



When selecting International Classification of Diseases, Tenth Revision (ICD-10) diagnostic codes, accuracy is important when describing the patient's true health. A joint effort between the healthcare provider and the coder/biller is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures.

Cancer is a chronic condition that is often coded inaccurately. Many billers/coders/providers are missing opportunities to show which patients are sicker and are at a higher risk, and which patients are no longer being treated for these chronic conditions. The prevalence and complexity of cancer and neoplasm coding require a solid understanding of the ICD-10 codes and coding guidelines to ensure accurate code assignment.

**ICD-10 Categories C00-D49 Neoplasms: Tips on How to Code Using ICD-10 Codes**

- ▶ Cancer and malignant neoplasm are often used interchangeably, BUT Neoplasm is not synonymous with cancer. Neoplasms can either be cancerous or noncancerous.
- ▶ Neoplasms are classified primarily by anatomic site and by behavior.
  - Benign (noncancerous)
  - Malignant (cancerous)
  - In situ (in original place)
  - Uncertain behavior
  - Unspecified behavior

▶ Examples of common *benign* neoplasms include:

Neoplasm:	Example:
<b>Adenoma</b>	Colon Polyp
<b>Fibroma</b>	Uterine fibroid
<b>Nevi</b>	Mole
<b>Lipoma</b>	Adipose tumor

▶ Examples of common *malignant* neoplasms include:

- Adenocarcinoma
- Liposarcoma
- Osteosarcoma

- ▶ In ICD-10, clear and detailed provider documentation of the patient's neoplastic disease is needed for complete and accurate reporting. Documentation should include:
  - Anatomical location
  - Behavior or cell type
  - Metastatic sites
  - Related conditions
  - Treatment
  - Complications

- ▶ Conditions related to neoplasms and complications of care must be clearly documented by provider and linked to the neoplasm. See examples:
  - Anemia **due to** adenocarcinoma of the colon
  - Diabetes Mellitus **secondary to** pancreatic carcinoma
  - Pathological fracture **resulting from** metastatic stage 4 ovarian carcinoma

- ▶ 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 assigned to indicate the former site of the malignancy. *A patient should NEVER be assigned a current, active cancer code if the disease is no longer being treated.*

- ▶ Coders *must* thoroughly review the documentation to determine whether the malignancy should be coded as current. In order to make this determination:
  - Documentation *must* show clear presence of current disease to code current malignancy
  - Document *must* show evidence of current/ongoing treatment of the disease such as:

Treatment Type:	Example
<b>Chemotherapy</b>	antineoplastic medications
<b>Radiation therapy</b>	including radioactive seed implantation to provide continuous ambulatory radiation
<b>Suppressive therapy</b>	hormonal therapy, like Lupron for advanced prostate cancer
<b>Surgical treatment</b>	a preoperative examination prior to colectomy



## CORRECTLY CODING:

# BREAST, PROSTATE, AND OTHER CANCERS AND TUMORS

- ▶ When a primary malignancy (neoplasm) has been excised but further treatment, such as an additional surgery for the malignancy, radiation or chemotherapy, is directed to that site, the primary malignancy code should be used until treatment is completed.
- ▶ When neoplasms are identified as malignant, the provider's documentation should be reviewed to identify the primary site and any secondary (metastatic) sites.
- ▶ Malignant neoplasms are also described as primary or secondary (metastatic). A primary malignant neoplasm refers to the original site or point of origin of the neoplasm. A secondary malignant neoplasm refers to the site or sites where the malignancy has spread (metastasis). When coding primary and secondary neoplasms, *the condition for which the service is being performed should be the principal diagnosis.*
- ▶ There are several general guidelines related to coding for metastatic neoplasms. These include (but are not limited to):
  1. When the diagnostic statement indicates "metastatic to," this means that the site mentioned is secondary.
  2. If the primary site is still present, a code for it should also be reported.
  3. The statement "metastatic from" indicates that the site mentioned is the primary site and the coder should ascertain whether that malignancy still exists.
  4. If two or more sites are documented as "metastatic," each of the designated sites should be coded as secondary.
  5. If the treatment is directed at the malignancy, designate the malignancy as the principal diagnosis. The only exception is if a patient is admitted solely for chemotherapy or radiation therapy.
  6. 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.
- ▶ The words "**MASS**" or "**LUMP**" should NEVER be coded using the Neoplasm Table. When searching for the main term "lump," the Alphabetic Index of the ICD-10 book directs the coder to see "Mass."
- ▶ If there is no index entry for the specified site under the main term "mass," the index directs the coder to "see Disease by site."
- ▶ 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.
- ▶ For multiple neoplasms of the same site that are not contiguous, such as tumors in different quadrants of the same breast, codes for each side should be assigned.
- ▶ A primary malignant neoplasm that overlaps two or more contiguous (next to one another) sites should be classified to the subcategory/code .8 (overlapping lesion), unless the combination is specifically indexed elsewhere.
- ▶ It is important to make sure that the documentation in the medical record is updated for each visit and that the coder/biller has the most current and accurate information in order to assign the correct code(s).
- ▶ Documentation in the medical record and information sent in on a claim must match. If cancer is clearly documented in the medical record it should also be coded on the claim and vice versa. Also, if there is a secondary cancer (metastasis) clearly documented in the medical record it should be coded on the claim as well.
- ▶ A mastectomy is surgery to remove a breast or part of a breast. It is usually done to treat breast cancer. Types of breast surgery include:

Breast Surgery Type:	Description:
<b>Total (simple) mastectomy</b>	Removal of breast tissue and nipple
<b>Modified radical mastectomy</b>	Removal of the breast, most of the lymph nodes under the arm, and often the lining over the chest muscles
<b>Lumpectomy</b>	Surgery to remove the tumor and a small amount of normal tissue around it



## CORRECTLY CODING:

# BREAST, PROSTATE, AND OTHER CANCERS AND TUMORS

- ▶ If a mastectomy is clearly documented in the medical record, it can be coded by looking up “absence”, then “breast(s) (and nipple(s)) (acquired)” in the alphabetical index of the ICD-10 book. The tabular index should then be searched to confirm the diagnosis code. The ICD-10 diagnosis code category for absence of the breast is Z90.1\*

ICD-10 Diagnosis Code	ICD-10 Description
<b>Z90.10</b>	Acquired absence of unspecified breast and nipple
<b>Z90.11</b>	Acquired absence of right breast and nipple
<b>Z90.12</b>	Acquired absence of left breast and nipple
<b>Z90.13</b>	Acquired absence of bilateral breasts and nipples

*These diagnosis codes are also used in determining exclusions for the Breast Cancer Screening quality measure.*

## Assigning cancer codes:

- ▶ When the histological term or a descriptor such as malignant, benign, or in situ, is NOT clearly documented, consult the index under Neoplasm, then by site.

**Example:** Patient is being seen for an adenoma of the pituitary gland. Below is the correct code assignment for this patient’s condition

ICD-10 Diagnosis Code	ICD-10 Description
<b>D35.2</b>	Benign neoplasm of the pituitary gland

**Note:** *The instructional note in the index directs the coder to “see also Neoplasm, by site, benign”.*

- ▶ The guidance found in the index is overridden when a “descriptor” is clearly documented.

**Example:** Patient is being seen for a malignant adenoma of the colon. Below is the correct code assignment for this patient’s condition:

ICD-10 Diagnosis Code	ICD-10 Description
<b>C18.9</b>	Malignant neoplasm of the colon, unspecified

**Note:** *The descriptor “malignant” overrides the index direction to “see benign neoplasm”.*

- ▶ There are certain neoplasms (e.g., malignant melanoma) that cannot be assigned from the Neoplasm Table. The morphological term must be indexed to find the appropriate code.

**Example:** *Patient presents with a Merkel cell tumor.*

Below is the correct code assignment for this patient’s condition:

ICD-10 Diagnosis Code	ICD-10 Description
<b>C4A.9</b>	Carcinoma, merkel cell

**Note:** *Merkel cell tumor in the index directs the coder to “see Carcinoma, Merkel cell”.*

- ▶ When a malignancy has been excised or eradicated and there is no further treatment of the malignancy (i.e. radiation, chemotherapy), a code from category Z85, Personal history of malignancy neoplasm, should be assigned. A patient should NEVER be assigned a current, active cancer code if the disease is no longer being treated.

**Example:** *Patient was treated for breast cancer three years ago. A bilateral mastectomy was performed and there has been no recurrence of the disease.* Below is the correct code assignment for this patient’s condition:

ICD-10 Diagnosis Code	ICD-10 Description
<b>Z85.3</b>	Personal history of malignant neoplasm of breast
<b>Z90.13</b>	Acquired absence of bilateral breasts and nipples

**Note:** *The instructional note in the index directs the coder to “see also Neoplasm, by site, benign”.*

*Note: In this document [\*] indicates an additional character(s) is required. Neoplasms are located in the ICD-10 book at the end of the Alphabetical Index to Diseases in the Neoplasm Table. Once the correct code is located in the Alphabetical Index, you should continue to the Tabular List of Diseases to confirm diagnosis assignment. Guidelines for coding neoplasms can be found in the ICD-10 Coding Official Guidelines for Coding and Reporting 2016.*



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