

# Neoplasm (C00-D49) ICD-10-CM



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In ICD-10-CM, neoplasms are classified primarily by site (anatomic location, topography) and behavior (malignant, benign, carcinoma in situ, uncertain behavior and unspecified). There are additional neoplasms classified by morphology (histologic type), requiring more details in the documentation to assign the most specific code.

## ICD-10-CM characteristics

- Neoplasm codes begin with either a C or D.
- In chapter 2, neoplasms are classified mainly by site with wide groupings for behavior.
- If a histological term is documented (e.g., adenoma), that term should be referenced first to determine which column in the Neoplasm Table is appropriate. Otherwise, the Neoplasm Table should be referenced first.
- Codes listed with a dash (-) in the Neoplasm Table require an additional character for laterality. Reference the tabular list for the complete code.
- All neoplasms are classified in chapter 2 whether they are functionally active or not. An additional code from chapter 4, "Endocrine, Nutritional and Metabolic Diseases," may be used to identify functional activity associated with any neoplasm.
- Categories C00-C75 organize primary malignant neoplasms according to their point of origin.
- Categories C76-C80 contain malignant neoplasms where the original site is ill-defined, or the cancer is documented as metastatic without mention of the primary site (primary site is considered unknown).
- Some neoplasm codes identify not only site and laterality but also gender. For example, malignant neoplasm of male or female breast.
- Malignant neoplasms of ectopic tissue should be coded to the site of origin documented. For example, ectopic pancreatic malignant neoplasm is coded to unspecified malignant neoplasm of pancreas (C25.9).

Category D49 classifies neoplasms of unspecified morphology and behavior by site. Unless otherwise stated, the term mass is not to be considered neoplastic growth.

## Assignment for neoplasm codes

### Checklist for solid organ/tissue neoplasms

#### 1. Site

#### 2. Histologic behavior

	Benign	
	In situ	
	Malignant	Primary site and secondary (metastatic) site(s)
	Uncertain behavior	
	Unspecified	

#### 3. Histologic type for some organs/tissues

		Liver and intrahepatic bile ducts
		Skin
		Mesothelial and soft tissue
		Neuroendocrine tumors
	Neoplasms in situ	Skin
		Skin
	Benign neoplasms	Uterus
		Neuroendocrine

#### 4. Laterality (for paired organs or extremities)

#### 5. Sex (for neoplasms of the breast)

Malignant neoplasms with overlapping site boundaries are classified to subcategory/code .8 (signifying overlapping lesion), unless the specific combination is indexed elsewhere.

- For a primary malignant neoplasm with two or more contiguous (i.e., beside each other) overlapping sites, coders should classify the sites to the subcategory/code with .8 (overlapping sites) unless the combination is specifically indexed elsewhere.

#### Example:

A patient presents with a primary malignant tumor in the splenic flexure and transverse colon.

ICD-10-CM: malignant neoplasm of overlapping site of colon (C18.8)

Rationale: The malignancy invaded the splenic flexure and transverse colon, which are contiguous sites. Instead of coding both malignant neoplasm of splenic flexure (C18.5) and transverse colon (C18.4), it is appropriate to code malignant neoplasm of overlapping site of colon (C18.8).

## Neoplasm sequencing

The 2017 ICD-10-CM Official Guidelines for Coding and Reporting state that:

- If the treatment is directed at the malignancy, the malignancy should be listed as the principal/first-listed diagnosis. The only exception is when the patient presents exclusively for administration of chemotherapy, immunotherapy, or radiation therapy. Assign the appropriate Z51.-- code first, followed by the diagnosis or problem for which the service is being performed.

*Example:*

A patient, after having a lobectomy for early stage non-small cell lung cancer, now returns for radiation therapy.

ICD-10-CM: encounter for antineoplastic radiation therapy (Z51.0) and malignant neoplasm of unspecified part of bronchus or lung (C34.90)

- For multiple neoplasms of the same site that are not contiguous (e.g., tumors in different quadrants of the same breast), codes for each site should be assigned.

*Example:*

A female patient presents with two malignant neoplasms of the left breast; one in the upper-outer quadrant and one in the lower-inner quadrant.

ICD-10-CM: malignant neoplasm of lower-inner quadrant of left female breast (C50.312) and malignant neoplasm of upper-outer quadrant of the left female breast (C50.412)

Rationale: In this example, the female patient has two malignancies of the left breast that are not contiguous. The Neoplasm Table lists specific sites for the breast. Breast, lower-inner quadrant, malignant, primary, directs to code C50.3-. Breast, upper-outer quadrant directs to code C50.4-. Both codes C50.3- and C50.4- in the Neoplasm Table identify that additional characters are necessary to indicate laterality and the gender of the patient.

- The categories for leukemia, multiple myeloma and malignant plasma cell neoplasms (Category C90) have codes indicating whether or not the leukemia has achieved remission. There are also codes for personal history of leukemia (Z85.6) and personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues (Z85.79). If the documentation is vague, the provider should be queried as to whether the leukemia has reached remission.

## Current versus personal history of malignancy

- When a primary malignancy has been excised but further treatment (e.g., an additional surgery for the malignancy, radiation therapy or chemotherapy) is directed to the site, the primary malignancy code should be used until treatment is complete.
- When a primary malignancy has been excised or eradicated from its site, there is no further treatment directed to that site for the malignancy, and there is no evidence of any existing primary malignancy, a code from personal history of malignant neoplasm (Category Z85), should be used to indicate the former site of the malignancy.

## Neoplasms and metastasis/metastatic

Metastasis occurs when the cancer cells travel from their initial location to another anatomical site through either the blood vessels, lymphatic channels or by direct extension to nearby tissues. When two or more sites are described as metastatic in the documentation, each of the stated sites should be coded as secondary. A code for the primary site should also be assigned. If the primary site is unknown, assign the code for unspecified site of primary malignant neoplasm (C80.1).

### When the diagnostic statement indicates:

- Metastatic to means that the site mentioned is secondary. For example, metastatic carcinoma to the lung indicates secondary malignant neoplasm of the lung.
- Metastatic from means that the site mentioned is primary. For example, metastatic carcinoma from the breast indicates that the breast is the primary site.



#### ■ Unspecified site(s):

- Unspecified disseminated malignant neoplasm (C80.0) should only be applied when the patient has advanced metastatic disease and no known primary or secondary sites are specified. This code should seldom be used. Additionally, it should not be used in place of assigning codes for the primary site and all documented secondary sites.
- Unspecified malignant (primary) neoplasm (C80.1) is equivalent to unspecified cancer and should only be used when no decision can be made regarding the primary site of a malignancy. This code should hardly ever be used in the inpatient setting.
- When no secondary site is identified for the metastatic disease, assign secondary malignant neoplasm of unspecified site (C79.9).

#### Treatment of secondary site

When an encounter is for the treatment of a secondary site of malignancy only, the secondary neoplasm is the principal diagnosis even though the primary malignancy is still present.

### Complications

The following guidelines are applicable to the coding and sequencing of complications associated with malignancies or with the therapy thereof:

#### ■ Anemia associated with:

- **Malignancy** — When the encounter is only for the treatment of anemia that is associated with the malignancy, the code for malignancy is sequenced first, followed by the code for the anemia (e.g., code D63.0, anemia in neoplastic disease)
- **Chemo/immunotherapy** — When anemia is associated with an adverse effect of the administration of chemotherapy or immunotherapy and the treatment is only for the anemia, the code for anemia is sequenced first followed by the appropriate codes for neoplasm and the adverse effect.

- **Radiation** — When anemia is associated with an adverse effect of radiotherapy, the code for anemia should be sequenced first followed by the appropriate neoplasm code and code Y84.2, radiologic procedure and radiotherapy as the cause of abnormal reaction of the patient, or later complication, without mention of misadventure at the time of the procedure.

- **Dehydration due to the malignancy:** When an encounter is for the management of dehydration associated with a malignancy, and the treatment is only for the dehydration, code the dehydration first followed by the code(s) for the malignancy.

- **Treatment of a complication resulting from a surgical procedure:** When an encounter is for the treatment of a complication resulting from a surgical procedure, code the complication as the principal/first-listed diagnosis if the treatment is for resolving the complication.

#### ■ Pathological fracture due to a neoplasm:

- If an encounter is for a pathological fracture due to a neoplasm and the focus of treatment is the fracture, a code from subcategory pathological fracture in neoplastic disease (M84.5-) should be sequenced first followed by the code for the neoplasm.
- If the focus of treatment is the neoplasm with an associated pathological fracture, the neoplasm should be coded

### References

- Anita Schmidt, K.K., & P.W. (2017) *ICD-10-CM Professional for Physicians*, Optum 360
- World Health Organization, *International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) Version for 2010*: apps.who.int
- HCPPro. *Just Coding, "Specificity Key to Neoplasm Coding in icd 10cm"*: justcoding.com
- Lauri Gray. *Code It Right Insights, "ICD-10-CM Neoplasm Codes"* (April 2012): codeitrightonline.com
- C.S. Muir and C. Percy. *International Agency for Research on Cancer, Chapter 7 Classification and Coding of Neoplasms*: www.iarc.fr
- The ICD-10 Solution*, Chapter 2: Neoplasms: training. theicd10solution.com/pdf/ICD10\_CM\_Guidelines2.pdf
- Bielby, Judy A. "Coding Neoplasms in ICD-10-CM" *Journal of AHIMA* 82, no. 10 (October 2011): 72-74: ahima.org
- HHS Inc. "Coding Neoplasms Accurately" *Advance Health Network* (March 2014): www.advanceweb.com