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Oral Surgery Coding & Reimbursement Alert

ICD-10 Coding: Pin Down on Appropriate Tongue Neoplasm Codes With These Useful Tips

Think 'base of tongue' refers to the underside? Think again.

As ICD-10 is all set to come into force on Oct.1, 2015, you will need to beef up with the choices you have to report a malignant tongue neoplasm. To report a diagnosis of a malignant neoplasm of the tongue, you will need to be well-versed with anatomical landmarks of the tongue. This knowhow is utmost necessary as your choice of the right code depends on it when using both the ICD-9 and ICD-10 coding system.

Location of Lesion Matters Most

When reporting a diagnosis of a malignant neoplasm of tongue, you are faced up with choosing from nine different ICD-9 codes depending on the location of the lesion. These nine codes translate to eight ICD-10 codes again based on where the lesion is located on the tongue. To report the right code, you'll have to determine where your surgeon diagnosed or treated the patient's cancer. "The key to coding correctly is to be familiar with the anatomic structure of the tongue. This can be accomplished by having your surgeon draw a simplified diagram of the tongue and its anatomy," says **Barry Shipman, DMD,** clinical professor, University of Florida School of Dentistry, Hialeah Dental Center. Unfortunately, your oral surgeon might not always use the specific terms that are in ICD-9 and ICD-10 code descriptors. We've got some tips so you can equate your surgeon's documentation with the most accurate diagnosis code.

Break Down Your ICD-10 Options

We've broken down the tongue cancer section of ICD-9 and ICD-10 codes to help you choose the right code to report a diagnosis of a malignant lesion of the tongue:

- 141.0 -- Malignant neoplasm of base of tongue. This code crosswalks to C01 (Malignant neoplasm of base of the tongue) in ICD-10. The tongue is divided into the anterior two-thirds and the posterior one-third by the circumvallate papillae. Behind (or posterior to) the circumvallate papillae is the base of the tongue.

The circumvallate papillae are important guidelines when determining which part of the tongue your surgeon treated. These are the big taste buds on the back of the tongue, which are in the shape of a V. Therefore, if your surgeon documents any lesions on the posterior tongue, the root of the tongue, or behind the circumvallate papillae, he is most likely referring to the base of the tongue.

- 141.1 -- Malignant neoplasm of dorsal surface of tongue. When using ICD-10 codes, you will have to report C02.0 (Malignant neoplasm of dorsal surface of tongue) in lieu of this code. This refers to the top of the tongue anterior to (or in front of) the circumvallate papillae. If your surgeon documents a lesion to the midline of the tongue, the dorsal anterior two-thirds, or the fungiform papillae, you should report 141.1.

- 141.2 -- Malignant neoplasm of tip and lateral border of tongue. When you shift to ICD-10, you will have to report C02.1 (Malignant neoplasm of border of tongue) instead of this code. Note the change in descriptor in ICD-10. You will find most tongue cancers in this area, which includes the sides of the tongue and the tip. Your surgeon may refer to the tip as the apex.

- 141.3 -- Malignant neoplasm of ventral surface of tongue. You will have to use C02.2 (Malignant neoplasm of ventral surface of tongue) instead of 141.3 in ICD-10. Your surgeon may refer to the ventral surface when they treat the underside of the tongue. He might also document attention to the frenulum, the plica fimbriata, or the sublingual fold, because these sites are all on the ventral surface.

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- 141.4 -- Malignant neoplasm of anterior two-thirds of tongue part unspecified. For ICD-10, you will report C02.3 (Malignant neoplasm of anterior two-thirds of tongue, part unspecified) as a crosswalk to 141.4. If your surgeon treats a lesion in the anterior two-thirds of the tongue (anterior to the circumvallate papillae) but does not specify where, you should report this code.

Tip: The anterior two-thirds does not refer to the top of the tongue only. The ventral tongue is always considered part of the anterior two-thirds. Therefore, if your surgeon simply documents that he focused on the anterior two-thirds but you don't know whether it was the ventral or dorsal surface, you can still report 141.4.

- 141.5 -- Malignant neoplasm of junctional zone of tongue. If your surgeon documents a cancer that is between the oral cavity and the oropharynx, he may be referring to the junctional zone. In ICD-10 coding system, there is no specific code that describes a neoplasm in the junctional zone. You will have to use C02.8 (Malignant neoplasm of overlapping sites of tongue) as a crosswalk code to 141.5.

- 141.6 -- Malignant neoplasm of lingual tonsil. The lingual tonsil lies in the posterior one-third of the tongue. This area is made up of bumpy follicles near the back of the tongue. When using ICD-10, you report C02.4 (Malignant neoplasm of lingual tonsil) instead of 141.6.

- 141.8 -- Malignant neoplasm of tongue of other sites of tongue. If your surgeon documents an area of the tongue that is not included in one of the more specific ICD-9 codes (such as a cancer that spreads across several sections of the tongue), you should report 141.8. This code crosswalks to C02.8 which is also used as a crosswalk code to 141.5.

- 141.9 -- Malignant neoplasm of tongue unspecified. You should report 141.9 only if the physician doesn't specify which section of the tongue contains the neoplasm and you aren't able to ask him for more information. You should not confuse this code with 141.8, because 141.8 indicates that your surgeon specified the cancer site but ICD-9 simply didn't include a code for it. When you shift to using ICD-10, you report C02.9 (Malignant neoplasm of tongue, unspecified) instead of reporting 141.9.

Example: Your surgeon reviews a 65-year-old male patient whose pathology report for a tongue lesion mentions the diagnosis as squamous cell carcinoma. Since your surgeon mentions in the documentation that the lesion is present posterior to the circumvallate papillae, you will have to report this diagnosis as a lesion that is present at the base of the tongue. So, you will have to report your clinician's diagnosis of malignant neoplasm of the tongue with the ICD-9 code, 141.0. When you switch to using ICD-10 codes, you will report this diagnosis with the ICD-10 code, C01 instead of 141.0.

Choose Other Codes for Secondary Malignancy

You should use secondary codes when the neoplasm is the result of metastasis from another organ or area, such as the lymph nodes, throat, or brain, or when the primary malignancy invades the organ in question from an adjacent structure or organ.

Example: The pathology report for a tongue neoplasm indicates that the cancer is a secondary malignancy with the stomach as the origin. You should report a secondary neoplasm code, 198.89 (Secondary malignant neoplasm of other specified sites). For ICD-10, you will have to report either C79.89 (Secondary malignant neoplasm of other specified sites) or C79.9 (Secondary malignant neoplasm of unspecified site).

Match Malignancy In Situ to 230.0

"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. For the tongue, 230.0 (Carcinoma in situ of lip, oral cavity, and pharynx) is appropriate for a carcinoma in situ. When you shift to ICD-10 codes, you use an appropriate code from D00.00-D00.08 for carcinoma in situ lesions depending on where the lesion is located in the oral cavity. For tongue lesions, you will have to use D00.07 (Carcinoma in situ of tongue).

Key: The pathology report must state "in situ" for you to use this code because it is a histopathological diagnosis. Just knowing the cancer cells are confined to the site of origin isn't enough reason for you to use the in situ code.

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Coding tip: Your coding options for a secondary neoplasm and carcinoma in situ are the same regardless of the location of the lesion on the tongue.

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