

CODING GUIDELINES ICD-10-CM FOR OPMS

Bobbi Buell MBA

Disclaimer

2

- While all information in this document is believed to be correct at the time of writing, this document is for educational purposes only and does not purport to provide legal advice. All models, methodologies and guidelines are undergoing continuous change.
- This workshop is about coding guidelines. Payers may differ with coding guidelines and with proper coding.
- There may be typos and misprints in this presentation. Each billing code is the responsibility of the practice or entity doing the reporting.
- Codes must always match the documentation in the chart.

Status of ICD-10-CM/PCS

3

- On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of
- Health and Human Services expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015

Code Freeze

4

- The last regular, annual updates to both ICD-9-CM and ICD-10 code sets were made on October 1, 2011.
- On October 1, 2012, October 1, 2013, and October 1, 2014 there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.
- On October 1, 2015, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.
- On October 1, 2016 (one year after implementation of ICD-10), regular updates to ICD-10 will begin

ICD-10-CM Conventions

5

□ Format and Structure

▣ Index – alphabetic listing

- Index to Diseases

- Index to External Causes of Injury

▣ Tabular List – alphanumeric listing

▣ Categories, Subcategories and Codes

- ▣ All categories are 3 characters – a three-character category that has no further subdivision is equivalent to a code

Comparison of ICD-9-CM and ICD-10-CM

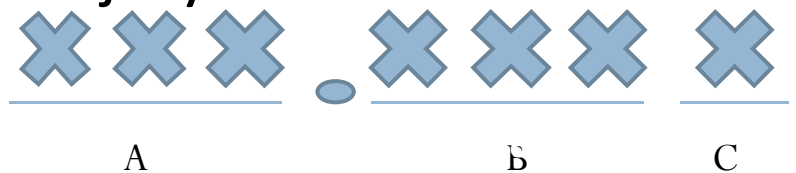
ICD-9-CM CODE

- A - Category of code
- B - Etiology, anatomical site, and manifestation

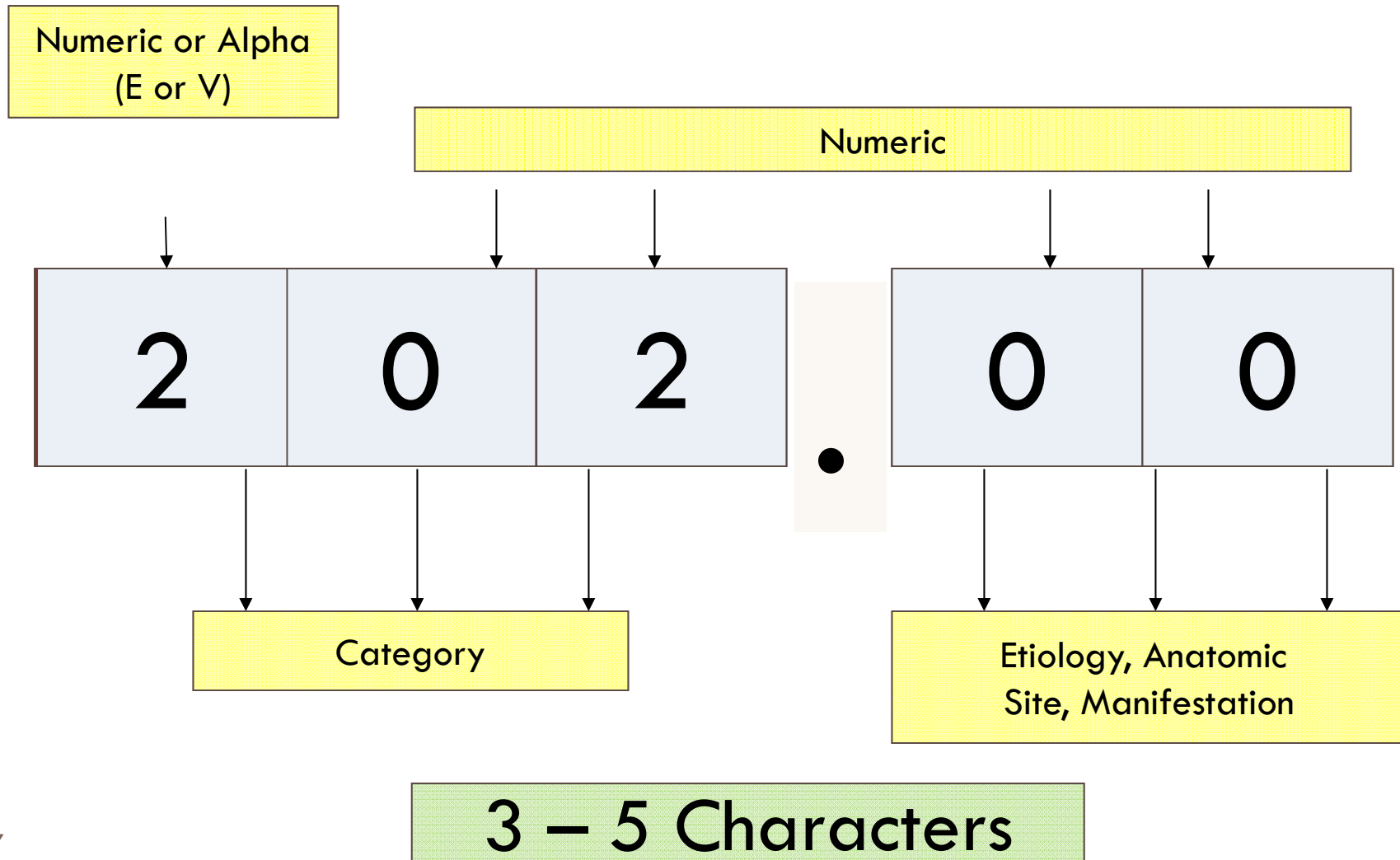


ICD-10-CM CODE

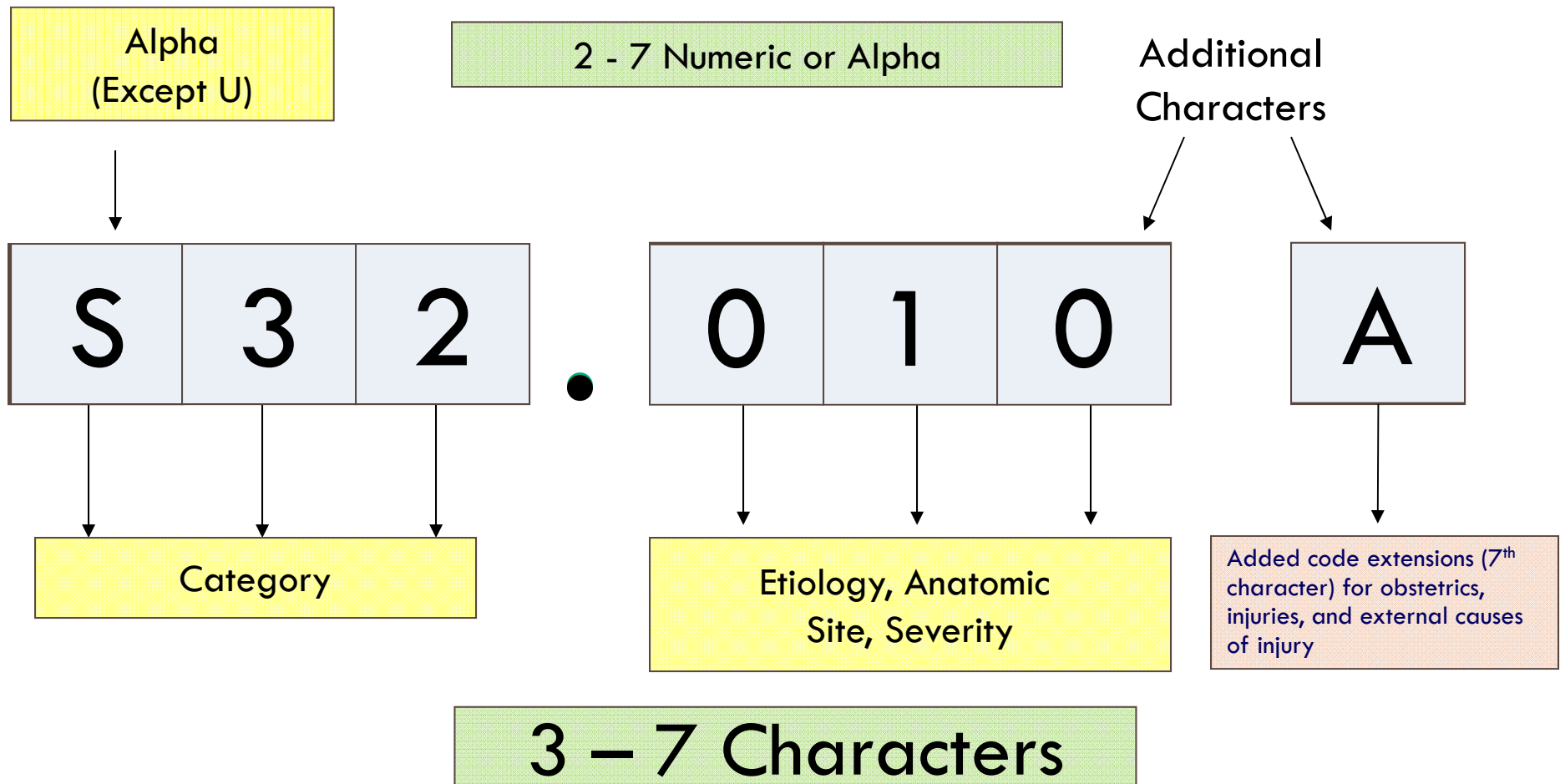
- A - Category of code
- B - Etiology, anatomical site, and/or severity
- C - Extension
 - ▣ 7th character for obstetrics, injuries, and external causes of injury



ICD-9-CM Structure – Format



ICD-10-CM Structure – Format



Characteristics of ICD-10-CM

9

- ❑ ICD-10-CM far exceeds its predecessors in the number of concepts and codes provided
- ❑ The disease classification has been greatly expanded to include health-related conditions and to provide greater specificity at the sixth digit level and with the seventh digit extension
- ❑ By the way, the 6th and 7th digit extensions ARE NOT optional for the codes where they are present, just like 5th digits right now

Code extensions (seventh character)

10

- Code extensions (seventh character) have been added for injuries and external causes to identify the encounter: initial, subsequent, or sequela. Some of the extensions are:
 - ▣ A Initial encounter
 - ▣ D Subsequent encounter
 - ▣ S Sequelae
- For example, ICD-10-CM code S31.623A, Laceration with foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter, shows an extension used with a laceration code. Note that in ICD-10-CM, the entire code description is written out.
- When using extensions, it is important to read the section because extensions vary for different types of codes.

Comparison of ICD-9-CM and ICD-10-CM

11

ICD-9-CM Codes	ICD-10-CM Codes
Pressure ulcer codes 9 codes 707.00 – 707.09	Pressure ulcer codes 125 codes L89.0-L89.94

Codes:

707.0 Pressure ulcer

- 707.00 - unspecified site
- 707.01 - elbow
- 707.02 - upper back
- 707.03 - lower back
- 707.04 - hip
- 707.05 - buttock
- 707.06 - ankle
- 707.07 - heel
- 707.09 - other site

Code Examples:

- L89.131 – Pressure ulcer of right lower back, stage I
- L89.132 – Pressure ulcer of right lower back, stage II
- L89.133 – Pressure ulcer of right lower back, stage III
- L89.134 – Pressure ulcer of right lower back, stage IV
- L89.139 – Pressure ulcer of right lower back,
unspecified stage
- L89.141 – Pressure ulcer of left lower back, stage I
- L89.142 – Pressure ulcer of left lower back, stage II
- L89.143 – Pressure ulcer of left lower back, stage III
- L89.144 – Pressure ulcer of left lower back, stage IV
- L89.149 – Pressure ulcer of left lower back,
unspecified stage
- L89.151 – Pressure ulcer of sacral region, stage I
- L89.152 – Pressure ulcer of sacral region, stage II
- ...
- L89.90 – Pressure ulcer of unspecified site, unspecified stage

ICD-10-CM Conventions

12

- Subcategories are either 4 or 5 characters. Codes may be 4, 5, 6 or 7 characters
 - ▣ Codes that have applicable 7th characters are still referred to as codes, not subcategories. A code that has an applicable 7th character is considered invalid without the 7th character
- Placeholder character
 - ▣ The ICD-10-CM utilizes a placeholder character “X” The “X” is used as a 5th character placeholder at certain 6 character codes to allow for future expansion
 - ▣ X is used as a placeholder; thus, it is not used as a code expander. If an additional character or characters are required, a dash (-) is used. This is a convention for this presentation.

Punctuation

13

- [] Brackets are used in the tabular list to enclose **synonyms**, alternative wording or explanatory phrases. Brackets are used in the Index to identify manifestation codes
- () **Parentheses** are used in both the Index and Tabular to enclose supplementary words that may be present or absent in the statement of a disease or procedure without affecting the code number to which it is assigned. The terms within the parentheses are referred to as nonessential modifiers
- : **Colons** are used in the Tabular List after an incomplete term which needs one or more of the modifiers following the colon to make it assignable to a given category

Other and Unspecified Codes

14

- Other and Unspecified codes
- “Other” codes
 - ▣ Codes titled “other” or “other specified” are for use when the information in the medical record provides detail for which a specific code does not exist. Index entries with NEC in the line designate “other” codes in the Tabular. These Index entries represent specific disease entities for which no specific code exists so the term is included within an “other” code
 - ▣ There seem to be less “other codes” in ICD-10-CM

Other and Unspecified Codes

15

- “Unspecified” codes
 - ▣ Codes (usually a code with a 4th digit 9 or 5th digit 0 for diagnosis codes) titled “unspecified” are for use when the information in the medical record is insufficient to assign a more specific code. For those categories for which an unspecified code is not provided, the “other specified” code may represent both other and unspecified.
- Includes Notes
 - ▣ This note appears immediately under a three-digit code title to further define, or give examples of, the content of the category

Inclusion Terms

16

□ Inclusion terms

- ▣ List of terms is included under some codes. These terms are the conditions for which that code is to be used. The terms may be synonyms of the code title, or, in the case of “other specified” codes, the terms are a list of the various conditions assigned to that code
- ▣ The inclusion terms are not necessarily exhaustive
Additional terms found only in the Index may also be assigned to a code

GENERAL CODING GUIDELINES

17

- ✓ Locating a code---Locate a code in the **Alphabetical Index** and verify the code in the Tabular list.
 - ✓ Apply instructional notes that appear in both the Alphabetical Index and the Tabular List. (same)
- ✓ Level of detail in Coding--- Codes must be reported to the highest level of detail. Codes from A00 – T88.9,
- ✓ Z00-Z99 must be used to identify diagnosis, symptoms conditions, problems, complaints, or other reason(s) for an encounter/visit. (same)—encounters for chemo, immuno, Radition found here
- ✓ Signs and symptoms – signs and symptoms must be reported when a related definitive diagnosis has not be established by the provider. (same)
- ✓ Code what you know at the time of code assignment—do not guess what might happen (same)

Symptom Example

18

- During a routine examination, the physician found a suspicious breast mass in the left breast of a female patient who has no history of breast cancer of the right breast. The physician scheduled a biopsy in the outpatient ASC. 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: Same look-up as ICD-9...**

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General Coding Guidelines

19

- Conditions that are integral part of a disease process – signs and symptoms that are **routinely associated** with a disease process should not be coded, unless otherwise instructed by the classification. (same)
 - For example, no need to code lump in breast with breast cancer
- Laterality – for bilateral sites the final character of the code in ICD-10-CM indicates laterality. If no bilateral code is provided, and the condition is bilateral then assign separate codes for both the left and the right side (**new**).
- Combination code - is a single code used to classify:
 - Two diagnoses, or a diagnosis with an associated secondary process (manifestation)
 - A diagnosis with an associated complication (**new**)

Coding And Reporting Guidelines For Outpatient Services

20

- Selection of first listed diagnosis – Coding conventions of ICD-10-CM as well as general disease specific guidelines take precedence over the outpatient guidelines.
- Codes from A00 – T88.9, Z00-Z99 must be used to identify diagnosis, symptoms conditions, problems, complaints, or other reason(s) for a encounter/visit.
- Accurate reporting of ICD-10-CM diagnosis codes – Documentation should describe the patient's condition using terminology which includes specific diagnoses as well as symptoms, problems, or reason for the encounter.
- Factors influencing health status – Z00-Z99 are provided to deal with occasions when circumstances other than a disease or injury are recorded as diagnosis or problems.

EXCLUDES 1 AND 2: IMPORTANT CONCEPT

□ Excludes 1

- ▣ A type 1 Excludes note is a pure excludes. It means “NOT CODED HERE!” An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is for used for when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

□ Excludes 2

- ▣ A type 2 excludes note represents “Not included here”. An excludes2 note indicates that the condition excluded is not part of the condition represented by the code, from but a patient may have both conditions at the same time. When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together, e.g. acute and chronic bronchitis.

Excludes Example

22

- See note for code range (C81-C96) above C81
- Tell me what that means to you
 - ▣ Can they be coded for the same encounter?
 - ▣ Can they be coded together for a series of treatments?

Sequela

23

- A sequela is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be used. The residual may be apparent early, such as in cerebral infarction, or it may occur months or years later, such as that due to a previous injury. Coding of sequela generally requires two codes sequenced in the following order:
 - ▣ The condition or nature of the sequela is sequenced first.
 - ▣ The sequela code is sequenced second.

Sequela

24

- An exception to the above guidelines are those instances where the code for the sequela is followed by a manifestation code identified in the Tabular List and title, or the sequela code has been expanded (at the fourth, fifth or sixth character levels) to include the manifestation(s). The code for the acute phase of an illness or injury that led to the sequela is never used with a code for the late effect

Default Codes

25

Default codes

A code listed next to a main term in the ICD-10-CM Alphabetic Index is referred to as a default code. The default code represents that condition that is most commonly associated with the main term, or is the unspecified code for the condition. If a condition is documented in a medical record (for example, appendicitis) without any additional information, such as acute or chronic, the default code should be assigned.

Default Codes

26

- Default codes are really useful when you are totally lost
 - ▣ What is the default code for a Merkel cell tumor?
 - ▣ Would you use it?

DIABETES

- Combination codes that include the type of DM, the body system affected, and the complications affecting that body system.
 - ▣ Makes coding a bit easier with ICD-10
- Categories
 - ▣ E08, Diabetes mellitus due to underlying condition
 - ▣ E09, Drug or chemical induced diabetes mellitus
 - ▣ E10, Type 1 diabetes mellitus
 - ▣ E11, Type 2 diabetes mellitus
 - ▣ E13, Other specified diabetes mellitus

Insulin Dependent Vs Non-insulin Dependent

- ▣ Unlike in ICD-9, the concepts of insulin and non-insulin requiring diabetes mellitus are NOT a component of the DM categories
 - Additional code, Z79.4, Long-term (current) use of insulin, may be added to identify the use of insulin for diabetic management for diabetic categories.

Etiology and Manifestation

29

- Just like ICD-9, the underlying cause of a condition is coded first and the manifestation of the cause is coded second.
- ICD-10 provides a clue about manifestations not sequenced first. They usually have a code title that includes “in diseases classified elsewhere”
- Codes that do not have in ‘diseases classified elsewhere’ usually have “use additional code” for manifestation to be coded and/or a ‘code first’ instruction

Sequencing

30

- ❑ In a code that may be a manifestation, there will be a note stating “code first”, meaning that there is another code that must come before the code
- ❑ Some manifestation codes may have a designation of “in diseases classified elsewhere” in the title. That means that this must not be used as the first listed diagnosis as it is a manifestation code
- ❑ Remember: this is coding, not billing

Using Additional Codes

31

- “Code also” note instructs that two codes might be needed to fully describe a condition, but
 - ▣ It is not required
 - ▣ This does not suggest sequencing
- “Use Additional Code” instructions means that an additional code may be necessary to describe an condition. This means a secondary code should be used. For example, with lung cancer, the smoking status should be added to fully describe the patient’s condition. However, so far, this is not required by payers.

Inclusion Terms

32

- Ever wonder what that list of codes under a specific tabular entry is?
 - ▣ These terms are synonyms of the titled code
 - ▣ Or, they are various conditions associated with the code number
 - ▣ All the listed terms are included when the code is used

Reporting the Same Diagnosis

33

- Each unique ICD-10-CM code must only be reported once per encounter—even if the patient has 2 conditions in the same code
- If there is a bilateral code, use it for both sides rather than reporting right and left
- If there is NO bilateral code, use right and left, if the bilateral condition exists

Reporting Previous Conditions

34

- Report conditions that apply to today's treatment
- DO NOT report conditions that have resolved, are irrelevant, or are in your billing system
- Certain chronic conditions like diabetes mellitus, AIDS, and other serious co-morbid conditions may be assumed to have relevance to treatment, if they change medications and the like
- Abnormal tests are not reported, unless they have clinical significance as noted by the doctor or other provider

35

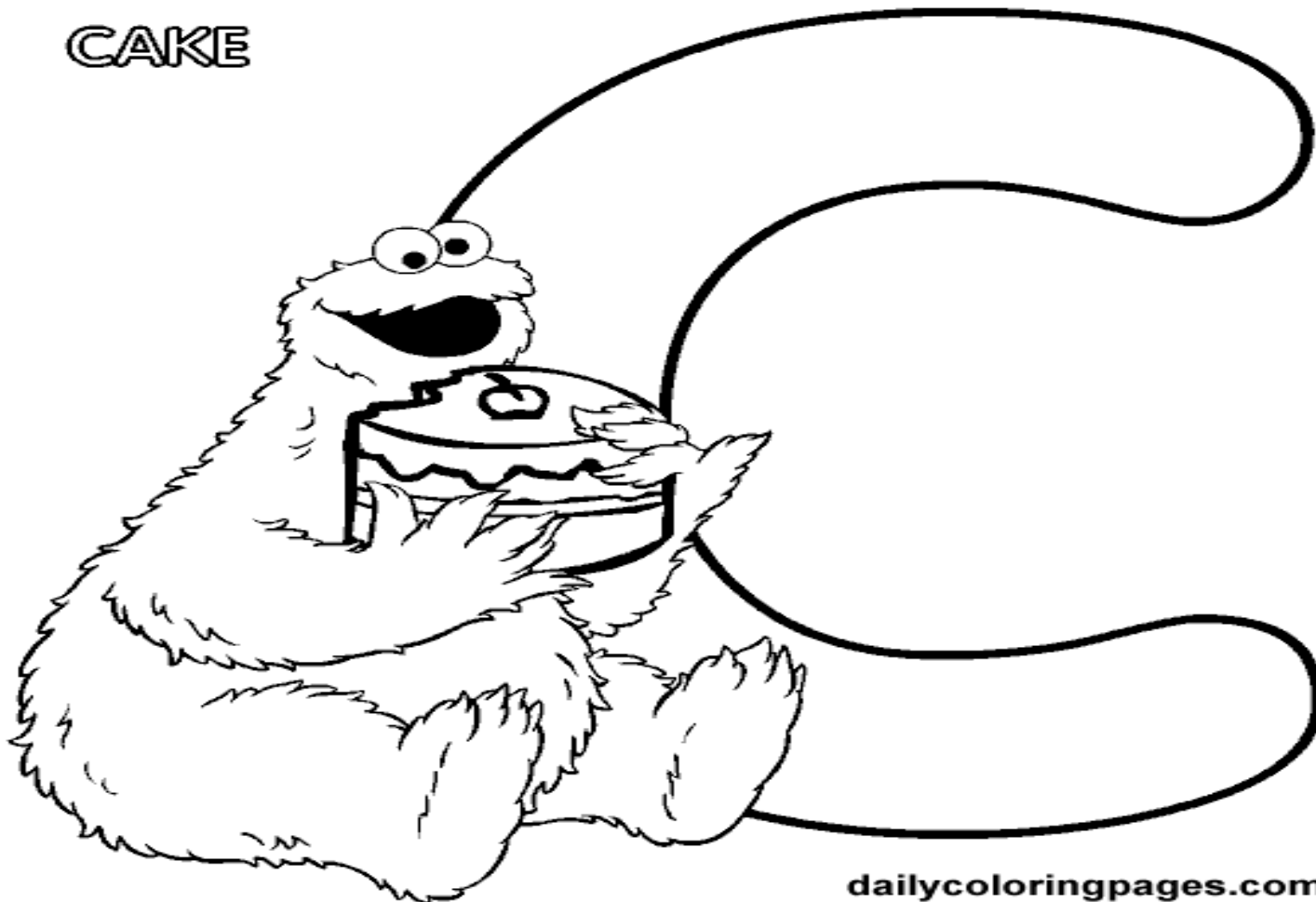
Neoplasm Guidelines

A Good Thing About ICD-10-CM

36

C is for Cancer!!!

CAKE



Neoplasms (C00-D49)

37

Range	Codes
C00-C14	Malignant neoplasms of the lip, oral cavity, pharynx
C15-C26	“ Digestive Organs
C30-C39	“ Respiratory and inter-thoracic organs
C40-C41	“ Bones and articular cartilage
C43-C44	“ Skin
C45-C49	“ Mesothelial and and soft tissue
C50	“ Breast
C51-C58	“ Female genital organs
C60-C68	“ Male genital organs

Neoplasms (C00-D49)

38

Range	Codes
C64-C68	Malignant neoplasm of the urinary tract
C69-C72	“ Eye, brain, central nervous system
C73-C75	“ Thyroid and other endocrine glands
C76-C80	“ Malignant neoplasms of ill-defined, secondary, and unspecified sites
C81-C96	“ stated as presumed primary of the lymphoid, hematopoietic, and related tissue
D00-D09	In situ neoplasms
D10-D36	Benign neoplasms
D37-D48	Neoplasms of uncertain behavior
D49	Neoplasms of unspecified behavior

In This Chapter, We Will...

39

- Learn how to select a neoplasm
- Understand primary and secondary
- Understand sequencing of diagnose in cancer care
- Make decisions about Cancer of Unknown Primary
- Discuss History Of

Neoplasm Guidelines

40

- Many guidelines are the same as ICD-9-CM, but there are differences.
- To properly code a neoplasm, it is necessary to determine (not too different) whether:
 - ▣ It is malignant, benign, in situ or of uncertain behavior;
 - ▣ In malignant neoplasms, any secondary or metastatic sites should be identified.
- To code properly the Index Neoplasm Table should be accessed EXCEPT:
 - ▣ If the histology is mentioned in the code descriptor, e.g. adenoma or sarcoma

The Neoplasm Table

41

- The neoplasm table is more detailed
- Let's take an example
 - ▣ Go to the Neoplasm Table, which is right after the Index in your book
 - Look up MALIGNANT PRIMARY NEOPLASM OF THE HILUS OF THE LUNG
 - Can you use that code?
 - What is next?

What Is Not In The Table

42

- Codes by Histology
 - ▣ Sarcoma, Adenoma
- Morphology codes, which are in a separate chapter and are not included on claims (ICD-0)
- Lymphatic Cancers
 - ▣ Look up in the Table—Malignant Primary Neoplasm of the supraclavicular lymph node

Neoplasms

43

- What is “UNCERTAIN BEHAVIOR”?
 - ▣ It is when the tumor cannot be classified as malignant, benign, or in situ
 - ▣ This must be documented by a physician--most probably a Pathologist
 - ▣ If you do not have the record, query the physician
 - ▣ You can use this to code for an additional biopsy but would not use it for drug therapies

Neoplasms W/Overlapping Sites

44

- A primary malignancy that overlaps two or more contiguous sites should be coded to the subcategory and/or code .8 (overlapping lesion), unless the combination is specifically indexed elsewhere
- For multiple lesions of the same site that are NOT contiguous, e.g. tumors in different quadrants of the breast are coded separately

Neoplasm Guidelines

45

- Again, if the encounter is strictly for chemo, immunotherapy, or Radiation, those Z-codes should be coded as the principal diagnosis with the neoplasm as a secondary. No big change from today.
- The secondary neoplasm should be designated as the principal diagnosis, if treatment is directed there.

Treatment Directed At Malignancy

46

- If the treatment is directed at the malignancy, then the malignancy is coded FIRST
- But, if the encounter is for chemo, radiation, or immunotherapy, then assign Z51.-- code as the first-listed diagnosis
- For billing purposes, link the drug to the malignancy treated

Example of Treatment of Secondary

47

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

- ICD-9-CM

- 197.7 Secondary malignant neoplasm of liver
 - 157.3 Malignant neoplasm of pancreatic duct

- ICD-10-CM

- C78.7 Secondary malignant neoplasm of liver
 - C25.3 Malignant neoplasm of pancreatic duct

Not A Change: A Reminder

48

- Metastatic to

- ▣ Refers to the secondary neoplasm

- EXAMPLE Brain cancer metastatic to the lung
 - Brain is primary; lung is secondary

- Metastatic from

- ▣ Refers to the primary neoplasm

- EXAMPLE bone cancer metastatic from the breast
 - Bone is secondary; breast is primary

Neoplasm Complications: Anemia

49

- Anemia associated with malignancy is coded with the malignancy sequenced first and anemia second IF THE ENCOUNTER IS ONLY for the treatment of anemia. This is a major departure---we shall see what payers do with this.
 - ▣ There is an instructional note in the anemia code (D63.0) to “code first” the malignancy—let’s go to the book and check it out
- Anemia associated with chemo or immunotherapy is coded and the treatment is only for anemia, the anemia code is sequenced first, followed by the neoplasm, and the the adverse event, e.g. T45.1X5- (Adverse effect of antineoplastic and immunosuppressive drug).
- Management of anemia associated with radiation is coded with anemia first, malignancy second, and Y84.2 third which is radiation causing an abnormal reaction in the patient.

Anemia Example

50

- A patient was diagnosed with a malignant neoplasm of the frontal lobe. The patient was also anemic due to the tumor as the patient had not received chemotherapy or RT. The patient's only treatment is IV iron for the anemia.
 - ▣ C71.1 Malignant neoplasm of frontal lobe
 - ▣ D63.0 Anemia in neoplastic disease
- Make note of this sequencing as opposed to anemia associated with chemo or Radiation
- Payers may not agree, but this is the guideline

Neoplasm Complications

51

- Dehydration is coded first with the neoplasm second, if the dehydration is the only treatment or the reason for the visit. But, if the patient develops a complication during a chemo encounter, the Z-code is first and dehydration second.
- An encounter for pain management means that the pain is sequenced first and the malignancy second.
- Signs, symptoms, and abnormal findings cannot be used to replace malignancies as primary diagnosis, except as noted
- Pathological fractures are coded with the cancer first and the pathological fracture code second.

Dehydration Example

52

- A patient was admitted to the hospital with dehydration and has a malignancy to the ethmoidal sinus.
 - ▣ ICD-10-CM
 - E86.0 Dehydration
 - C31.1 Malignant neoplasm of ethmoidal sinus

Pain in Neoplastic Disease

53

- Code G89.3 is assigned to pain associated with any malignancy—it can be related to, associated with, or as a direct result of the cancer
 - ▣ When an encounter is for the control of the pain or management of the pain due to the malignancy, G89.3 may be the principal diagnosis
 - ▣ The source of the pain, i.e. the cancer should be reported
 - ▣ If pain is an incidental finding in treatment of the malignancy, it need not be coded first

Pain Example

54

- Ms. Rose Budd has a malignancy of the frontal lobe of the brain was in acute pain during her follow- up visit. The physician prescribed a narcotic drug to relieve the patient's head pain, That was the only treatment of the day.
 - G89.3 Acute pain in neoplastic disease
 - C71.1 Malignant neoplasm of frontal lobe

Pathological Fracture Example

55

- A patient was treated initially in the E.D. for a fracture of the right tibia. After X-Rays, it was found to be due to a neoplasm of the right tibia
 - ▣ C76.51 Malignant neoplasm of right lower limb
 - ▣ M84.561A Pathologic fracture of bone in neoplastic disease, right tibia, initial encounter (7th digit)

Extent of the Malignancy

56

- When the reason for the encounter with the patient is to determine the extent of the malignancy (staging), or for a procedure such thoracentesis or paracentesis, **the primary malignancy is sequenced first EVEN IF** chemo or radiation is administered.
- So, this may be true if a patient comes in for staging and chemo, depending on documentation.

Personal History of

57

- 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.
- When a primary malignancy HAS BEEN excised but further treatment such as chemo, radiation or surgery is directed to the site, a primary malignancy code should be used until treatment ends.

Personal history of

58

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

More Neoplasm Guidelines

59

- ❑ Malignancies of two or more contiguous sites should not be coded as one or the other without asking the physician.
- ❑ Use contiguous codes if they are there...unless it is disseminated cancer.

Overlapping Site Example

60

- The patient is a 46-year-old heavy drinker with cancer of the colon and rectum at the rectosigmoid junction.
 - ▣ Code C19

CUP

61

- Code C80, Malignant neoplasm without specification of site, equates to cancer, unspecified. It is also for disseminated cancer for which no source can be determined
 - ▣ C80.0 Disseminated malignant neoplasm, unspecified
 - ▣ C80.1 Malignant (primary) neoplasm, unspecified
- Notice the difference, but this is a definite improvement

CUP Example

62

- An unfortunate 29-year-female comes in with right lung metastases and an unknown primary treated today as breast cancer with chemotherapy.
 - ▣ C80.1
 - ▣ C78.01

Sequencing of Malignancies

63

- Code these as primary diagnosis:
 - ▣ Primary malignancy when the reason for the encounter is treatment of the primary malignancy
 - ▣ Secondary malignancy when the reason for the encounter is for the secondary malignancy
 - ▣ Malignant neoplasm in a pregnant woman is coded to O9A.1 -, followed by the neoplasm code
 - ▣ Encounter for treatment of complications of neoplasm is coded with the complication first, except anemia associated with the malignancy
 - ▣ Pathological fracture treatment, the pathological fracture is coded first, unless the treatment is to the malignancy

More Neoplasm Guidelines

64

- <http://www.cdc.gov/nchs/icd/icdcm.htm>

65

Solid Tumors

Oral Cancer C00-C14

- All codes have a note to use additional codes to identify:
 - ▣ Alcohol abuse and dependence (F10.-)
 - ▣ History of tobacco use (Z87.891)
 - ▣ Tobacco dependence (F17.-)
 - ▣ Tobacco use (Z72.0)
- Some have additional tobacco codes, ie. exposure to tobacco smoke (Z77.22), exposure to smoke in the perinatal period (P96.81), and tobacco use (Z72.0)

Cancer of Digestive Organs (C15-C26)



- C22 Malignant neoplasm of the liver and intrahepatic bile ducts
 - ▣ Note says to use additional codes to identify alcohol use and dependence (F10.-); Hepatitis B (B16.-, B18.0-18.1); and Hepatitis C (B17.1-, B18.2)
 - ▣ Codes are often based on histology
 - C22.0 Liver cell carcinoma
 - C22.1 Intrahepatic bile duct carcinoma
 - C22.2 Hepatoblastoma
 - C22.3 Angiosarcoma of the liver
 - C22.4 Other sarcomas of the liver
 - C22.7 Other specified carcinomas of the liver
 - C22.8 Malignant neoplasm of the liver, primary, unspecified as to type

Cancer of the Respiratory and Intrathoracic Organs (C30-C39)

- C30.0 Malignant neoplasm of the nasal cavity
 - ▣ Please read note as to what it includes and excludes as this may or may not be the code you want
- C34.0- Malignant neoplasm of the bronchus and lung
 - ▣ Use additional codes for smoking status
 - ▣ Laterality may be important to get paid for these codes

Cancer of the Bone and Articular Cartilage of Limbs (C40-41)

- All of these codes exclude
 - ▣ Malignant neoplasm of the bone marrow (C96.9)
 - ▣ Malignant neoplasm of the synovia (C49.-)
- C41.- Malignant neoplasm of bone and articular cartilage of other and unspecified sites
 - ▣ Read the note in this section as these codes exclude cartilage of many areas

Melanoma and Other Skin Cancers (C43-C44)

- This is another area where histology plays a role in code assignment
 - ▣ Malignant melanoma (c43.-)
 - ▣ Merkel cell carcinoma (C4A.-)
 - ▣ Basal cell carcinoma (C44.-, 4th digit 1)
 - ▣ Squamous cell carcinoma (C44.-, 4th digit 2)
- In the C44.-) series, unspecified malignant neoplasms come first!

Cancer of the Mesothelial and Soft Tissue (C45-C49)

- This section consists of very specific histology and very non-specific designations—a mixed bag
 - ▣ C45.- Mesothelioma
 - ▣ C46.- Kaposi's sarcoma
 - ▣ C47.- Malig neo of peripheral nerves and autonomic nervous system
 - ▣ C48.- Malig neo of the retroperitoneum and peritoneum
 - ▣ C49.- 49.- Malig neo of soft tissue by site

Breast Cancer (C50)



- Male and female
- Portion of the breast with overlapping sites
- Laterality, no bilateral
- Payers probably will not accept unspecified breast

Cancer of Female Genital Organs (C51-C58)

- Ovarian cancer has laterality as one might expect (C56.1, C56.2)
- Overlapping sites has pretty specific guidelines (C57.8)
 - ▣ Primary malignant neoplasm of two or more contiguous sites of the female genital organs whose point of origin cannot be determined
 - ▣ Primary tubo-ovarian malignant neoplasm whose point of origin cannot be determined
 - ▣ Primary utero-ovarian malignant neoplasm whose point of origin cannot be determined

Cancer of Male Genital Organs (C60-C63)

- Cancer of the testis (C60-C63)
 - ▣ Laterality
 - ▣ Codes for undescended testis (62.00-62.02) versus descended (C62.10-C62.12)
- Cancer of the prostate is a three-character code (C61)—a little coding break!

Cancer of the Urinary Tract (C64-68)



- Kidney Cancer (C64-C65)
 - ▣ All renal except pelvis-laterality
 - ▣ Renal pelvis has laterality
- Bladder (C67)
 - ▣ More specificity as to part of the bladder than ICD-9

Cancer of Brain, Eye, and Other Parts of the Nervous System



- No distinguishing histology (e.g. glioblastoma)
- Brain cancer separated by site (C71), like in ICD-9
- Coding of optic nerve is separate from the eye (c72.3)
 - ▣ Coded as part of the 'other' parts of nervous system

Cancer of the Endocrine Glands

(C73-C75)

- One code for thyroid cancer (C73)
 - ▣ But must use an additional code to describe functional activity
- Not included in this section for endocrine glands and related structures
 - ▣ malignant carcinoid tumors (C7A.0-)
 - ▣ malignant neoplasm of adrenal gland (C74.-)
 - ▣ malignant neoplasm of endocrine pancreas (C25.4)
 - ▣ malignant neoplasm of islets of Langerhans (C25.4)
 - ▣ malignant neoplasm of ovary (C56.-)
 - ▣ malignant neoplasm of testis (C62.-)
 - ▣ malignant neoplasm of thymus (C37)
 - ▣ malignant neuroendocrine tumors (C7A.-)

Neuroendocrine Tumors (C7A-C7B)

- Separated between Primary (C7A) and Secondary (C7B)
- Note following C7A
 - ▣ Code also any associated multiple endocrine neoplasia [MEN] syndromes (E31.2-)
 - ▣ Use additional code to identify any associated endocrine syndrome, such as: carcinoid syndrome (E34.0)
 - ▣ **Excludes2:** malignant pancreatic islet cell tumors (C25.4)
Merkel cell carcinoma (C4A.-)
- Secondary codes include secondary carcinoid tumors (C7B.0-), secondary Merkel cell carcinoma (C7B.1), and other secondary neuroendocrine tumors (C7B.8)

Cancers of ill-defined, other secondary and unspecified sites

(C76-C80)

- C76.- = Malignant neoplasms of other and ill-defined sites (e.g. abdomen, pelvis)
- C77.-through C79.- Secondary malignant neoplasms of various areas
- C80.- Cancer of unknown origin
 - ▣ C80.0 Disseminated malignant neoplasm, unspecified
 - ▣ C80.1 Malignant (primary) neoplasm, unspecified

Coding Solid Tumors



- ❑ First, note that the Neoplasm Table location has changed
- ❑ Next, be sure to go from the Neoplasm Table to the Tabular list to read notes and exclusions
- ❑ Code for laterality or there may be rejections down the road.
- ❑ Make sure you understand the cancer site being treated for today's encounter
- ❑ Code only what you know at the time of treatment...there are cancer of unknown origin codes

81

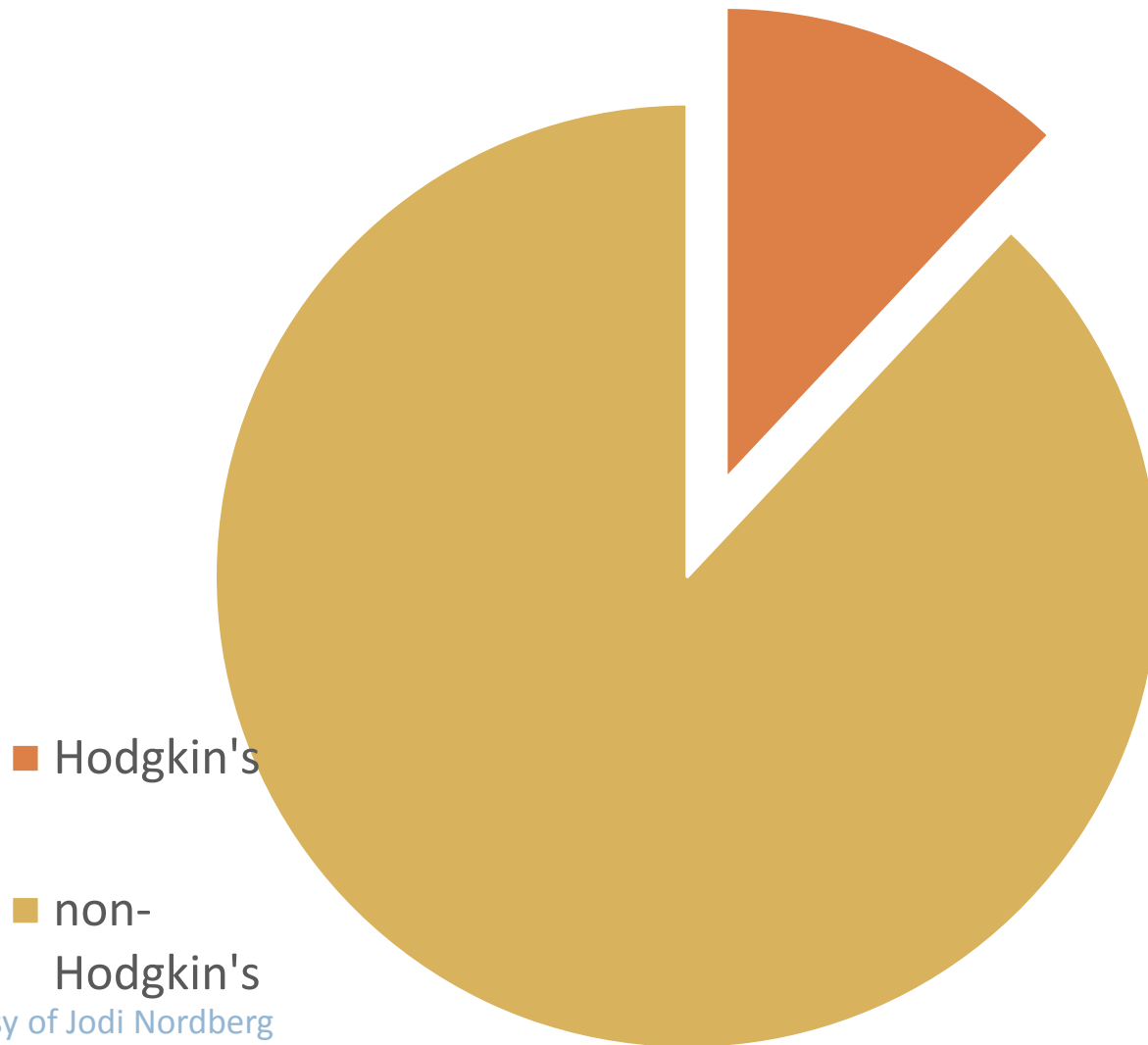
Blood Tumors

Leukemia and Lymphoma

82

- Many of these differ in the Tabular and the Index from ICD-9-CM. These need to be reviewed by coders thoroughly prior to training for actual code assignment.

Hodgkin Versus Non-Hodgkin



Courtesy of Jodi Nordberg

Etiology of Lymphoma

- B-cells and T-cells are designed to recognize and destroy infections, foreign bodies and abnormal cells in the body.
- Abnormal B and T cells collect in a lymph node that enlarges and eventually forms a mass.
- The mass/tumor grows and steals oxygen and nutrients from surrounding areas. This can also spread from lymph node to lymph node (metastasize)
- If it develops outside the lymph system it is known as extra-nodal

Lymphoma

85

- Lymphoma consists of Non-Hodgkin and Hodgkin types. Some drugs are indicated for one or the other.
- Non-Hodgkin lymphoma is divided into many different types, including
 - ▣ B-cell non-Hodgkin lymphomas (such as Burkitt lymphoma),
 - ▣ chronic lymphocytic leukemia/small lymphocytic lymphoma,
 - ▣ diffuse large B-cell lymphoma,
 - ▣ follicular lymphoma by grade,
 - ▣ immunoblastic large cell lymphoma,
 - ▣ mantle cell lymphoma,
 - ▣ precursor B-lymphoblastic lymphoma,
 - ▣ Other types include T-cell non-Hodgkin lymphomas (such as anaplastic large cell lymphoma), mycosis fungoides, and precursor T-lymphoblastic lymphoma.

Lymphoma

86

- Mr. Jenks came in with lymphoma of the intrapelvic lymph nodes. After the path report came back, it was found that he had indolent B-cell lymphoma. Which code would you use:
 - ▣ C83.36 Diffuse large B-cell lymphoma of the intrapelvic nodes
 - ▣ C85.16 Unspecified B-cell lymphoma of the the intrapelvic nodes
 - ▣ C85.26 Mediastinal thymic large B-cell lymphoma of the intrapelvic nodes

Lymphoma: 5th Character

87

- ❑ 0- Unspecified site
- ❑ 1- Lymph nodes of the head, neck, and face
- ❑ 2- Intrathoracic lymph nodes
- ❑ 3- Intra-abdominal lymph nodes
- ❑ 4- Lymph nodes of the axilla and upper limb
- ❑ 5- Lymph nodes of the inguinal region & lower limb
- ❑ 6 – Intrapelvic nodes
- ❑ 7- Spleen
- ❑ 8- Lymph nodes of multiple sites
- ❑ 9- Extranodal and solid organ sites

- Diffuse B-cell lymphoma confined to axillary lymph nodes

□ C83.34

Axillary lymph nodes

Non-
follicular
category

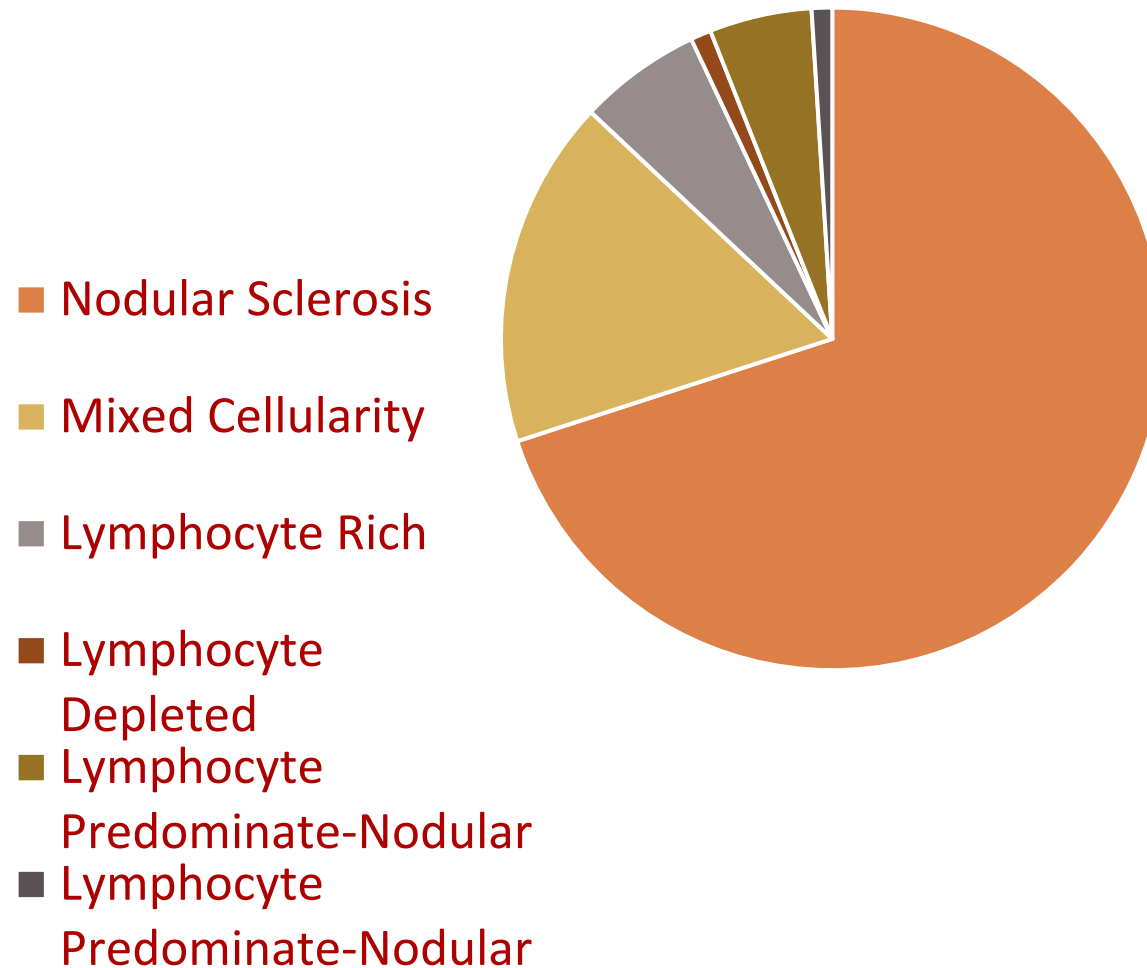
Diffuse B-cell lymphoma

ICD-10-CM Categories

89

- Hodgkin Disease (C81)
 - C81.0- = Nodular lymphocyte predominant
 - C81.1- = Nodular sclerosis classical
 - C81.2- = Mixed cellularity classical
 - C81.3- = Lymphocyte depleted classical
 - C81.4- = Lymphocyte rich classical
 - C81.7- = Other classical
 - C81.9- = Hodgkin lymphoma, unspecified

Hodgkin Lymphoma



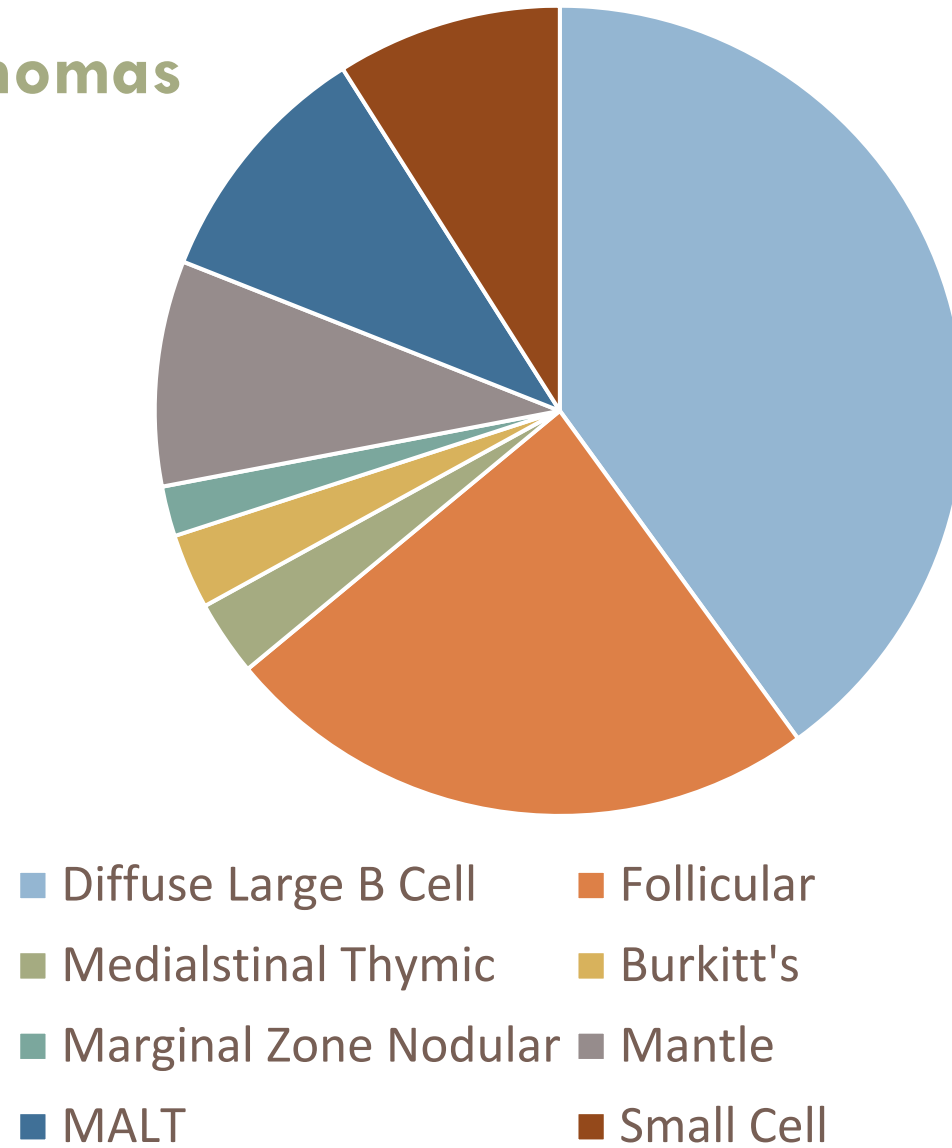
Courtesy of Jodi Nordberg

Non-Hodgkin's Lymphoma



- Dozens of subtypes classified by
 - ▣ Aggressiveness or growth rate
 - ▣ B-cell or T-cell lymphocytes

B-Cell Lymphomas



Courtesy of Jodi Nordberg

ICD-10-CM NHL

93

- Follicular Lymphoma (C82)
 - C82.0- = Grade I
 - C82.1- = Grade II
 - C82.2- = Grade III, unspecified
 - C82.3- = Grade IIIa
 - C82.4- = Grade IIIb
 - C82.5- = Diffuse Follicle Center
 - C82.6- = Cutaneous Follicle Center
 - C82.8- = Other Types of Follicular Lymphoma
 - C82.9- = Follicular Lymphoma, unspecified

Grading Follicular Lymphoma

94

□ **WHO/REAL classification**

- Follicular lymphoma (FL) is classified into the following 3 histologic grades :
 - Grade 1: 0-5 centroblasts/high-power field (HPF)
 - Grade 2: 6-15 centroblasts/HPF
 - Grade 3: > 15 centroblasts/HPF
- The 2008 WHO classification consolidates cases with few centroblasts as FL grade 1-2 (low-grade). FL grade 3 is divided into 3A and 3B (absence of centrocytes). Diffuse areas in any grade 3 classification should be treated according to diffuse large B-cell lymphoma (DLBCL)
- Higher the grade; the more aggressive

□ Source-- <http://emedicine.medscape.com/article/2007038-overview>

Non-Follicular Lymphomas

95

- C83.0- = Small B-cell Lymphomas
 - ▣ Lymphoplasmacytic lymphoma
 - ▣ Nodal marginal cell lymphoma
 - ▣ Non-leukemic variant of B-CLL
 - ▣ Splenic marginal cell lymphomas
- C83.1- = Marginal cell lymphoma

Non-Follicular Lymphomas

96

- C83.3- = Diffuse B-cell lymphomas
 - ▣ Anaplastic diffuse large B-cell lymphoma
 - ▣ CD30-positive diffuse large B-cell lymphoma
 - ▣ Centroblastic diffuse large B-cell lymphoma
 - ▣ Immunoblastic diffuse B-cell lymphoma
 - ▣ Plasmoblastic diffuse large B-cell lymphoma
 - ▣ Diffuse large B-cell lymphoma, subtype not specified
 - ▣ T-cell rich diffuse large B-cell lymphoma

Non-Follicular Lymphomas

97

- C83.5- = Lymphoblastic (diffuse)
 - B-precursor lymphoma
 - Lymphoblastic B-cell lymphoma
 - Lymphoblastic lymphoma
 - T-precursor lymphoma
- C83.9- = Burkitt lymphoma

Non-Follicular Lymphoma

98

- C83.8- = Other non-follicular lymphoma
 - ▣ Intravascular large B-cell lymphoma
 - ▣ Lymphoid granulomatosis
 - ▣ Primary effusion B-cell lymphoma
- C83.9- = Non-follicular lymphoma, unspecified

Mature T/NK cell lymphomas

99

- C84.0- = Mycosis fungoides
- C84.1- = Sezary's disease
- C84.4- = Peripheral T-cell lymphoma
- C84.6- = Anaplastic large cell lymphoma, ALK positive
- C84.7- = Anaplastic large cell lymphoma, ALK negative
- C84.A- = Cutaneous T-cell lymphoma, unspecified
- C84.Z- = Other mature T/NK-cell lymphoma
- C84.9- = Mature T/NK-cell lymphoma, unspecified

Other Specified/ Non-Specified NHLs

100

- C85.1- = Unspecified B-cell lymphomas
- C85.2- = Mediastinal (thymic) large B-cell lymphoma
- C85.8- = Other specified types of NHL
- C85.9- = NHL, unspecified
 - ▣ Lymphoma NOS
 - ▣ Malignant lymphoma NOS
 - ▣ NHL NOS

Other Specified T/NK-cell Lymphoma

101

- C86.0 = Extranodal T/NK-cell lymphoma
- C86.1 = Hepatosplenic T-cell lymphoma
- C86.2 = Enteropathy-type (intestinal) T-cell lymphoma
- C86.3 = Spontaneous panniculitis-like T-cell lymphoma
- C86.4 = Blastic T/NK-cell lymphoma
- C86.5 = Angioimmunoblastic T-cell lymphoma
- C86.6 = Primary cutaneous CD30+ T-cell proliferations

Malignant Immunoproliferative And Other B-cell Lymphomas

102

- ❑ C88.0 = Waldenstrom macroglobulinemia
- ❑ C88.2 = Heavy chain disease
- ❑ C88.3 = Immunoproliferative small intestine disease
- ❑ C88.4 = Extranodal marginal zone lymphoma (MALT)
- ❑ C88.8 = Other immunoproliferative disease
- ❑ C88.9 = Malignant immunoproliferative disease, unspecified

Indolent Versus Aggressive (NHL)

103

- There are more than 30 types of NHL. They are divided into 2 main categories: **indolent NHL** and **aggressive NHL**. These correspond to how fast the tumors are growing.
 - ▣ **Indolent NHL**
 - Low-grade, or slow-growing, tumors are called indolent NHL. The most common type of indolent NHL is follicular. More than 2 out of 10 people with NHL have follicular NHL.
 - Indolent NHL is a lifelong disease. But there are treatment options. For many patients, these treatments help control their NHL. And many patients live with indolent NHL for many years.
 - ▣ **Aggressive NHL**
 - Intermediate and high-grade, or fast-growing, tumors are called aggressive NHL. The most common type of aggressive NHL is diffuse large B-cell lymphoma (DLBCL). In fact, more than 3 out of 10 people with NHL have DLBCL.

Source: Rituxan.com

Rituxan® Label for Lymphoma

104

- Low-grade or follicular CD20-positive non-Hodgkin's lymphoma as a single-agent therapy in patients whose disease recurred or did not respond to initial treatment
- Follicular CD20-positive non-Hodgkin's lymphoma as an initial treatment with chemotherapy, and in patients whose initial treatment was successful, as a single-agent follow-up therapy
- Low-grade or follicular CD20-positive non-Hodgkin's lymphoma as a single-agent follow-up therapy for patients who responded to initial treatment with CVP chemotherapy
- CD20-positive diffuse large B-cell non-Hodgkin's lymphoma as an initial treatment in combination with CHOP chemotherapy

Leukemia

105

- Four common types of leukemia:
 - ▣ Chronic lymphocytic leukemia
 - ▣ Chronic myeloid leukemia
 - ▣ Acute myeloid leukemia
 - ▣ Acute lymphocytic or lymphoblastic leukemia
- Learn the difference between types as well as whether blasts develop into B or T cells

Leukemia 5th Digit Classifications

106

- 0 – Not having achieved remission, failed remission, NOS
- 1 – In remission
- 2 - Relapsed

Leukemia Fourth Digits

107

- What do they say about drugs?
 - Naïve
 - Second or third line?

108

Adverse Reactions

New Side Effects of Drugs

109

- The rule is to code first the actual side effect, e.g.
 - Adverse event NOS (T88.7)
 - Blood disorders (D56-D76)
 - Nephropathy (N14.0-N14.2)

Adverse Events of Chemotherapy

110

- T45.1 to the 6th digit for poisoning by and, underdosing of immunosuppressive or antineoplastic agents
 - ▣ T45.1X5A Adverse event of immunosuppressive or antineoplastic agents, initial encounter
- T38.6 to the 6th digit for poisoning by and, underdosing of tamoxifen and other anti-estrogens
 - ▣ T38.6X1D Accidental poisoning or underdosing of tamoxifen and other anti-estrogens, subsequent encounter

Adverse Events

111

- Can also add other codes for
 - ▣ Manifestations of poisoning
 - ▣ Underdosing and failure in dosage during medical or surgical procedures (Y63.6, Y 63.8-Y63.9)
 - ▣ Underdosing of a medication regimen (Z91.12-, Z91.13-)

Warning: Not All Payers May Accept Y-codes!!!!

Payer Guidelines

112

- Abraxane® Blue Cross Blue Shield of Montana
 - ▣ C21.0, C21.1, C21.8, C25.0-C25.9, C33, C34.00-C34.92, C50.011-C50.929, C56.1-C56.9, C57.0-C57.9, C76.0, C77.0, C77.1, C78.00-C78.02, C79.81, D01.3, D04.4, Z51.11, Z85.3
- PERJETA® WPS Medicare J05 and J08: C50.011, C50.012, C50.021, 50.022, C50.111, C50.112, C50.121, 50.122, C50.211, C50.212, C50.221, 50.222, C50.311, C50.312, C50.321, 50.322, C50.411, C50.412, C50.421, 50.422, C50.511, C50.512, C50.521, 50.522, C50.611, C50.612, C50.621, 50.622, C50.811, C50.812, C50.821, 50.822, C50.911, C50.912, C50.921, 50.922

Payer Guidelines

113

- Anthem Blue Cross Blue Shield
 - ▣ Rituxan® NHL--C82.00-C85.99 Follicular, non-follicular, and other specified and unspecified types of non-Hodgkin lymphoma
 - ▣ But, WPS J05-J08 is much more restrictive

Things to Remember

114

- The biggest thing in solid tumors is to code for laterality--- unspecified breast is probably not going to be acceptable for many payers
- For metastatic disease, be sure you know if the secondary or primary cancer is going to be treated
- Know which payers will require additional codes
- Remember the new anemia guideline and see what happens with payers
- When categorizing NHL, read the code descriptors and try to match to provider documentation, plus drug labeling
- Payer guidelines seem to be quite broad so far; EXCEPT WPS
- Many of the codes you use everyday will not give you fits---it's the ones you don't!!