

ICD-10 ESSENTIALS for NEOPLASMS

The following elements are essential for the proper ICD-10-CM coding of **Neoplasms**:

LOCATION

- Ascending/Descending
- Anterior/Posterior
- Specific section

LATERALITY

- Right/Left
- Bilateral

HISTOLOGIC BEHAVIOR AND TYPE

- Malignant – Primary/Secondary
- Ca In Situ
- Benign
- Uncertain/Unspecified Behavior

TOBACCO STATUS

ALCOHOL STATUS

HEPATITIS STATUS

RELATED PAIN

CURRENT vs. HISTORY

Common Neoplasm Related Diagnoses	ICD-10 Specificity Guidance
Neoplasm, Malignant, Lung	<ul style="list-style-type: none"> • Anatomical Location • Laterality • Tobacco Use, History, Exposure, Dependence
Neoplasm, Malignant, Prostate	<ul style="list-style-type: none"> • Distinguish if Utricle
Neoplasm, Malignant, Breast	<ul style="list-style-type: none"> • Laterality • Anatomical Location • Quadrant • Male vs. Female
Neoplasm, Malignant, Colon	<ul style="list-style-type: none"> • Distinguish if with Rectum • Anatomical Location • Distinguish if Overlapping Sites
Neoplasm, Malignant, Kidney	<ul style="list-style-type: none"> • Anatomical Location • Laterality • Distinguish if Renal Pelvis

Location and Laterality

Many neoplasms previously classified in ICD-9 have been expanded by anatomical location or laterality.

The specific locations should be documented such as ascending, descending, anterior, posterior or a specific section, as applicable.

For anatomical sites with laterality, the neoplasms are further categorized into right, left and bilateral. Examples are lungs, breasts, limbs, ovaries, etc.

Histologic Behavior and Type

To report the most specific neoplasm possible, documentation should include the histologic behavior and histologic type.

For each anatomical site, there are six possible code behavior categorizations:

- Malignant Primary
- Malignant Secondary
- Ca In Situ
- Benign
- Uncertain Behavior
- Unspecified Behavior

Malignant Neoplasm - *documented* as such is presumed to be primary unless specified as secondary.

Uncertain Behavior - *is* used when diagnosis of behavior is not possible. A diagnosis has not been established and a neoplasm is undergoing process of determination with additional testing and further diagnostic testing.

Unspecified Behavior - *is* used when neither behavior of the tumor nor the histologic type is specified in the radiology report. This is common for a working diagnosis. Not otherwise specified terms classified under this category are “growth,” “neoplasm,” “new growth” or “tumor.”

NOTE: Documentation of such terms such as “mass” or “lesion” are not synonymous with “neoplasm” or “tumor” and are classified elsewhere in either site or disease chapters.

When the specific histological type is known, it should also be documented as they sometimes are categorized differently than other benign or malignant neoplasms. Some common examples are:

- Cholangiocarcinoma
- Hepatoblastoma
- Melanoma
- Mesothelioma
- Leiomyoma

Tobacco/Alcohol/Hepatitis Status

Many neoplasms from specific body systems contain additional instructions to also report certain other elements regarding the patient's history.

- Respiratory system
 - Tobacco exposure including history of use, dependence or current use
- Digestive system
 - Alcohol abuse and dependence
- Liver and bile duct
 - Hepatitis B or C status

Physicians should document the tobacco, alcohol or hepatitis status for a complete clinical history, when applicable.

Neoplasm-Related Pain

New to ICD-10 is the option of pain, acute or chronic, related to a neoplasm(s). The provider should link the two conditions together otherwise "pain" is defaulted as not related to the neoplasm.

Current vs. History

Documentation of "history of neoplasm" can often be confused between "active clinical history" and a "personal past history." The clinical history documentation should clearly identify the neoplasm as "past history of neoplasm, patient completed treatment" or "active neoplasm, patient currently in treatment." When a primary neoplasm has been excised and no further treatment is pursued, ICD-10 instructs the condition to be reported as "personal history of malignant neoplasm" instead of a functionally active neoplasm.

Sources:

ICD-10-CM Draft Official Guidelines for Coding and Reporting 2014; Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), Centers for Medicare and Medicaid Services (CMS), National Center for Health Statistics (NCHS), 2013.

Best Practices for ICD-10-CM Documentation and Compliance, AMA 2012.

Detailed Instructions for Appropriate ICD-10-CM Coding, Optum 2014.

ICD-10-CM Clinical Documentation Improvement Desk Reference, Optum 2014.