This month’s focus is on understanding the ICD-10-CM draft guidelines for neoplasm coding.

**Guideline 2.1 Neoplasm Table**

ICD-10-CM Chapter 2 contains codes for most benign and malignant neoplasms.

To properly code neoplasms, the documentation in the medical record must indicate the neoplasm is benign, in situ, malignant, or of uncertain histologic behavior. If there is a malignancy, the secondary (metastatic) site should also be reported as it is currently the rule under ICD-9-CM guidelines.

As in ICD-9-CM there is a separate “Table of Neoplasms.” The codes should be selected from the table. The guidelines in ICD-10-CM state: “If the histology (cell type) of the neoplasm is documented, that term should be referenced first, in the main section of the Index to Diseases, rather than going immediately to the Neoplasm Table, in order to determine which column in the Neoplasm Table is appropriate.”

**Example:**

A physician diagnoses a 54-year-old female patient with adenocarcinoma of the right breast, lower outer quadrant of the left side. The physician’s documentation indicates it as the primary site. The Index to Diseases should be reviewed prior to referencing the Neoplasm Table.

The first step is to reference the Index to Diseases.

Adenocarcinoma (M8140/3)—see also Neoplasm, malignant

The Index to Diseases identifies adenocarcinoma as a malignancy reported by site. The coder will reference the Neoplasm Table for selection of the correct code.

Chapter 2 (Neoplasms) will be coded from the Neoplasm Table and begin with the character C and D. Review an excerpt of the May 2002 draft Neoplasm Table.

**Excerpt of Neoplasm Table ICD-10-CM Draft**

<table>
<thead>
<tr>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>Malignant Ca in situ</th>
<th>Benign</th>
<th>Uncertain Behavior</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast central portion (unspecified side)</td>
<td>C50.10</td>
<td>C79.81</td>
<td>D05.90</td>
<td>D24.00</td>
<td>D48.60</td>
</tr>
<tr>
<td>left side</td>
<td>C50.12</td>
<td>C79.81</td>
<td>D05.92</td>
<td>D24.02</td>
<td>D48.62</td>
</tr>
<tr>
<td>right side</td>
<td>C50.11</td>
<td>C79.81</td>
<td>D05.91</td>
<td>D24.01</td>
<td>D48.61</td>
</tr>
<tr>
<td>ectopic site (unspecified side)</td>
<td>C50.80</td>
<td>C79.81</td>
<td>D05.90</td>
<td>D24.00</td>
<td>D48.60</td>
</tr>
<tr>
<td>left side</td>
<td>C50.82</td>
<td>C79.81</td>
<td>D05.92</td>
<td>D24.02</td>
<td>D48.62</td>
</tr>
<tr>
<td>right side</td>
<td>C50.81</td>
<td>C79.81</td>
<td>D05.91</td>
<td>D24.01</td>
<td>D48.61</td>
</tr>
<tr>
<td>inner (unspecified side)</td>
<td>C50.80</td>
<td>C79.81</td>
<td>D05.90</td>
<td>D24.00</td>
<td>D48.60</td>
</tr>
</tbody>
</table>

The correct diagnosis code for this example is C50.52, Adenocarcinoma of the left side, lower outer quadrant, malignant, primary site, which is found in the first column.

The Neoplasm Table provides proper coding based on the histology of the neoplasm by site. The Tabular List should be referenced to verify that the correct code has been selected and a more specific code does not exist.

Review the Tabular List Example:

C50.50 Malignant neoplasm of lower-outter quadrant of female breast, unspecified side

C50.51 Malignant neoplasm of lower-outter quadrant of right female breast

C50.52 Malignant neoplasm of lower-outter quadrant of left female breast

**Guideline 2.2 Use of Pathology Report**

The guidelines for ICD-10-CM indicate that a confirmed malignancy diagnosis is not reported without a pathology report on the record to confirm the histologic type of neoplasm. If the pathology report is not in the medical record, the attending physician must confirm the diagnosis in the medical record documentation. The pathology report is not required for encounters such as chemotherapy or radiation therapy.

**Guideline 2.3 Morphology Codes**

The type of histologic tumor is identified with a morphology code. The Neoplasm Table only distinguishes between malignant, benign, in situ, and uncertain behavior. The morphology code should be included in the medical record, when possible. The morphology code can be referenced in the Index to Diseases under the...
currently in week three, see chemo flow chart. She returned to the clinic today for recheck of blood counts in preparation for the next round of chemo scheduled for tomorrow. Patient notes increasing fatigue and hair loss. She has some nausea, but no vomiting today. The patient is tolerating chemo fairly well. White blood count is low. Stage 2 adenocarcinoma. Agranulocytosis secondary to chemo. Neupogen given. Delay chemo until at least Friday, pending recheck WBC.

Oncology Example

The patient underwent a left partial mastectomy for adenocarcinoma in the upper outer quadrant. Pathology report revealed three of five axillary lymph nodes positive for metastasis. The surgical incisions healed nicely and chemotherapy was begun; she is currently in week three, see chemo flow chart. She returned to the

ICD-9-CM

174.4 Malignant neoplasm of female breast, upper-outer quadrant
196.3 Secondary and unspecified malignant neoplasm of lymph nodes of axilla and upper limb
288.0 Agranulocytosis
E933.1 Adverse effects in therapeutic use, primarily systemic agents, antineoplastic and immunosuppressive drug

ICD-10-CM

C50.42 Malignant neoplasm of upper-outer quadrant of left female breast
C77.3 Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
T45.1x5a Adverse effect of antineoplastic and immunosuppressive drug, initial encounter
D70.1 Agranulocytosis secondary to cancer chemotherapy

It is expected ICD-10-CM will be implemented in 2010. It is now time to begin your preparations toward this transition.

Where to begin

1. Begin by obtaining the draft ICD-10-CM guidelines from the National Center for Health Statistics: (http://www.cdc.gov/nchs/about/otheract/icd9/icd10/cm.html).
2. Create a crosswalk from ICD-9-CM to the ICD-10-CM codes most commonly used in your office.
3. Educate your providers on the specificity of the new codes and review documentation to make sure.
4. Continue to review the ICD-10-CM Draft Guidelines.
5. Review encounter forms, superbills, and/or charge tickets for revision.
6. Contact software vendors to make sure your vendor can accommodate your needs.
7. If training is provided internally, designate a person to provide the training.
8. If a person is not available to provide training, contact a training consultant or your local medical society for help with ICD-10-CM training.
9. Read articles, newsletters, and professional journals.
10. Monitor the Internet and the Federal Register to receive updated information.
11. Keep everyone updated on the pending changes, delay, final implementation
12. Anticipate problems prior to implementation.
13. Remember, it is not too early to begin preparations.

WEB SITES RELATED TO ICD-10-CM

National Center for Vital and Health Statistics
http://www.cdc.gov/nchs/about/otheract/icd9/icd10/cm.html
World Health Organization (WHO)
http://www.who.int/aboutwho/en/mission.html
Centers for Medicare and Medicaid
http://www.cms.hhs.gov/
Hospital Connect
http://www.hospitalsector.com/DesktopServlet
Health and Human Services
http://www.hhs.gov/agencies/