

Internal Medicine Coding Alert

Know When to Use Cancer Diagnosis Code V10.90

Learn how to get paid through correct cancer diagnosis code usage.

The cancer diagnosis code (V10.9) is often incorrectly used. Many still use this code even when the patient no longer has cancer. ICD-9 2010 has now expanded V10.9 (Unspecified personal history of malignant neoplasm) to V10.90 (Personal history of unspecified malignant neoplasm) to make it easier for you to code more specifically when it comes to cancer diagnosis.

"In the past, V10.9 has been a catch-all code," says **Karen Barron, CPC**, HH Physician Patient Accounts, Wolfeboro, N.H.

Barron says that she would use V10.90 when "the provider does not give the specific personal type of cancer history." For example, she explains that the physician's note states: "Patient returns to our practice after a long absence to re-establish care. Patient presents with a past history of undisclosed cancer and treatment in the remote past. No current active cancer or treatment at this point, per the patient. Patient is here for follow-up of hypertension and needs a refill. I will review the medical records for additional information."

She does warn coders not to use V10.90 for patients who have a personal history of malignant neuroendocrine tumors. In these patients, V10.91 (Personal history of malignant neuroendocrine tumor) should be used.

Examples of neuroendocrine tumors include: carcinoid tumor, pheochromocytoma, and Merkel cell carcinoma.

Note: V10.91 is also a new code for ICD-9 1010 (see Reader Question on page 86).

Carol Pohlig, RN, CPC, University of Pennsylvania Health System, advises coders to report a personal history of care (V10.xx) when a malignancy has been removed (e.g. surgically), or eradicated (e.g., radiation/chemotherapy) and there is no further treatment required for that site with no further evidence that the malignancy is present. For example, the tumor is no longer present, as opposed to reduced and/or in remission.

Pohlig adds that should the cancer invade a secondary site (metastasis), or a different strain appears later in a different area, that coders should use the appropriate malignancy code for the new site, and V10.xx for the previously eradicated area.