MDS Alert

Reader Questions: Querying is Often a Good First Step

Question: According to hospital-provided documentation, one of my new residents has been admitted with a diagnosis of "pancreaticobiliary cancer." What is the correct ICD-10 code for this condition?

Nevada Subscriber

Answer: If you're unsure about a diagnosis, the most responsible first step is to query the physician or physician extender who provided the diagnosis, says **Jane Belt, MS, RN, QCP, RAC-MT, RAC-MTA,** curriculum development specialist at American Association of Post-Acute Care Nursing (AAPACN**)** in Denver. Although querying may seem like a nuisance, it's crucial to coding accurately, and thus ensuring proper documentation resident's status in their medical record - and making sure they receive the most appropriate care.

Once you've made contact and confirm the diagnosis specifics, the first point you'll want to address is the behavior of the neoplasm. Even though the diagnosis does not document "benign" versus "malignant" behavior, the reference of "cancer" tells you all you need to know. Cancer, by definition, cannot be benign, so you know you are going to be coding a malignant neoplasm.

Next, you're going to address the anatomic locations outlined in the diagnosis. In some instances, the Table of Neoplasms allows for one code to represent overlapping malignant sites. In other instances, you've got to report each separately. The documented diagnosis identifies a malignant neoplasm of two sites - the pancreas and the biliary tract (or system). The term biliary, according to Dorland's Illustrated Medical Dictionary, pertains to "the bile, bile ducts, or gallbladder." While you may be able to infer that pancreatobiliary cancer is most likely a malignant neoplasm of the pancreas that overlaps onto the connecting portion of the bile duct, you cannot make this assumption as a coder.

Instead, your only option is to report two separate diagnosis codes since the term "pancreatobiliary" does not exist within the ICD-10-CM Table of Neoplasms. For a malignant neoplasm of the pancreas, you will report C25.9 (Malignant neoplasm of pancreas, unspecified). You should not consider C25.8 (Malignant neoplasm of overlapping sites of pancreas), as this is reserved for two separate malignant neoplasms overlapping within the four main parts of the pancreas.

A malignant neoplasm of the biliary tract will also lead to an unspecified code. Within the Table of Neoplasms, you'll find the keyword "bile or biliary (tract)." After concluding that no eligible indented sub-term exists underneath "bile or biliary (tract)," you'll report C24.9 (Malignant neoplasm of biliary tract, unspecified) as your second and final diagnosis.

On the MDS, this diagnosis would qualify as "Cancer" for Item I0100 (Cancer (with or without metastasis)).