

# Table your Confusion in Neoplasm Coding

Jill Young, CPC, CEDC, CIMC  
Young Medical Consulting, LLC  
Michigan

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## Disclaimer

- This material is designed to offer basic information for coding and billing. The information presented here is based on the experience, training, and interpretation of the author. Although the information has been carefully researched and checked for accuracy and completeness, the instructor does not accept any responsibility or liability with regard to errors, omissions, misuse, or misinterpretation. This handout is intended as an educational a guide and should not be considered a legal/consulting opinion

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## Six Columns of Confusion



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## NEOPLASM

- **Internet**
  - Neoplasm is a medical term that refers to a new growth of cells.
    - “Neo” means new
    - “Plasm” refers to cells
    - the word refers to abnormal overgrowth of cells rather than healthy new cell growth
- **Webster**
  - A tumor is a growth of tissue that forms an abnormal mass
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# NEOPLASM

- Dorland's
  - Any new and abnormal growth; specifically a new growth of tissue in which the growth is uncontrolled and progressive
    - Malignant neoplasms are distinguished from benign in that the former show a greater degree of anaplasia and have the properties of invasion and metastasis.

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# Morphology

- Used by pathologists
- Appendix A: Morphology of Neoplasms
  - Published by WHO
  - Includes behavior code appropriate to the histological type of neoplasm
  - Mxxxx/x codes
    - M8090/1 Basal Cell tumor
- Internet Definition
  - form and structure of an organism or one of its parts

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## International Classification of Diseases for Oncology – ICO-O

- Extension or supplement of the neoplasms  
Chapter II of ICD9
- Coding of all neoplasms
  - Topography (T) four digits
  - Histology (morphology) (M) five digits
    - Including one behavior (following a “/”)
  - One digit for grading or differentiation
    - Grades I-IV
    - Well differentiated to anaplastic

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## ICO-O

- Sixth digit sometimes seen
  - 1 - Grade I (Well) differentiated
  - 2 - Grade I1 Moderately (well) differentiated
  - 3 - Grade 111 Poorly differentiated
  - 4 - Grade IV Undifferentiated, anaplastic
  - 9 - Grade or differentiation not determined, not stated or not applicable

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## MORPHOLOGY

- WHO series International Classification of Diseases for Oncology
  - A coded nomenclature for the morphology of neoplasms
- Appendix A
- First four digits identify the histological type of the neoplasm

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## MORPHOLOGY

- Fifth digit indicates the behavior
  - /0 Benign
  - /1 Uncertain whether benign or malignant
    - Borderline malignancy
    - Low malignant potential
  - /2 Carcinoma in situ
    - Intraepithelial
    - Non-infiltrating
    - Non-invasive
  - /3 Malignant, primary site
  - /6 Malignant, metastatic site
    - Secondary site
  - /9 Malignant, uncertain whether primary or metastatic site

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## MORPHOLOGY

Morphology Code	Histology / Behavior	ICD-9-CM Chapter 2
Any	0	Benign neoplasms
M8000-M804	1	Neoplasms of unspecified nature
M8010+	1	Neoplasms of uncertain behavior
Any	2	CA in situ
Any	3	Malignant neoplasms stated or presumed primary
Any	6	Malignant neoplasms, stated or presumed to be secondary

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## Columns of Neoplasm Table

- Malignant
  - Primary
  - Secondary
  - CA in Situ
- Benign
- Uncertain Behavior
- Unspecified



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# Malignant

- MedLinePlus
  - Malignant cells tend to have fast, uncontrolled growth.
  - The term malignancy refers to cancerous cells that usually have the ability to spread, invade, and destroy tissue.
  - Malignant cells that are resistant to treatment may return after being removed or destroyed
- Online Dictionary
  - Noun
    - a tumor that is malignant and tends to spread to other parts of the body

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# Malignant

- May Spread Locally
  - Basal Cell
- May Spread at at distance or to another organ
  - Melanoma
    - Sneaky
    - Dx malignancy?

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## Malignant

- Primary
  - Site of origin
- Secondary
  - Site of spread
- Carcinoma in situ
  - Does not extend beyond site of origin



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## CA in Situ

- **Carcinoma in situ (CIS)** is an early form of carcinoma defined by the absence of invasion of surrounding tissues.
- In other words, the **neoplastic cells** proliferate in their normal habitat, hence the name 'in situ' (Latin for 'in its place').

- Wikipedia

<1% - Epithelium

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# Benign

- MedLinePlus
  - a condition, tumor, or growth that is NOT cancerous
  - does not spread to other parts of the body or destroy nearby tissue.
  - benign tumors usually grow slowly.
  - generally not harmful
- Online Dictionary
  - Adjective
    - not dangerous to health

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## Vocabulary Lesson

- Carcinoma
  - malignant and arise from epithelial cells
- Sarcomas
  - arising from connective tissue or muscle cells
- A neoplasm originating in the surface epithelium
  - Papilloma
    - Benign
  - Carcinoma
    - Malignant
- A neoplasm originating in the fibrous tissue
  - Fibroma
    - Benign
  - Fibrosarcoma
    - Malignant
- A neoplasm originating in the bone
  - Osteoma
    - Benign
  - Osteosarcoma
    - Malignant

– From Ypatent©

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## Dysplasia vs Carcinoma in situ vs Invasive carcinoma

- These terms are related since they represent the three steps of the progression toward cancer:
  - Dysplasia is the earliest form of pre-cancerous lesion recognizable in a biopsy by a pathologist.
    - Dysplasia can be low grade or high grade (see CIS below).
    - The risk of low-grade dysplasia transforming into high-grade dysplasia and, eventually, cancer is low.
- Wikipedia

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## Dysplasia vs Carcinoma in situ vs Invasive carcinoma

- These terms are related since they represent the three steps of the progression toward cancer: *cont'd*
  - Dysplasia is the earliest form of pre-cancerous lesion recognizable in a biopsy by a pathologist.
    - Dysplasia can be low grade or high grade (see CIS below).
    - The risk of low-grade dysplasia transforming into high-grade dysplasia and, eventually, cancer is low.
  - Carcinoma in situ is synonymous with high-grade dysplasia in most organs.
    - The risk of transforming into cancer is high..
- Wikipedia

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## Uncertain Behavior



- Behavior is indicated by pathology report as “uncertain”
- Behavior of neoplasm is not identifiable
  - It is “uncertain”
- May require further study
- Uncertain of malignancy potential
- 10 codes
  - All by general sites
  - 239.x

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## Tabular List

### Neoplasms Uncertain Behavior

- Note: Categories 235-238 classify by site certain histo-morphologically well-defined neoplasms, the subsequent behavior of which cannot be predicted from the present appearance.

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## Unspecified

- ICD-9 Coding Guidelines
- Section I – Conventions, general coding guidelines and chapter specific guidelines
  - Section A.5.b 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

Principals of ICD-9 Coding

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## Unspecified Behavior

- Behavior or diagnosis is not clearly identified in the medical record
- Diagnosis may be known to another provider or facility but not to this provider or facility
- Tabular list
  - INCLUDES
    - “growth” NOS
    - neoplasm NOS
    - new growth NOS
    - tumor NOS

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## ICD-9 Reference

- Section I.A.5.b
  - “Unspecified” codes
  - *“Codes (usually a code with the 4<sup>th</sup> digit 9 or 5<sup>th</sup> 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.”*

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## Tabular List

### Neoplasms of Unspecified Behavior

- Note: Category 230 classifies by site neoplasms of unspecified morphology and behavior. The term “mass” unless otherwise states, is not to be regarded as a neoplastic growth.

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## Neoplasm Table

- Classifies neoplasms by
  - System
  - Organ
  - Site
- Exceptions
  - Check Alphabetic index first

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## Alphabetical Index

- Always use first
  - Before use of neoplasm table
- Gives direction to appropriate classifications of neoplasms
  - May not use neoplasm table
    - Some sarcomas
      - Hodgkin's
    - Ewings
      - Malignant bone



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## Alphabetical Index

- Bowen's Disease
  - See Neoplasm, skin, in situ
- Tumor
  - See also Neoplasm by site, unspecified nature
- Tumor - Basal cell
  - See also Neoplasm skin, uncertain behavior
- Tumor – Fatty
  - See Lipoma
- Osteoma
  - See also Neoplasm, bone benign
- Sarcoma
  - See also Neoplasm, connective tissue, malignant
- Mass
  - Site specific
  - Most likely 780xx series

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## Neoplasm Table

- Colon (*see also* Neoplasm, intestine, large)
  - Under "intestine; large"
    - Appendix; caput coli; cecum; colon (several); contiguous sites; etc
- Cord
  - Spinal (cervical) (lumbar) (thoracic)
- Lip (external) (lipstick area) (vermillion border)
  - Internal (buccal)(frenulum)(mucosa)(oral)
- Trachea (cartilage) (mucosa)
- Urinary organ or system NEC
  - Bladder – *see* Neoplasm, bladder

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(orel) .....	140.4	198.89	230.0	210.0	235.1	239.0				
mucosa — see										
Neoplasm, lip,										
internal										
oral aspect — see										
Neoplasm, lip,										
internal										
skin (commissure) (lower)										
(upper) .....	173.0	198.2	232.0	216.0	238.2	239.2				
upper .....	140.0	198.89	230.0	210.0	235.1	239.0				
internal (buccal)										
(frenulum)										
(mucosa)										
(orel) .....	140.3	198.89	230.0	210.0	235.1	239.0				
liver .....	155.2	197.7	230.8	211.5	235.3	239.0				
primary .....	155.0	—	—	—	—	—				
lobe										
azygos .....	162.3	197.0	231.2	212.3	235.7	239.1				
frontal .....	191.1	198.3	—	225.0	237.5	239.6				
lower .....	162.5	197.0	231.2	212.3	235.7	239.1				
middle .....	162.4	197.0	231.2	212.3	235.7	239.1				
occipital .....	191.4	198.3	—	225.0	237.5	239.6				
parietal .....	191.3	198.3	—	225.0	237.5	239.6				
temporal .....	191.2	198.3	—	225.0	237.5	239.6				
upper .....	162.3	197.0	231.2	212.3	235.7	239.1				
lumbosacral plexus	171.6	198.4	—	215.6	238.1	239.2				
lung .....	162.9	197.0	231.2	212.3	235.7	239.1				
azygos lobe .....	162.3	197.0	231.2	212.3	235.7	239.1				
carina .....	162.2	197.0	231.2	212.3	235.7	239.1				
contiguous sites with										
trachea or										
trachea .....	162.8	—	—	—	—	—				
hilus .....	162.2	197.0	231.2	212.3	235.7	239.1				
lingula .....	162.3	197.0	231.2	212.3	235.7	239.1				
lobe NEC .....	162.9	197.0	231.2	212.3	235.7	239.1				
lower lobe .....	162.5	197.0	231.2	212.3	235.7	239.1				
iliac .....	—	196.6	—	—	—	229.0	236.8			
intraclavicular .....	—	196.3	—	—	—	229.0	236.8			
inguina, inguinal .....	—	196.5	—	—	—	229.0	236.8			
innominate .....	—	196.1	—	—	—	229.0	236.8			
intercostal .....	—	196.1	—	—	—	229.0	236.8			
intestinal .....	—	196.2	—	—	—	229.0	236.8			
intra-abdominal .....	—	196.2	—	—	—	229.0	236.8			
intrapelvic .....	—	196.6	—	—	—	229.0	236.8			
intrathoracic .....	—	196.1	—	—	—	229.0	236.8			
jugular .....	—	196.0	—	—	—	229.0	236.8			
le1 .....	—	196.5	—	—	—	229.0	236.8			
limb										
lower .....	—	196.5	—	—	—	229.0	236.8			
upper .....	—	196.3	—	—	—	229.0	236.8			
lower limb .....	—	196.5	—	—	—	229.0	236.8			
lumbar .....	—	196.2	—	—	—	229.0	236.8			
mandibular .....	—	196.0	—	—	—	229.0	236.8			
mediastinal .....	—	196.1	—	—	—	229.0	236.8			
mesenteric (inferior)										
(superior) .....	—	196.2	—	—	—	229.0	236.8			
midcolic .....	—	196.2	—	—	—	229.0	236.8			
multiple sites in										
categories										
196.0–196.6 .....	—	196.8	—	—	—	229.0	236.8			
neck .....	—	196.0	—	—	—	229.0	236.8			
obturator .....	—	196.6	—	—	—	229.0	236.8			
occipital .....	—	196.0	—	—	—	229.0	236.8			
pancreatic .....	—	196.2	—	—	—	229.0	236.8			
para-aortic .....	—	196.2	—	—	—	229.0	236.8			
paracervical .....	—	196.6	—	—	—	229.0	236.8			
parametrial .....	—	196.6	—	—	—	229.0	236.8			
parasternal .....	—	196.1	—	—	—	229.0	236.8			
parotid .....	—	196.0	—	—	—	229.0	236.8			
pectoral .....	—	196.3	—	—	—	229.0	236.8			
pelvic .....	—	196.6	—	—	—	229.0	236.8			
peri-aortic .....	—	196.2	—	—	—	229.0	236.8			

## Neoplasm Table

- What is anatomical site?
- Where did neoplasm start or originate?
- What is it's current location?



## Neoplasm Table

- Notes 1.....
  - “ However, the guidance in the Index can be overridden if one of the descriptors mentioned above is present: e.g. malignant adenoma of colon is coded to 153.9 and not to 211.3 as the adjective ‘malignant’ overrides the Index entry “adenoma-see also Neoplasm, benign.”
  - A “malignant” descriptor that will override a code that otherwise would be “benign”

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## Neoplasm Table

- Note 2
  - “sites marked with the sign \*(e.g. face NEC\*) should be classified to malignant neoplasm of skin of these sites if the variety of neoplasm is a squamous cell carcinoma or an epidermoid carcinoma, and to benign neoplasm of skin of these sites if the variety of neoplasm is a papilloma (any type).”

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Lets Look something up  
“Malignant Neoplasm of Leg”  
*What else do you need to know?*

- Leg NEC\*
  - Malignant
    - 195.5
      - Malignant neoplasm of other and ill defined sites
        - » Lower limb
- Skin,
  - leg malignant
    - 173.7
      - Other malignant neoplasm of skin
        - » Skin of lower limb, including hip

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## Neoplasm: Lung

- Malignant Primary
  - 162.2 – 162.9
- Malignant, secondary
  - 197.0
- CA in Situ
  - 231.2
- Benign
  - 212.3
- Uncertain behavior
  - 235.7
- Unspecified
  - 239.1

11 sites

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## Neoplasm: Connective Tissue

- Note “for neoplasms of connective tissue (blood vessel, bursa, fascia, ligament, muscle, peripheral nerves, sympathetic and parasympathetic nerves and ganglia, synovia, tendon, etc.) or of morphological types that indicate connective tissue, code according to the list under “Neoplasm, connective tissue”; for sites that do not appear in this list, code to neoplasm of that site: e.g.
  - Liposarcoma, shoulder – 171.2 (fat)
  - Leiomyosarcoma, stomach – 151.9 (smooth muscle)
  - Neurofibroma, chest wall – 215.4 (nerves)
- Morphological types that indicate connective tissue appear in the proper place in the alphabetic index with the instruction “see Neoplasm, connective tissue...”

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## ICD-9-CM Coding Guidelines

- <http://www.cdc.gov/nchs/icd/icd9cm.htm#addenda>



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## Neoplasms (140-239)

- Chapter 2 contains
  - Most Benign
    - (210-229)
  - All Malignant
    - (140-208)
- Certain benign neoplasms are found in the specific body system chapters
- Malignant Neoplasm of connective and other soft tissue -171
- Melanoma of skin – 172
- Hodgkin's disease - 201
- Non Hodgkin lymphoma – 200, 202
- Multiple myeloma – 203
- Leukaemias 204-208

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## General Guidelines *(cont'd)*

- Looking up a code
  - Use the alphabetic index of the neoplasm table first
  - If a histological term is documented, use that term first
- Information regarding V codes for genetic susceptibility to cancer
  - (I.C.18.d.4)

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## Neoplasms

- To properly code a neoplasm it is necessary to determine from the record if the neoplasm is
  - Benign
  - In-situ
  - Malignant
  - Uncertain histologic behavior.
- If malignant, any secondary (metastatic) sites should also be determined.

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## Neoplasms\*

### **Primary malignancy previously excised**

- 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 V10, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy.
- Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site. The secondary site may be the principal or first-listed with the V10 code used as a secondary code.

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## Coding Guidelines

### Primary malignancy previously excised

- When a primary malignancy has been previously excised or eradicated from its site
  - No further treatment directed to that site
  - No evidence of any existing primary malignancy
  - Code??

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## 18. Classification of Factors Influencing Health Status and Contact with Health Service

- 4) History (of)
- There are two types of history V codes, personal and family. Personal history codes explain a patient's past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require continued monitoring.

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## **18. Classification of Factors Influencing Health Status and Contact with Health Service**

- 4) History (of) *cont'd*
- The exceptions to this general rule are category V14, Personal history of allergy to medicinal agents, and subcategory V15.0, Allergy, other than to medicinal agents.
- A person who has had an allergic episode to a substance or food in the past should always be considered allergic to the substance.

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## **Coding Guidelines Treatment**

- If the treatment directed at the malignancy
- If the treatment is directed toward a secondary site only

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## Coding Guidelines

### Coding & sequencing of complications

- Anemia associated with malignancy
- Immunotherapy and radiation therapy
- Management of dehydration due to the malignancy
- Treatment of a complication resulting from a surgical procedure

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### Coding Guidelines Admissions/Encounters Involving Chemotherapy, Immunotherapy and Radiation Therapy

- Episode of care involves surgical removal of neoplasm
- Patient admission/encounter solely for administration of chemotherapy, immunotherapy and radiation therapy
- Patient admitted for radiotherapy/chemotherapy and immunotherapy and develops complications
  - See Section I.C.18.d.7. for additional information regarding aftercare V codes.

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## After Care

### Section I.C.18.d.7

- “Initial treatment of a disease or injury has been performed and the patient requires continued care during the healing or recovery phase, or for the long-term consequences of the disease.”
- “The aftercare V code should not be used if treatment is directed at a current, acute disease or injury. The diagnosis code is to be used in these cases.” .....

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## After Care

### Section I.C.18.d.7

- cont'd
- “Exceptions to this rule are codes V58.0, Radiotherapy, and codes from subcategory V58.1, Encounter for chemotherapy and immunotherapy for neoplastic conditions.
  - These codes are to be first listed, followed by the diagnosis code when a patient’s encounter is solely to receive radiation therapy or chemotherapy for the treatment of a neoplasm. Should a patient receive both chemotherapy and radiation therapy during the same encounter code V58.0 and V58.1 may be used together on a record with either one being sequenced first. “

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## **Coding Guidelines**

Admission/encounter to determine extent of malignancy

- Code as primary or first listed diagnosis
  - Primary malignancy
  - Metastatic site
    - Even if chemotherapy or radiotherapy is administered

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## **Coding Guidelines**

Symptoms, signs, and ill-defined conditions listed in Chapter 16 associated with neoplasms

- Cannot be primary
  - Regardless of number of admissions or encounters
- Use principal or first listed diagnosis

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## **Section IV.**

### **Diagnostic Coding and Reporting Guidelines for Outpatient Services**

- Patients receiving therapeutic services only
  - “the only exception to this rule is that when the primary reason for the admission/ encounter is chemotherapy, radiation therapy, or rehabilitation, the appropriate V code for the service is listed first, and the diagnosis or problem for which the service is being performed listed second.”

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## **Tabular List Neoplasms (140-239)**

- Notes
  - Content
  - Functional Activity
  - Morphology
  - Malignant neoplasms overlapping site boundaries

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## Tabular List Neoplasms (140-239)

- DEF:
  - An abnormal growth, such as a tumor. Morphology determines behavior, i.e. whether it will remain intact (benign) or spread to adjacent tissue (malignant).
  - The term mass is not synonymous with neoplasm, as it is often used to describe cysts and thickenings such as those occurring with hematoma or infection.

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## Tabular List Neoplasms (140-239)

- ICD-9-CM Expert Edition
- Includes
- Excludes
- Remission status
- Location specificity

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## What is it Primary or Secondary?

- When record says “metastatic to”?
  - secondary
- When the record says “metastatic from”?
  - primary
- When the record says “metastatic breast cancer”?
- When the record says “metastasizing lung cancer”?

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## Tips and Reminders

- Anatomy
- NEC
- NOC
- ( )
- Alphabetical List
- Tabular List
- Use a Ruler



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## Tips and Reminders

- Anatomical site markers
- Includes and Excludes
- Location specificity
- Remission
- Continue to ask questions
  
- Pathologists
  - Diagnose disease
  - Document the extent of it



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## THANK YOU



Jill@youngmedconsult.com

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