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ICD-10 Coding: Know Where to Turn When Coding Neoplasms in ICD-10

Make sure you master the exceptions to the rules.

Coding for neoplasms in ICD-10 isn't drastically different than it is in ICD-9, but you'll want to give your skills a brush-up before the new code set takes effect Oct. 1. Make sure you know your way around the ICD-10 Neoplasm Table now, before you're put on the spot.

Look to Neoplasm Table First

Just as in ICD-9, your first stop when coding for a neoplasm in ICD-10 is the Neoplasm Table. You'll find the table just after the end of the Alphabetic Index in your coding manual, rather than under "N" in the Alphabetic Index, says **Joan Usher, BS, RHIA, COS-C, ACE, AHIMA-Approved ICD-10-CM Trainer** with **JLU Health Record Systems** in Pembroke, Mass.

To locate the appropriate code in the Neoplasm Table, you'll need to know the anatomical site affected and whether the neoplasm is malignant (secondary, primary, or Ca in Situ), benign, uncertain behavior, or unspecified behavior.

Once you locate your code in the Neoplasm Table, be sure to verify your code in the Tabular List. Checking the code against the Tabular List provides guidance on laterality, site location, gender, whether you need to use an additional code to report your patient's condition, as well as any excludes notes, Usher says.

Tip: If you know the histological term for the neoplasm, such as "adenocarcinoma" or "myolipoma," you can look it up in the Alphabetic Index and note the code and any other instructions before checking your code against the Neoplasm Table. This way you can determine which column in the Neoplasm Table is appropriate for your patient's diagnosis.

There are certain histological terms that include the correct codes in the Alphabetical Index and do not refer to the Neoplasm Table. Examples include melanoma, skin and Merkel cell carcinoma. So, if the histological term is noted by the physician, always check the Alphabetical Index first, says **Lisa Selman-Holman, JD, BSN, RN, COS-C, HCS-D, HCS-O, AHIMA Approved ICD-10-CM Trainer/Ambassador of Selman-Holman & Associates, LLC, CoDR** [Coding Done Right](#) and **Code Pro University** in Denton, Texas.

Remember this Sequencing Rule

When coding for a neoplasm that has metastasized to a secondary site, you'll usually code the primary site before the metastasis.

Exception: If the secondary site is the focus of care, or if the primary site has been resolved, you can code for the metastasis first.

Take Note of Site Guidance

When coding for a malignant neoplasm that overlaps two or more contiguous sites, you'll report the "multiple sites" code ending with character "8" in most cases. For example, C00.8 (Malignant neoplasm of overlapping sites of lip).

But when a patient has multiple neoplasms of the same site that aren't next to each other, such as tumors in different quadrants of the same breast, you'll assign codes for each affected site.

Coding example: Your 74-year-old female patient has unresolved small cell carcinoma of the right lower lobe of the lung with metastasis to the intrathoracic lymph nodes, brain, and right rib.

Code for this patient's diagnoses as follows, says **Judy Adams, RN, BSN, HCS-D, HCS-O**, with **Adams Home Care Consulting** in Asheville, N.C.:

- C34.31 (Malignant neoplasm of lower lobe, right bronchus or lung);
- C77.1 (Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes);
- C79.31 (Secondary malignant neoplasm of brain); and
- C79.51 (Secondary malignant neoplasm of bone).

To begin coding for this patient, you can start with the Alphabetic Index, because you know the histological term □ "Carcinoma." The Alphabetic Index will refer you to the Neoplasm Table, by site, malignant.

The neoplasm of the primary site is unresolved in your patient's situation, so you'll list this code first, Adams says. Next, list the secondary sites. These areas aren't contiguous, so you'll list a code for each site.

The sequencing of the secondary metastasis codes should be based on your Plan of Care, so if C79.51 is your second code listed because the patient's metastasis to the bone is causing tremendous pain, then sequence it second, says Selman-Holman. And if that's the case, add G89.3 (Neoplasm related pain [acute] [chronic]).

Tricky: Codes for neuroendocrine tumors, which are often seen in hospice patients, are difficult to find when verifying the code because the code looks different than the other neoplasm codes, Usher says. For example, C7A.090 (Malignant carcinoid tumor of bronchus and lung) has an "A" as its third character, rather than a number like the other neoplasm codes. If you're having difficulty finding a code in the Tabular List, go to the beginning of the chapter and review the list of broad groups of neoplasms, she suggests. "This defines the different grouping of the codes within the chapter." And you'll see that the C7A codes follow C73-C75.

Another example: How would you code for the diagnosis "benign carcinoid of the jejunum?"

Look up the term "carcinoid" in the Alphabetic Index, since you know the morphology of this patient's neoplasm, Adams says. You'll be directed to "see Tumor, carcinoid." When you look under "Tumor, carcinoid," you'll find that the codes are divided up between benign and malignant, and categorized by site.

Look under "Tumor, carcinoid, benign, jejunum," and you'll be directed to code D3A.011. Check this code in the Tabular List and you'll see notes directing you to "Code also any associated multiple endocrine neoplasia [MEN] syndromes (E31.2-)" and "Use additional codes to identify any associated endocrine syndrome such as: Carcinoid syndrome (E34.0)." Your diagnosis code for this patient is D3A.011 (Benign carcinoid tumor of the jejunum).