diagnosis:

C67.2 Malignant neoplasm of lateral wall of bladder

Tabular List note:

The seventh character extensions are added to each code for category T81:

a initial encounter

d subsequent encounter

q sequela

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 primary and secondary malignant neoplasm, should be used to indicate the former site of the malignancy if no related pathology is discovered.

Any mention of extension, invasion, or metastasis to another site(s) is coded as a secondary

malignant neoplasm to the metastatic site(s). The secondary site may be the principal/first listed with the Z85 code used as a secondary code.

Example

A 56-year-old male was seen in follow-up following removal of the prostate three years ago for a malignancy.

Z85.46 Personal history of primary malignant neoplasm of prostate

When a primary malignancy has been excised but further treatment, such as an additional surgery, radiation therapy or chemotherapy is directed to that site, the primary malignancy code, not the Z85 code should be used until treatment is completed.

Cancer in a pregnant patient

When the patient is treated for a malignant neoplasm which complicates pregnancy, childbirth and the puerperium, a code from subcategory O94.1-, Malignant neoplasm complicating pregnancy, childbirth, and the puerperium, should be used first, followed by the appropriate code to indicate the type of neoplasm.

Example:

A 32-year-old female who is in her second trimester of pregnancy underwent Mohs micrographic surgery for basal cell carcinoma of the lip

First listed diagnosis:

O94.112 Malignant neoplasm complicating pregnancy, second trimester

Secondary diagnosis:

C44.0 Malignant neoplasm of skin of lip

Malignant neoplasm of basal cell carcinoma of lip

Malignant neoplasm without specification of site

Code C80, Malignant neoplasm without specification of site, equates to cancer, unspecified. It is also for disseminated cancer for which no primary site is found. This code should only be used when no determination can be made as to the primary site of a malignancy. It should not be used in place of assigning codes for the primary site and for all known secondary sites.

Example Tabular List

C80, Malignant neoplasm without specification of site

Includes:

Cancer unspecified site (primary) (secondary)

Carcinoma unspecified site (primary) (secondary)

Carcinomatosis unspecified site (primary) (secondary)

Generalized cancer unspecified site (primary) (secondary)

Generalized malignancy unspecified site (primary) (secondary)

Malignancy unspecified site (primary) (secondary)

Malignant cachexia Multiple cancer unspecified site (primary) (secondary)

Primary site unknown malignant neoplasms of lymphoid,

Encounters for chemotherapy and radiation therapy

As with ICD-9-CM when an encounter involves the surgical removal of a neoplasm, primary or secondary site, followed by chemotherapy or radiation treatment, chemotherapy or radiation therapy diagnosis should be the first listed diagnosis followed by the malignancy.

If an encounter is solely for the administration of chemotherapy or radiation therapy code Z51.0, Encounter for radiotherapy session, or Z51.1, Encounter for chemotherapy session for neoplasm, should be the principal/first listed code. If a patient receives both chemotherapy and radiation therapy both codes should be listed, in either order of sequence.

Example

A patient underwent chemotherapy following a oophorectomy for removal of a malignant tumor of the left ovary.

First listed diagnosis:

Z51.1 Chemotherapy session for neoplasm

Secondary diagnosis:

C56.1 Malignant neoplasm of left ovary

When an encounter is for the purpose of radiotherapy or chemotherapy and the patient develops complications such as uncontrolled nausea and vomiting or dehydration, the principal/first-listed code remains the radiation therapy or chemotherapy code. The complications of the treatment should be added as additional codes following code(s) for the malignancy.

Example

A patient was experiencing nausea and vomiting following radiation therapy for treatment of a malignant tumor of the parathyroid gland.

First listed diagnosis:

Z51.0 Encounter for radiotherapy session

Secondary diagnosis:

C75.0 Malignant neoplasm of parathyroid gland

Tertiary diagnosis:

R11.0 Nausea with vomiting

When an encounter is to determine the extent of the malignancy, or for a procedure to treat the malignancy, the primary malignancy or appropriate metastatic site is designated as the principal/first-listed diagnosis, even if chemotherapy or radiotherapy is administered.

Example

A physician removed a malignant tumor from the descending colon in the outpatient surgery center. The physician recommended that the patient undergo chemotherapy the same day.

First listed diagnosis: C18.6 Malignant neoplasm of descending colon

Secondary diagnosis: Z51.1 Chemotherapy session for neoplasm

When an encounter is for management of the complication of chemotherapy or radiation therapy, and the only treatment is for the complication, the complication is sequenced first followed by the appropriate code(s) for the malignancy.

Example

The patient was experiencing nausea and vomiting one day after chemotherapy to treat the left breast.

First listed diagnosis:

R11.0 Nausea with vomiting

Secondary diagnosis:

C50.32 Malignant neoplasm of lower-inner quadrant of left female breast

Due to the potentially toxic nature of many chemotherapy agents certain tests may be performed prior to the administration of chemotherapy as well as during the course of the chemotherapy treatment. The malignancy should be


coded as the principal diagnosis for encounters for these tests. The code for long-term (current) use of drug, Z79.82, should be used as a secondary code if the test is being done during the course of chemotherapy treatment.

Endocrine Therapy

Endocrine therapy, such as Tamoxifen, may be given prophylactically, for women at high-risk of developing breast cancer. It may also be given during cancer treatment as well as following treatment to help prevent recurrence. The use of endocrine therapy does not affect the guidelines for coding of neoplasms.

ICD-10 Update:

With the passing of HR 4157 on July 27, 2006, that passed in the House of Representatives the bill goes to conference committee with the Senate's health information technology bill, S. 1418, the "Wired for Healthcare Quality Act." The proposed implementation date for ICD-10 is 2010

Next month: A look at the Guidelines for Coding Diabetes 

RESOURCES

More information can be found on the following websites:
<http://www.ahima.org/icd10>
<http://www.who.int/classifications/icd/en/>
<http://www.cdc.gov/nchs/about/otheract/icd9/abctcd10.htm>
<http://www.ingenixonline.com/ontent/icd10/structure.asp>

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