

NEOPLASMS

C00 – D49

Presented by

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INTRODUCTION

A neoplasm is a new or abnormal growth. In the ICD-10-CM classification system, neoplastic disease is classified in categories C00 through D49. Certain benign neoplasms, such as prostatic adenomas, may be found in the specific body system chapters.

BEHAVIOR CLASSIFICATION

The first axis for coding neoplasms is behavior; the second axis is the anatomical site. ICD-10-CM classifies neoplasms into five behavior groups and a sixth for unspecified behavior:

- **C00-C75, C76-C96** Malignant
- **C7A-C7B, D3A** Neuroendocrine
- **D00-D09** Carcinoma in situ
- **D10-D36** Benign
- **D37-D48** Uncertain behavior
- **D49** Unspecified behavior

MALIGNANT NEOPLASMS

Malignant neoplasms are tumor cells that extend beyond the primary site, attaching themselves to adjacent structures or spreading to distant sites. They are characterized by relentless growth and are difficult to cure. The term "invasive" is often used to describe the extension of the tumor cells to other adjacent sites. The resulting spread is called "metastasis."

NEUROENDOCRINE TUMORS

Neuroendocrine tumors (**categories C7A-C7B, D3A**) arise from endocrine or neuroendocrine cells scattered throughout the body. The most common sites are the bronchi, stomach, small intestine, appendix, and rectum. These tumors are commonly classified according to the presumed embryonic site of origin, such as the foregut (bronchi and stomach), midgut (small intestine and appendix), and hindgut (colon and rectum).

BENIGN NEOPLASMS

Benign neoplasms are not invasive and do not spread to either adjacent or distant sites. They may, however, cause local effects such as displacement, pressure on an adjacent structure, impingement on a nerve, or compression of a vessel and therefore require surgery. Uterine myomas, for example, may cause pressure on the urinary bladder, which results in urinary symptoms. Most benign tumors can be cured by total excision.

CARCINOMA IN SITU

Tumor cells in carcinoma described as in situ are undergoing malignant changes but are still confined to the point of origin without invasion of the surrounding normal tissue. Other terms that describe carcinoma in situ include "intraepithelial," "noninfiltrating," "noninvasive," and "preinvasive" carcinoma. Severe cervical and vulvar dysplasia described as CIN III or VIN III are classified as carcinoma in situ.

NEOPLASMS OF UNCERTAIN BEHAVIOR

The ultimate behavior of certain neoplasms cannot be determined at the time they are discovered, and a firm distinction between benign and malignant tumor cells cannot be made. Certain benign tumors, for example, may be undergoing malignant transformation; as a result, continued study is necessary to arrive at a conclusive diagnosis.

NEOPLASMS OF UNSPECIFIED BEHAVIOR

Category D49 is provided for those situations in which neither the behavior nor the morphology of the neoplasm is specified in the diagnostic statement or elsewhere in the medical record. This usually occurs when a patient is transferred to another medical care facility for further diagnosis and possible treatment before diagnostic studies are completed, or when a patient is given a working diagnosis in an outpatient setting pending further study. Category D49 includes terms such as "growth," "neoplasm," "new growth," and "tumor" when the neoplasms are not otherwise specified. A code from category D49 would not be used for a neoplasm treated in an acute care facility because more definitive information should always be available

UNSPECIFIED MASS OR LESION

- It is incorrect to select a code from category D49, Neoplasms of unspecified behavior, when only the terms "mass" or "lesion" are used. When coding diagnoses documented as mass or lesion of a particular site, and when that site is not listed under the main terms **Mass** or **Lesion**, the coder should follow the cross-references under the main term representing the documented diagnosis. If a final diagnosis is documented as "lump," and there is no Index entry for the affected organ or site under "lump," look up the main term **Mass** as directed by the "see" note under the main term **Lump**. If there is no Index entry for the specific site under **Mass**, look up the main term **Disease**. The Index directs the coder to see Disease of specified organ or site for **Mass**, specified organ NEC.
- If a final diagnosis is documented as "lesion," and there is no Index entry for the specified organ or site under the main term **Lesion**, look up the main term **Disease**. The Index directs you to see Disease by site for **Lesion**, organ or site NEC.

NEOPLASM TABLE

TABLE 29.1 Section of the Neoplasm Table in the Alphabetic Index of Diseases and Injuries

	Malignant Primary	Malignant Secondary	Ca in Situ	Benign	Uncertain Behavior	Unspecified Behavior
Neoplasm, neoplastic—continued						
-nostril	C30.0	C78.39	D02.3	D14.0	D38.5	D49.1
-nucleus pulposus	C41.2	C79.51	—	D16.6	D48.0	D49.2
-occipital						
--bone	C41.0	C79.51	—	D16.4-	D48.0	D49.2
--lobe or pole, brain	C71.4	C79.31	—	D33.0	D43.0	D49.6
-odontogenic—see Neoplasm, jaw bone						
-olfactory nerve or bulb	C72.2-	C79.49	—	D33.3	D43.3	D49.7
-olive (brain)	C71.7	C79.31	—	D33.1	D43.1	D49.6
-omentum	C48.1	C78.6	—	D20.1	D48.4	D49.0

CODING EXERCISE #1

Code the following diagnoses:

- 1) Bronchial adenoma
- 2) Endometrial sarcoma
- 3) Hodgkin's sarcoma

ANSWERS EXERCISE #1

- 1) Bronchial adenoma: **D38.1**
- 2) Endometrial sarcoma: **C54.1**
- 3) Hodgkin's sarcoma: **C81.90**

OVERLAPPING SITES

When a primary malignant neoplasm overlaps two or more contiguous (next to each other) sites, it is classified to the subcategory/code ".8," signifying "overlapping lesion," unless the combination is specifically indexed elsewhere. For example, ICD-10-CM provides the following codes for certain malignant neoplasms whose stated sites overlap two or more boundaries:

- C00.8 Neoplasm of overlapping sites of the lip whose point of origin cannot be assigned to any other code within category C00
- C16.8 Neoplasm of stomach whose point of origin cannot be assigned to any other code within category C16
- C34.80 Neoplasm of overlapping sites of lung, bronchus, and trachea whose point of origin cannot be assigned to any other code within category C34

When there are multiple neoplasms of the same site that are not contiguous, such as tumors in different quadrants of the same breast, codes for each site should be assigned.

TWO OR MORE NONCONTIGUOUS SITES

- A patient may have more than one malignant tumor in the same organ. These tumors may represent different primary cancers or metastatic disease, depending on the site. When the documentation is unclear, the provider should be queried regarding the status of each tumor in order to select the correct codes.
- When more than one primary cancer occurs in the same organ system, these are called synchronous primary cancers. This condition can occur in the lungs where the target organ, in this case the respiratory epithelium, is attacked/altered by the inciting agent (e.g., tobacco smoke). However, the physician must make that designation as to whether one of the tumors represents a second primary cancer or a metastasis.

TWO OR MORE NONCONTIGUOUS SITES

- For example:

A patient with stage IV non-small cell lung cancer of the left lower lobe is admitted with extensive peritoneal metastasis and liver metastasis. A CT scan of the lung shows a large tumor in the left lung base with diffuse extension to the right lung. When queried, the provider documents that the tumor had started in the left lung and metastasized to the right lung. Because the provider has clearly documented that the primary malignancy of the left lung had extended to the right lung, assign code:

- **C34.32, Malignant neoplasm of lower lobe, left bronchus or lung**, as the principal diagnosis and code
- **C78.01, Secondary malignant neoplasm of right lung**, as a secondary diagnosis. In addition, assign codes
- **C78.6, Secondary malignant neoplasm of retroperitoneum and peritoneum**, and
- **C78.7, Secondary malignant neoplasm of liver and intrahepatic bile duct.**

NEOPLASMS DESCRIBED AS METASTATIC

The terms "metastatic" and "metastasis" are often used ambiguously in describing neoplastic disease, sometimes meaning that the site named is primary and sometimes meaning that it is secondary. When the diagnostic statement is not clear in this regard, the coder should review the medical record for further information.

NEOPLASMS DESCRIBED AS METASTATIC

- METASTATIC TO
- METASTATIC FROM
- MULTIPLE METASTATIC SITES
- SINGLE METASTATIC SITE

“METASTATIC TO”

- The statement "metastatic to" indicates that the site mentioned is secondary. For example, a diagnosis of metastatic carcinoma to the lung is coded as secondary malignant neoplasm of the lung (C78.0-). A code for the primary neoplastic site should also be assigned when the primary neoplasm is still present; a history code from category Z85, Personal history of malignant neoplasm, should be assigned when the primary neoplasm has been excised or eradicated. The fourth character of category Z85 indicates the body system where the prior neoplasm occurred, and the fifth and sixth characters indicate the specific organ or site involved

METASTATIC FROM

The statement "metastatic from" indicates that the site mentioned is the primary site. For example, a diagnosis of metastatic carcinoma from the breast indicates that the breast is the primary site (C50.9-). A code for the metastatic site should also be assigned.

MULTIPLE METASTATIC SITES

When two or more sites are described as "metastatic" in the diagnostic statement, each of the stated sites should be coded as secondary or metastatic.

A code should also be assigned for the primary site when this information is available; it should be coded **C80.1** Malignant (primary) neoplasm, unspecified when it is not.

SINGLE METASTATIC SITE

When only one site is described as metastatic without any further qualification and no more definitive information can be obtained by reviewing the medical record, the following steps should occur:

Refer first to the morphology type in the Alphabetic Index and code to the primary condition of that site. For example, a diagnosis of metastatic renal cell carcinoma of the lung indicates that the primary site is the kidney and the secondary site is the lung. The correct coding for this is:

- **C64.9, Malignant neoplasm of kidney, except renal pelvis, unspecified side**
- **C78.00, Secondary malignant neoplasm of lung, unspecified side.**

NO SITE STATED

- Code **C80.0** , **Disseminated malignant neoplasm, unspecified**, is for use only in those cases where the patient has advanced metastatic disease and no known primary or secondary sites are specified.
- Code **C80.1** , **Malignant (primary) neoplasm, unspecified**, equates to Cancer, unspecified. This code should only be used when no determination can be made as to the primary site of a malignancy. This code should rarely be used in the inpatient setting.
- Code **C79.9**, **Secondary malignant neoplasm of unspecified site**, is assigned when no site is identified for the secondary neoplasm.

NO SITE STATED

When no site is indicated in the diagnostic statement but the morphology type is qualified as metastatic, the code provided for that morphological type is assigned for the primary diagnosis along with an additional code for secondary neoplasm of unspecified site. For example, a diagnosis of metastatic apocrine adenocarcinoma with no site specified is coded as a primary malignant neoplasm of the skin, site unspecified (C44.99). An additional code of C79.9 is assigned for the secondary neoplasm.

Code C44.99 is obtained by referring to the following main term and subterms:

Adenocarcinoma . . .

-apocrine . . .

--unspecified site C44.99

CODING EXERCISE #2

Code the following diagnoses:

- 1) Metastatic carcinoma of right lung
- 2) Metastatic carcinoma to brain
- 3) Metastatic carcinoma from prostate to pelvic bone

ANSWERS EXERCISE #2

- 1) Metastatic carcinoma of right lung: **C34.91**
and C79.9
- 2) Metastatic carcinoma to brain: **C79.31** and
C80.1
- 3) Metastatic carcinoma from prostate to pelvic
bone: **C61** and **C79.51**

NEOPLASMS OF LYMPH NODES OR GLANDS

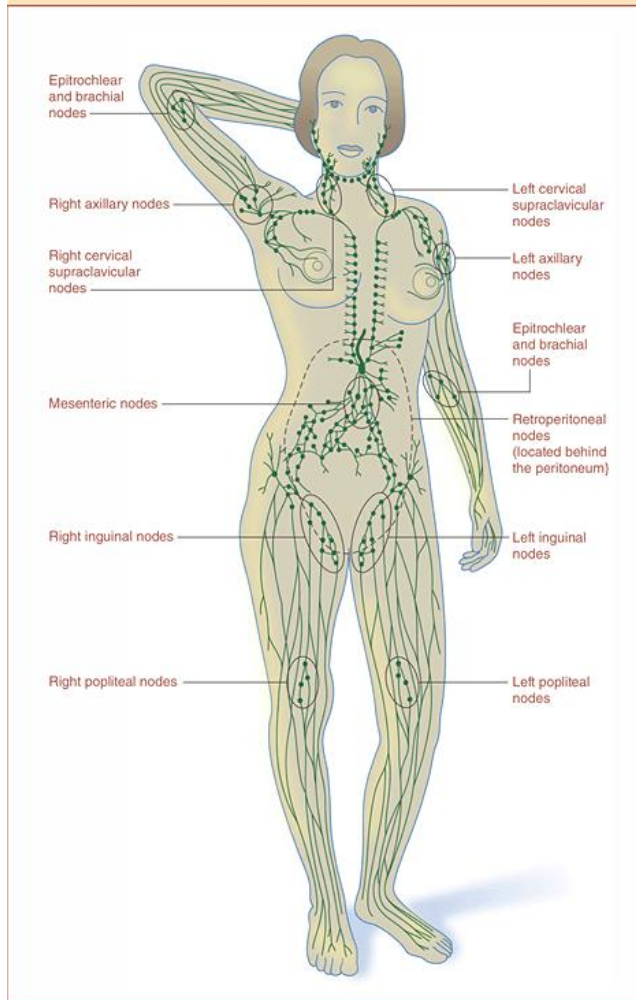
C81 – C88

Primary malignant neoplasms of lymph nodes or glands are classified in categories **C81 through C88**, with a fourth character providing more specificity about the particular type of neoplasm and a fifth character indicating the nodes involved (except for categories C86 and C88, which do not specify site). If the neoplasm involves lymph nodes or glands of additional sites, the fifth character "8" is assigned to indicate that the malignancy now involves multiple sites. For example, code:

C83.38, Diffuse large B-cell lymphoma, lymph nodes of multiple sites, is assigned for a diagnosis of diffuse large B-cell lymphoma of intra-abdominal and intrathoracic lymph nodes; individual codes are not assigned.

LYMPHATIC SYSTEMS

FIGURE 29.1 Lymphatic System



Unlike solid tumors, neoplasms that arise in lymphatic tissues do not spread to secondary sites. Instead, malignant cells circulate and may occur in other sites within these tissues. These sites are considered to be primary neoplasms rather than secondary. Figure 29.1 shows the location of the lymph nodes in the body.

NEOPLASMS OF LYMPH NODES OR GLANDS

When a solid tumor has spread to the lymph nodes, a code from category C77 is assigned. For example, adenocarcinoma of right female breast with metastasis to lymph nodes of the axilla is coded:

C50.911, Malignant neoplasm of unspecified site of right female breast

C77.3, Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes

HODGKIN'S LYMPHOMA C81

- Cancer originating from lymphocytes.
- Characterized by the orderly spread of disease from one lymph node group to another
- Development of systemic symptoms with advanced disease
- Fourth-character subclassification to identify the pathologic subtype of Hodgkin's lymphoma
- Fifth characters identify the lymph nodes affected

HODGKIN'S LYMPHOMA

C81.0 Nodular lymphocyte predominant Hodgkin lymphoma

C81.00	unspecified site
C81.01	lymph nodes of head, face, and neck
C81.02	intrathoracic lymph nodes
C81.03	intra-abdominal lymph nodes
C81.04	lymph nodes of axilla and upper limb
C81.05	lymph nodes of inguinal region and lower limb
C81.06	intrapelvic lymph nodes
C81.07	spleen
C81.08	lymph nodes of multiple sites
C81.09	extranodal and solid organ sites

NON-HODGKIN'S LYMPHOMA

C85

A heterogeneous group of malignant lymphomas that present a clinical picture that is similar to Hodgkin's disease but with the absence of the characteristic giant Reed-Sternberg cells.

Lymphomas develop from the lymphoid components of the immune system. The main cell found in lymphoid tissue is the lymphocyte, an infection-fighting white blood cell, of which there are two main types: B lymphocytes (B-cells) and T lymphocytes (T-cells).

Occur at any age and are often marked by lymph nodes that are larger than normal and by fever and weight loss. There are many different types of non-Hodgkin's lymphoma. These types can be divided into aggressive (fast-growing) and indolent (slow-growing) types, and they can be formed from either B or T-cells.

MULTIPLE MYELOMA, OTHER IMMUNOPROLIFERATIVE NEOPLASMS, AND LEUKEMIA

C90 Multiple myeloma and malignant plasma cell neoplasms
Fourth character indicating the particular **type** of neoplasm.

C91- C95 Leukemias

Fourth character indicating either the **stage** of the disease (acute or chronic) or the type of leukemia (e.g., adult T-cell, prolymphocytic leukemia of T-cell type).

For all codes in categories **C90** through **C95**, a **fifth character** is used to indicate the **status** of the patient, as follows:

- 0 Not having achieved remission (failed remission)
- 1 In remission
- 2 In relapse

MULTIPLE MYELOMA, OTHER IMMUNOPROLIFERATIVE NEOPLASMS, AND LEUKEMIA

It is important not to confuse "in remission" with personal history. The categories for leukemia, and category **C90**, Multiple myeloma, have codes indicating whether the leukemia has achieved remission. Relevant personal history codes are:

Z85.6 Personal history of **leukemia**

Z85.79 Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

Personal history codes explain a patient's past medical condition that no longer exists and is not receiving treatment but has the potential for recurrence, and therefore may require continued monitoring. If the documentation is unclear as to whether the leukemia has achieved remission, the provider should be queried.

CODING EXERCISE #3

Code the following diagnoses:

- 1) Aleukemic myeloid leukemia, in remission
- 2) Intrapelvic Hodgkin's granuloma
- 3) Diffuse large B-cell lymphoma intra-abdominal

ANSWERS EXERCISE #3

- 1) Aleukemic myeloid leukemia, in remission:
C92.Z1
- 2) Intrapelvic Hodgkin's granuloma: **C81.96**
- 3) Diffuse large B-cell lymphoma intra-abdominal: **C83.33**

SEQUENCING OF CODES FOR NEOPLASTIC DISEASES

The basic rule for designating principal diagnoses is the same for neoplasms as for any other condition; that is, the principal diagnosis is the condition found after study to have occasioned the current admission or encounter. There is no guideline that indicates a code for malignancy takes precedence. Because the principal diagnosis is sometimes difficult to determine in a patient with a malignant neoplasm, however, the thrust of treatment can often be used as a guide to selecting the principal diagnosis.

TREATMENT DIRECTED AT PRIMARY SITE

- When treatment is directed toward the primary site, the malignancy of that site is designated as the principal diagnosis, in which case the primary malignancy is coded as the principal diagnosis, followed by any metastatic sites.
- The only exception to this guideline is if a patient admission/encounter is solely for the administration of chemotherapy, immunotherapy, or radiation therapy, in which case the appropriate Z51.- code is assigned as the first-listed or principal diagnosis, and the diagnosis or problem for which the service is being performed is assigned as a secondary diagnosis.
- For example:

C18.7 + C78.7 Carcinoma of sigmoid colon with small metastatic nodules on the liver; sigmoid resection of the colon carried out

Z51.11 + C18.7 Carcinoma of sigmoid colon with prior resection; admitted for chemotherapy

TREATMENT DIRECTED AT SECONDARY SITE

- When a patient is admitted because of a primary neoplasm with metastasis and treatment is directed solely toward the secondary site, the secondary site is designated as the principal diagnosis even though the primary malignancy is still present. A code for the primary malignancy is assigned as an additional diagnosis.
- When a patient is admitted because of a primary neoplasm with metastasis and treatment is directed equally toward the primary and secondary sites, the primary malignancy should be designated the principal diagnosis, with an additional code assigned to the secondary neoplasm.

ADMISSION FOR ANEMIA ASSOCIATED WITH A MALIGNANT NEOPLASM

The exception to this sequencing guideline is anemia. When the 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.**

ADMISSION FOR ANEMIA ASSOCIATED WITH A MALIGNANT NEOPLASM

- When the admission/encounter is for management of an anemia associated with an adverse effect of the administration of chemotherapy or immunotherapy, and the only treatment is for the anemia, the anemia code is sequenced first, followed by the appropriate codes for the neoplasm and the adverse effect (T45.1x5-). For example:

A patient with metastatic, non-small cell lung cancer of the right upper lobe develops anemia following chemotherapy. The patient presents to the oncologist for treatment of anemia of chemotherapy:

D64.81, Anemia due to antineoplastic chemotherapy

C34.11, Malignant neoplasm of upper lobe, right bronchus or lung

T45.1x5-, Adverse effect of antineoplastic and immunosuppressive drugs

ADMISSION FOR COMPLICATION ASSOCIATED WITH A MALIGNANT NEOPLASM

- When the admission/encounter is for management of dehydration due to the malignancy or the therapy or a combination of both, and only the dehydration is being treated (intravenous rehydration), the dehydration is sequenced first, followed by the code(s) for the malignancy.
- Because the principal diagnosis may be difficult to determine, the focus of treatment can often be used as a guide. For example:
 - A patient under treatment for prostate cancer is admitted for gross hematuria. The patient receives 15 units of blood, and bladder irrigation is started and continues until the urine is clear. Code **R31.0, Gross hematuria**, is assigned as principal diagnosis. Assign code **C61, Malignant neoplasm of prostate**, as an additional diagnosis. In this case, the patient was admitted and treated for gross hematuria. Treatment was not directed at the malignancy.

CODING EXERCISE #4

Code the following diagnoses:

- 1) Ovarian carcinoma with malignant ascites and metastasis to the peritoneal cavity, admitted for the drainage of ascites.
- 2) Brain metastasis, admitted for chemotherapy.

ANSWERS EXERCISE #4

1) Ovarian carcinoma with malignant ascites and metastasis to the peritoneal cavity, admitted for the drainage of ascites:

R18.0, C56.9, and C78.6

2) Brain metastasis, admitted for chemotherapy:

Z51.11 and C79.31