Coding Neoplasms in ICD-10-CM

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ICD-10-CM codes provide greater detail than ICD-9-CM codes for reporting neoplasms. In many instances, ICD-10-CM neoplasm codes can provide information on whether a neoplasm occurred in a right-sided or left-sided body part. ICD-10-CM also provides codes for reporting neoplasm sites with greater precision. In some instances, ICD-10-CM provides greater detail on the type of neoplasm for malignant neoplasms and for benign and other histologic behaviors.

This article compares neoplasm coding in ICD-10-CM and ICD-9-CM and highlights the terminology differences between the two code sets.

Neoplasm Codes in ICD-10-CM

ICD-10-CM shares a number of similarities with ICD-9-CM in terms of neoplasm coding. ICD-10-CM includes a tabular list and an alphabetic index like ICD-9-CM. ICD-10-CM also includes a neoplasm table organized much like the neoplasm table in ICD-9-CM.

Similar to ICD-9-CM, chapter 2 in the ICD-10-CM tabular is titled "Neoplasms," but the code numbers are different. Chapter 2 in ICD-9-CM contains nearly 960 codes found in categories 140–239, starting with category 140, which contains codes for malignant neoplasm of the lip.

Chapter 2 in ICD-10-CM contains more than 1,540 codes found in categories C00–D49, starting with category C00, which contains codes for malignant neoplasm of the lip.

The table at right compares ICD-9-CM and ICD-10-CM codes for malignant neoplasm of the lip.

The "ICD-10-CM Official Guidelines for Coding and Reporting" includes a section on coding guidelines for neoplasms. The ICD-10-CM neoplasm guidelines are very similar to those for ICD-9-CM. However, there are some variations, and coding professionals should obtain and review the guidelines to examine the differences.

Most notably, the ICD-10-CM sequencing guideline for anemia associated with malignancy differs from the ICD-9-CM sequencing guideline. The ICD-10-CM guideline states:

> When admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by code D63.0, Anemia in neoplastic disease.

In ICD-9-CM, the anemia code would be sequenced as the principal diagnosis followed by the appropriate code for the malignancy.

Because neoplasms can occur anywhere in the body, coding professionals might wonder where to begin refreshing their anatomy and pathophysiology knowledge. The section below examines a few of the changes that will occur between ICD-9-CM and ICD-10-CM neoplasm codes, with a focus on areas in which knowledge of anatomy and pathophysiology will be particularly helpful.

Lymphoma and Leukemia

The entries in the ICD-10-CM tabular and index for lymphoma and leukemia differ significantly from those in ICD-9-CM. Coding professionals should review the entries under the main terms lymphoma and leukemia in the ICD-10-CM Index to Diseases and Injuries and compare them to the entries found under the same terms in ICD-9-CM.

The four common types of leukemia are chronic lymphocytic leukemia, chronic myeloid leukemia, acute lymphocytic (lymphoblastic) leukemia, and acute myeloid leukemia.[1] There are other types of leukemia as well.

It is helpful to know the difference between lymphoid stem cells and myeloid stem cells. According to the National Cancer Institute, "A myeloid stem cell matures into a myeloid blast. The blast can form a red blood cell, platelets, or one of several types of white blood cells. A lymphoid stem cell matures into a lymphoid blast. The blast can form one of several types of white blood cells, such as B cells or T cells."[2] Myeloid leukemia affects myeloid cells, and lymphocytic leukemia affects lymphoid cells.

Lymphoma consists of Hodgkin and non-Hodgkin lymphoma. Hodgkin lymphoma is a rare form of cancer. Non-Hodgkin lymphoma is divided into many different types, including B-cell non-Hodgkin lymphomas (such as Burkitt lymphoma), chronic lymphocytic leukemia/small lymphocytic lymphoma, diffuse large B-cell lymphoma, follicular lymphoma, immunoblastic large cell lymphoma, mantle cell lymphoma, and precursor B-lymphoblastic lymphoma. Other types include T-cell non-Hodgkin lymphomas (such as anaplastic large cell lymphoma), mycosis fungoides, and precursor T-lymphoblastic lymphoma.

Polycythemia Vera

The entries under the main term polycythemia in the ICD-10-CM Index to Diseases and Injuries are different than the entries in the ICD-9-CM Index to Diseases. In ICD-9-CM, vera is a nonessential modifier to polycythemia. That is not the case in ICD-10-CM, where polycythemia vera is coded differently than polycythemia.

In ICD-9-CM both polycythemia and polycythemia vera are reported with code 238.4 from chapter 2, "Neoplasms." If the physician documents secondary polycythemia, then ICD-9-CM code 289.0 from the "Diseases of the Blood and Blood-forming Organs" chapter is reported.

In ICD-10-CM both polycythemia and secondary polycythemia are reported with code D75.1 from chapter 3, "Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism." If the physician documents polycythemia vera, then ICD-10-CM code D45 from the neoplasms chapter is reported.

In other words, in ICD-9-CM polycythemia without further specificity is coded with a neoplasm code, whereas in ICD-10-CM polycythemia without further specificity is coded as a disease of the blood and blood-forming organ.

This change illustrates the importance of reviewing all entries under the main terms found in the ICD-10-CM index, especially for experienced ICD-9-CM coders. In some instances, what might have been a nonessential modifier in ICD-9-CM can be a significant modifier in ICD-10-CM, resulting in a significantly different code assignment.

Polycythemia vera is a bone marrow disease that results in too many blood cells.[3] It is caused by a mutation of the JAK2 gene.[4] This disease is very rare.

Secondary polycythemia is more common and is not caused by a genetic mutation. It can be caused by chronic exposure to low oxygen levels and is often found in cigarette smokers and people who spend a lot of time in high altitudes.

Based on this information, a facility might question whether cases of polycythemia without further specification are currently being reported to the most appropriate code in ICD-9-CM or whether cases of polycythemia without further specification will be reported to the most appropriate code in ICD-10-CM. A facility might identify a need to improve documentation of this condition in order to ensure that it is reported with the most accurate and appropriate code.

Neoplasms of the Liver

In ICD-10-CM there are unique codes for liver cell carcinoma, hepatoblastoma, angiosarcoma of liver, and other sarcomas of liver. When coding these conditions in ICD-10-CM, it is useful to have an awareness of the different codes for primary malignant neoplasms of the liver.

Notes

1. National Cancer Institute. "What You Need to Know about Leukemia." NIH Publication No. 08-3775. November 25, 2008. www.cancer.gov/cancertopics/wyntk/leukemia.
2. Ibid.
3. Medline Plus. "Polycythemia Vera." May 2, 2011. www.nlm.nih.gov/medlineplus/ency/article/000589.htm.
4. National Heart Lung and Blood Institute. "What Causes Polycythemia Vera?" March 2011. www.nhlbi.nih.gov/health/dci/Diseases/poly/poly_causes.html.

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