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Part B Insider (Multispecialty) Coding Alert

Understand Uncertain, Unspecified and In-Situ

If the many categories of neoplasms have you confused, you're not alone. Knowing the basic terminology can help you cut to the chase when coding cancer cell cases.

Malignant and Benign Define Main Categories

When looking at the neoplasm table, you will notice two main categories of neoplasm: malignant and benign, with three subcategories for malignant, as follows:

Primary. A primary malignancy is one arising from the cells found where the physician biopsied the neoplasm, explains **Marcella Bucknam, CPC, CCS, CPC-H**, **CCS-P**, HIM Program Coordinator at **Clarkson College** in Omaha, NE.

Secondary. You should use these codes when the neoplasm is the result of metastasis and forms a new focus of malignancy elsewhere, such as the lymph nodes, liver, lungs or brain or when the primary cancer has invaded adjacent structures.

In Situ. In situ describes malignancies confined to the site of origin without invasion of neighboring tissues, although they can grow large enough to cause major problems, Bucknam says. In some cases, however - such as those involving the breast (**233.0**), bladder (233.7) and cervix (233.1), - there is no guarantee that removal of the mass will totally eradicate the cancer.

No Cancer = No Malignancy

If pathology does not find evidence of cancer, you should not report a malignant ICD-9 code. Instead, choose from the following three categories:

Benign. Benign neoplasms are cancer-free. For example, for a fibroadenoma of the breast, which does not spread, report a benign neoplasm (217). Benign neoplasms may return after removal, but they are non-invasive, Bucknam explains.

Uncertain Behavior. If the pathology report returns with indications of atypia or dysplasia, the neoplasm is "in transition" from benign to malignant. If the process continues and the mass is left untreated, the neoplasm could eventually become malignant.

For example, benign adenomatous polyps are at high risk for becoming malignant if they remain undiagnosed and untreated.

Unspecified. You should use this category only when the physician cannot determine the nature of the neoplasm. If the physician excises a lipoma but does not wait for the pathology report, for example, these are the only codes you should use.

Do not confuse "uncertain" with "unspecified." "A pathologist makes the 'uncertain' determination based on analysis," says **Mary I. Falbo, MBA, CPC,** president of **Millennium Healthcare Consulting** in Landsdale, PA. If the pathologist labels the neoplasm uncertain, you shouldn't use an unspecified diagnosis, because "unspecified" implies that the physician's documentation didn't indicate the skin lesion's type.

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