

# ICD-10-CM and Cancer Surveillance

NAACCR 2011-2012 Webinar Series  
July 12, 2012



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## Q&A

- Please submit all questions concerning webinar content through the Q&A panel.

Reminder:

- If you have participants watching this webinar at your site, please collect their names and emails.
  - We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

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## Fabulous Prizes



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### Agenda

- From ICD-9-CM to ICD-10-CM: Coding for Neoplasms
  - Kay Kostal, M.Ed., RHIT, CCS
  - Deborah Balentine, M.Ed., RHIA, CCS-P
- Getting to Know ICD-10-PCS
  - Celia Lange, RHIT, CCS, CCS-P
- Procedure Codes and the Registry Field
  - Jennifer Ruhl, RHIT, CCS, CTR



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### From ICD-9-CM to ICD-10- CM Coding for Neoplasms

Kay Kostal, M.Ed., RHIT, CCS  
 Deborah Balentine, M.Ed., RHIA, CCS-P  
*North American Association of Central Cancer Registries*  
 July 12, 2012

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### Please Note:

The material presented here is for informational purposes only and should not be considered legal and binding for reporting and reimbursement purposes.

This presentation is based on the most current information available and is subject to change as the ICD-10-CM/PCS code sets progress to their final implementation date.

The participant is encouraged to use the list of resources provided with this presentation to keep abreast of the progress of the ICD-10-CM/PCS implementation.

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### Objectives

- ICD-10-CM Updates
- Overview of the ICD-10-CM Classification System
- ICD-10-CM Neoplasm Coding Guidelines
- Selecting the Proper Code using ICD-10-CM
- ICD-10 –CM to ICD-O Case Studies

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### ICD-10-CM Where are we now?

- Timeline
- The initial proposed rule for the adoption of ICD-10-CM was published in 2008 with an original compliance (implementation) date of 2011.
- The final rule for adopting ICD-10-CM was first published in **January 2009** and had an implementation date of **Oct 1<sup>st</sup> 2013**
- **October 1 2013 – Original ICD-10-CM implementation date**

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### Where are we now?

**November 15, 2011** – AMA house of delegates votes to stop the implementation of ICD-10-CM at their semi-annual policy making meeting

**February 16, 2012** – HHS Secretary Kathleen G. Sebelius announces the intent to delay the Oct 1, 2013 ICD-10-CM implementation date

Sebelius states "We have heard from many in the provider community who have concerns about the administrative burdens they face in the years ahead. We are committing to work with the provider community to reexamine the pace at which HHS and the nation implement these important improvements to our health care system"

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**Where are we now?**

- **April 17, 2012** – Health and human Services publish a proposed rule to change the compliance date for ICD-10-CM implementation to **Oct 1 2014**
- This proposed rule is published in the Federal Register  
“We believe that a 1-year delay would benefit all covered entities, even those who had are actively planning and striving for a 2013 implementation. A 1-year delay would enable the industry as a whole to test more robustly and implement simultaneously, which would foster a smoother and more coordinated transition to ensure the continued and uninterrupted flow of health care claims and payment. Therefore, we are proposing that covered entities must comply with ICD-10-CM on October 1, 2014’

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**Where are we now?**

- A 30 day comment period follows. Comments may be submitted until 5 pm. On May 17, 2012.
  - Comments received within the comment period are available for public view at  
<http://www.regulations.gov/>
- Hopefully, sometime this summer we can expect the Final Rule to be published in the Federal Register.

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**ICD-9 –CM to ICD-10-CM  
Overview of the ICD-10-CM  
Classification System**

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### ICD-10 versus ICD-10-CM

ICD 10 is the classification used to code and classify **mortality** data from death certificates.

ICD-10-CM (Clinical Modification) is used to code and classify **morbidity** data from inpatient and out-patient medical records and physician offices

We will be using ICD-10-CM codes and guidelines for this presentation.

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### Coding Basics

- In the coding environment, code assignment is based on provider documentation. Usually the provider must be a physician, but not always. For example, documentation by a Physician Assistant and, in some cases, an Advanced Practice Nurse.

Example:

Coders are allowed to use nutritionist documentation to capture a code for the BMI but a physician must document obesity.

- Bottom line, code assignment **must** be supported by documentation,

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### Coding Basics

- Conditions are assigned codes as long as they are documented in the medical record, receive treatment, and have an impact to the current encounter.
- For example, diabetes is a chronic condition but would be assigned a codes as long as the person receives treatment for it

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### Coding Basics

- The assignment of codes in neoplasm coding is dependent on the behavior of the neoplasm as documented in the medical record.
- Code assignments are also given for metastatic sites.
- Example: Patient with a lung primary is admitted for seizures secondary to brain metastasis.

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### ICD-9-CM vs. ICD-10-CM Comparison

#### ICD-9-CM Code Format

- 3-5 digits
- First character may be numeric or alpha (E or V)
- Digits 2-5 are numeric
- Always at least 3 digits
- Use of decimal after 3 digits

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### ICD-9-CM vs. ICD-10-CM Comparison

#### ICD-10-CM Code Format

- 3-7 characters
- Character 1 is alpha
- All letters except U
- Characters 2-7 are alpha or numeric
- Use of decimal after 3 characters

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### What's new in ICD-10-CM

- Laterality
- Greater specificity (anatomical site)
- Greater Clarity in instructional notes

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### What's New in ICD-10-CM?

- **Examples - Laterality :**  
**C34.31** – malignant neoplasm RIGHT main bronchus or lung  
**C34.32** – malignant neoplasm LEFT main bronchus or lung  
**C4A. 71** – Merkel cell carcinoma of the right lower limb, including hip  
**C4A.72** - Merkel cell carcinoma of the left lower limb, including hip.

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### What's New in ICD-10-CM?

- **Examples - Greater specificity in terms of anatomical sites:**  
**C00.0 - Malignant neoplasm of external upper lip**  
Malignant neoplasm of lipstick area of upper lip  
Malignant neoplasm of upper lip NOS  
Malignant neoplasm of vermilion border of upper lip  
**C30.1 - Malignant neoplasm of middle ear**  
Malignant neoplasm of antrum tympanicum  
Malignant neoplasm of auditory tube  
Malignant neoplasm of eustachian tube  
Malignant neoplasm of inner ear  
Malignant neoplasm of mastoid air cells  
Malignant neoplasm of tympanic cavity

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### What's New in ICD-10-CM?

• **Greater clarity in instructional notes**

New "Excludes" instructional notes.

**Excludes 1 - NOT CODED HERE!!** This means that the code excluded should NEVER be used at the same time as the code above the note.

**Excludes 2 - not included here.** This means the condition excluded is not part of the condition represented by the code but a patient may have both conditions at the same time.

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### What's New in ICD-10-CM?

**Examples – Instructional Notes:**

**C43 - Malignant melanoma of skin**

**Excludes1:**

Melanoma in situ (D03.-)

**Excludes2:**

Malignant melanoma of skin of genital organs

(C51-C52, C60.-, C63.-)

Merkel cell carcinoma (C4a.-)

Sites other than skin-code to malignant neoplasm of the site

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### What's New in ICD-10-CM?

**Examples – Instructional Notes:**

**C34 - Malignant neoplasm of bronchus and lung**

**Use additional code to identify:**

- exposure to environmental tobacco smoke (Z77.22)
- exposure to tobacco smoke in the perinatal period (P96.81)
- history of tobacco use (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

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**Knowledge check**

- Some of the new features in ICD-10-CM include which of the following?
- A. Laterality
- B. Indicators for the onset of a disease process
- C. Greater detail pertaining to anatomical site
- D. A and C
- E . All of the above

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**Knowledge check**

- Answer: D – both A and C
- Some of the features of ICD-10-CM include Laterality
- More detail as it pertains to anatomical site

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**From ICD-9-CM to ICD-10-CM**

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**The ICD-10-CM Neoplasm Chapter 2**

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### Coding and Documentation

In order to find a code we need the providers documentation.  
In order to find a code we must know the morphology –  
Morphology codes are not reported.

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### Coding and Documentation

- To identify the morphology for the majority of Chapter 2 codes that don't include the histology type, comprehensive morphology codes are provided. These are derived from the ICD-O Classification.

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### Coding and Documentation

The documentation reads as follows:

**“Mixed astrocytic glioma of the brain”.**

ICD-10-CM Alphabetic Index Entry:

**Glioma**

astrocytic

specified site – see Neoplasm, malignant by site

unspecified site C71.9

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ICD-10-CM Neoplasms - Chapter 2

Code groupings:

C00 – C75: Malignant Neoplasms, stated or presumed to be primary, of specified sites except for lymphoid, hematopoietic and related tissue.

- C16.2 – Malignant neoplasm of the body of the stomach

C76 – C80: Malignant neoplasms of ill defined, secondary and unspecified sites.

- C76.1 – Malignant neoplasm of thorax

C81 – C96: Malignant neoplasms of lymphoid, hematopoietic and related tissue.

- C92.0 – Acute myeloblastic leukemia

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ICD-10-CM Neoplasms - Chapter 2

Code groupings:

D00 – D09: In-situ Neoplasms

- D09.0 – Carcinoma in situ of the bladder

D10 – D36: Benign Neoplasms

- D33.2 – Benign neoplasm of the brain

D37 – D48: Neoplasms of uncertain behavior

- D37.02 – Neoplasm of uncertain behavior of the tongue

D49 – Neoplasms of unspecified behavior

- D49.1 – Neoplasm of unspecified behavior of the respiratory system.

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ICD-10-CM Neoplasms - Chapter 2

Code groupings: C00 – D49

- Classifies neoplasms by site (topography) with broad groupings for behavior – i.e –malignant, benign, in situ, etc.

- The Table of Neoplasms should be used to identify the correct topography code.

- In some cases, like malignant melanomas and certain neuroendocrine tumors, the morphology is included in the category and codes.

- All neoplasms are classified in this chapter whether they are functionally active or not. Additional codes from Chapter 4 (Endocrine, Nutritional and Metabolic diseases) are used to identify functional activity associated with any neoplasm.

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### ICD-10-CM Neoplasms – Chapter2

- A primary malignant neoplasm that overlaps two or more boundaries or more contiguous sites should be classified to the subcategory .8 (overlapping lesion)

Example:

**Malignant neoplasm of overlapping sites of the esophagus**

Code(s): C15.8

**Malignant neoplasm of esophagus, unspecified**

Code(s): C15.9

These codes are an exact match with the codes in ICD-O!

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### Health Status Codes (V-Codes)

New Health Status codes have been developed to describe histories of neoplastic activity.

**Category Z85** - Personal Histories of Primary, Secondary, In-Situ and Benign Malignancies (Z85.x)

**Category Z80** - Family Histories of Primary Malignancies

**Category Z15** - genetic susceptibility to disease (includes confirmed abnormal gene)

Z15.0 – genetic susceptibility to malignant neoplasm

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### List of “Z” codes for P/F Histories

Z80 – Family History of Malignant Neoplasms

Z80.0 – Family History of Malignant Neoplasm of the Digestive Organs

Z80.6 – Family History of Leukemia

Z85 – Personal History of Malignant Neoplasms

Z85.03 0 – Personal History of Malignant Carcinoid Tumor of the Large Intestine

Z85.038 – Personal History of Other Malignant Neoplasm of the Large Intestine

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### Knowledge Check

- Question: Codes for neoplasms of lymphatic and hematopoietic origin would be classified to which categories in ICD-19-CM?
- A. C00-C75
- B. C76- C80
- C. C81-C96
- D. C92

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### Knowledge Check

- The answer is C. C81-C96
- Neoplasms of lymphatic and hematopoietic origin would be classified to these categories

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### ICD-10-CM Neoplasm table

- The neoplasm table includes codes for solid organ neoplasms only.
- Codes for melanomas and neoplasms of lymphatic and hematopoietic origins are found by referencing the Alphabetical Index.
- The Neoplasm Table is organized by anatomical site.
- The Neoplasm Table also includes six columns which identify the behavior of the neoplasm:
 

Malignant Primary	Benign
Malignant Secondary	Uncertain Behavior
CA in situ	Unspecified Behavior
- *The codes listed in the Neoplasm Table are complete codes with the exception of codes listed with a dash -, following the code have a required 5th character for laterality. The Tabular list must be reviewed for the complete code.*

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### ICD-10-CM Neoplasm Table

Anatomical Site	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
Brain, NEC	C71.9-	C79.31	-	D33.2	D43.2	D49.6
- basal ganglia	C71.0-	C79.31	-	D33.0	D43.0	D49.6
- medulla oblongata	C71.7	C79.31	-	D33.2	D43.1	D49.6
- corpus callosum	C71.8	C79.31	-	D33.2	D43.2	D49.6
- cerebellum	C71.6	C79.31	-	D33.1	D43.1	D49.6
- overlapping lesion	C71.8	C79.31	-	-	-	-
- occipital lobe	C71.4	C79.31	-	D33.0	D43.0	D49.6

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### Neoplasm Guidelines

- If the treatment is directed at the malignancy, designate the malignancy as the principal diagnosis.

*“A patient with cirrhosis of the liver and renal cell carcinoma of the right kidney is admitted for a laparoscopic native nephrectomy...”*

**ICD-9-CM Code(s): 189.0 and 571.5**  
**ICD-10-CM Code(s): C64.1 and K74.60**

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### Neoplasm Guidelines

- When a patient is admitted because of a primary neoplasm with metastasis and treatment is directed toward the secondary site only, the secondary neoplasm is designated as the principal diagnosis even though the primary malignancy is still present.

*“A patient is diagnosed with a primary malignancy of the prostate with a metastasis to the colon. The patient undergoes a hemicolectomy with an ileostomy...”*

**ICD-9-CM Code(s): 197.5 and 185**  
**ICD-10-CM Code(s): C79.89 and C61**

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### Neoplasm Guidelines

- When the admission is solely for the purpose of chemotherapy, radiotherapy or immunotherapy. A Health Status code for the admission is used as a principle/first listed diagnosis followed by a code for the malignancy.

*“A patient presents to the oncology clinic for chemotherapy due to a relapse of their acute myelogenous leukemia...”*

**ICD-9-CM Code(s): V58.11 and 205.02**

**ICD-10-CM Code(s): Z51.11 and C92.92**

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### Neoplasm Guidelines

- When the admission/encounter is for management of an complication associated with chemotherapy, immunotherapy or radiotherapy and the only treatment is for the complication, the complication is sequenced as the principle dx followed by a code for the malignancy.

*“A patient is admitted for dehydration following a chemotherapy procedure for a malignant neoplasm of the cervix...”*

**ICD-9-CM Code(s): 276.51 and 183.0**

**ICD-10-CM Code(s): E86.0 and C53.9**

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### Neoplasm Guidelines

**Anemia associated with malignancy** – *this is a new guideline with ICD-10-CM.*

- When the encounter is for management of an anemia associated with the malignancy and the treatment is ONLY for the anemia, the code for the malignancy IS SEQUENCED FIRST followed by D63.0 – anemia in neoplastic disease.

*“A patient with neoplastic anemia is admitted for a blood transfusion. The patient suffers from a malignant neoplasm of the cervix...”*

**ICD-9-CM Code(s): 285.22, and 180.9**

**ICD-10-CM Code(s): C53.9 and D63.0**

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### Neoplasm Guidelines

**Anemia associated with malignancy** – *this is a new guideline with ICD-10-CM.*

- When the admission is for management of anemia caused by radiotherapy , sequence the anemia code first followed by the malignancy code and then add **Y84.2** – Radiological procedure as the cause of abnormal reaction to the patient (anemia)

*“A patient is admitted for anemia caused by a radiation procedure for a malignant neoplasm of the cervix...”*

**ICD-9-CM Code(s): 285.9, 180.9 and E947.8**

**ICD-10-CM Code(s): D63.0, C53.9 and Y84.2**

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### Neoplasm Guidelines

**Anemia associated with malignancy** – *this is a new guideline with ICD-10-CM.*

- When the admission is for management of anemia associated with an adverse effect of chemotherapy or immunotherapy, the anemia code goes first, followed by the malignancy code and then the code for the adverse effect code is sequenced last.

*“A patient is admitted for anemia caused by a chemotherapy procedure for a malignant neoplasm of the cervix...”*

**ICD-9-CM Code(s) - 285.9, 180.9 and E933.1**

**ICD-10-CM Codes - D63.0 and C53.9, T45.1x5A**

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### Neoplasm Guidelines

- When the primary malignancy has been previously excised or eradicated and there is NO further treatment to that site, use a code from Z85 category, Personal history of malignant neoplasm.

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### Knowledge Check

- True or False
- To locate a code for acute lymphoblastic leukemia you would reference the ICD-10-CM Neoplasm Table
- A. True
- B. False

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### Knowledge Check

- Answer: B. False.
- The statement is false:
- The neoplasm table includes codes for solid organ neoplasms only.
- Codes for melanomas and neoplasms of lymphatic and hematopoietic origins are found by referencing the Alphabetical Index.

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### From ICD-9-CM to ICD-10-CM

Selecting the Proper Code using ICD-10-CM

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**Selecting codes using ICD-10-CM**

**Step One** – Determine the behavior of the neoplasm.

**Step Two** - Search the Alphabetical Index for the main term

**Step Three** – Select the appropriate code using the Alphabetical Index.

**Step Four** – Verify the code in the Tabular List

**Step Five** – Assign the code

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**Selecting Codes Using ICD-10-CM**

**Example 1**  
The diagnostic statement reads as follows:  
**Angioimmunoblastic T-Cell Lymphoma**

**Step One** – Determine the behavior of the neoplasm.

**Step Two** - Search the Alphabetical Index for the main term

**Lymphoma (of) (malignant) C85.90**  
- adult T-cell (HTLV-1-associated) (acute variant) (chronic variant) (lymphomatoid variant) (smouldering variant) C91.5-  
- anaplastic large cell  
angioimmunoblastic T-cell C86.5

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**Selecting Codes Using ICD-10-CM**

**Step Three** – Select the appropriate code using the Alphabetical Index.

**C86.5** - Angioimmunoblastic T-cell lymphoma

**Step Four** – Verify the code in the Tabular List

**C86.5** - Angioimmunoblastic T-cell lymphoma  
Angioimmunoblastic lymphadenopathy with dysproteinemia (AILD)

**Step Five** – Assign the code

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### Selecting Codes Using ICD-10-CM

**Example 2**

The diagnostic statement reads as follows:

**Carcinoma of the lung, left lower lobe**

**Step One** – Determine the behavior of the neoplasm.

**Step Two** - Search the Alphabetical Index for the main term  
*(In this case the Alphabetical Index will refer you to the Neoplasm Table)*

**Carcinoma (malignant)** —see also Neoplasm, by site, malignant

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### Selecting Codes Using ICD-10-CM

**Step Three** – Select the appropriate code in the Neoplasm Table

Anatomical Site	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
lung	C34.9-	C78.0-	D02.2-	D14.3-	D38.1-	D49.1-
- lobe NEC	C34.9-	C78.0-	D02.2-	D14.3-	D38.1-	D49.1-
- lower lobe	C34.3-	C78.0-	D02.2-	D14.3-	D38.1-	D49.1-
- main bronchus	C34.0-	C78.0-	D02.2-	D14.3-	D38.1-	D49.1-
- middle lobe	C34.2-	C78.0-	D02.21-	D14.31-	D38.1-	D49.1-
- overlapping lesion	C34.8	C78.0-	D02.2-	D14.3-	D38.1-	D49.1-
- upper lobe	C34.1	C78.0-	D02.2-	D14.3-	D38.1-	D49.1-

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### Selecting Codes Using ICD-10-CM

**Step Four** – Verify the code in the Tabular List

**C34.3** - Malignant neoplasm of lower lobe, bronchus or lung

**C34.30** Malignant neoplasm of lower lobe, unspecified bronchus or lung

**C34.31** Malignant neoplasm of lower lobe, right bronchus or lung

**C34.32** Malignant neoplasm of lower lobe, left bronchus or lung

**Step Five** – Assign the code

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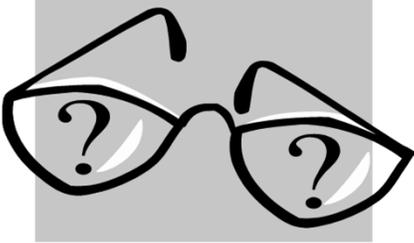
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Questions?



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Neoplasm Case Studies

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Case Study #1

A 59 year old male is admitted with a previous diagnosis of oat cell carcinoma of the right upper lobe of the lung. The patient has a new diagnosis of bone metastasis. This admission was for chemotherapy that was administered to the site of the metastasis only.

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**Case Study #1**

**Principal Diagnosis:**

Admission for Chemotherapy

**Secondary Diagnoses:**

Metastatic Oat Cell Carcinoma of the Bone

Oat Cell Carcinoma of the Right Upper Lobe of the Lung

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**Case Study #1**

**Neoplasm Guideline – (Slide 39):**

“... When the admission is solely for the purpose of chemotherapy, radiotherapy or immunotherapy. A Health Status code for the admission is used as a principle/first listed diagnosis followed by a code for the malignancy...”

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**Case Study #1**

**Neoplasm Guideline – Treatment of secondary site:**

“... When a patient is admitted because of a primary neoplasm with metastasis and treatment is directed toward the secondary site only, the secondary neoplasm is designated as the principal diagnosis even though the primary malignancy is still present...”

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### Case Study #1

Codes	ICD-9-CM	ICD-10-CM	ICD-0
Admission for Chemotherapy	V58.11	Z51.11	Not Reported
Oat Cell carcinoma - Secondary site (Bone)	198.5	C79.51	C41.3
Oat Cell carcinoma - Primary site RUL of lung	162.3	C34.11	Review documentation to determine if primary has been previously reported.

Case Study #1

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### Case Study #2

A female patient with a two month history of chronic cough and hoarseness is scheduled for an outpatient flexible fiberoptic laryngoscopy with biopsy of the cricoids.

The patient was taken to the operating suite where topical anesthetic spray and IV sedation were administered. The laryngoscope was introduced and biopsies were taken from multiple sites of the affected areas.

The pathology report states "mixed metastatic adenocarcinoma and squamous cell carcinoma of the arytenoids cartilage and the posterior laryngeal commissure including the cricoids and extrinsic larynx." The operative report identifies the location of the primary malignancy in the upper third of the esophagus.

65

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### Case Study #2

**Principle Diagnosis:**

Primary malignancy of the upper third of the esophagus, mixed adenocarcinoma and squamous cell carcinoma.

**Secondary Diagnoses:**

Metastatic sites of the:

- Arytenoid cartilage
- Posterior laryngeal commissure
- Cricoids
- Extrinsic larynx

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### Case Study #2

Codes	ICD-9-CM	ICD-10-CM	ICD-O
Cancer of the Esophagus - mixed adenocarcinoma and squamous cell Primary Site	150.0	C15.3	C15.3 M-8560/3
Mixed adenocarcinoma and squamous cell Secondary Site (Arytenoids cartilage)	197.3*	C78.39*	C82.3 M-8560/6
Mixed adenocarcinoma and squamous cell Secondary Site (Posterior laryngeal commissure)	197.3*	C78.39*	C82.0
Mixed adenocarcinoma and squamous cell Secondary Site (Cricoid)	197.3*	C79.89	C13.0
Mixed adenocarcinoma and squamous cell Secondary Site (Extrinsic Larynx)	197.3*	C78.39*	C82.1

Case Study #2  
\* These codes would only be reported once per coding guidelines

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### Case Study #3

The patient is a 78 year old male with a new diagnosis of disseminated clear cell metastatic colon carcinoma at the hepatic flexure. The primary site was identified as the liver and the patient underwent a partial lobectomy two months prior. There is no indication of recurrence at this site to this date.

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### Case Study #3

**Principal Diagnosis:**

Disseminated clear cell metastatic colon carcinoma at the hepatic flexure.

**Secondary Diagnoses:???**

*But what about the primary site?????*

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### Case Study #3

**Neoplasm Guideline – Primary Malignancy Previously Excised:**

*“...When a primary malignancy has been previously excised or eradicated from its site and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy, a personal history code is used indicate the site of the former malignancy...”*

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### Case Study #3

**Neoplasm Guideline – Primary Malignancy Previously Excised (cont):**

*“...Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm of that site... the secondary malignancy is considered the principal diagnosis and the history code that describes the former primary malignancy is sequenced as the secondary diagnosis...”*

71

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### Case Study #3

Codes	ICD-9-CM	ICD-10-CM	ICD-O
Disseminated clear cell metastatic colon carcinoma at the hepatic flexure.	197.5	C78.5	C18.3
Personal history of Liver Malignancy	V10.07	Z85.05	Not reported

Case Study #3

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**Case Study #4**

**Pathology Report**  
 Liver Resection

**Impression:** Hepatocellular carcinoma, scirrhous, arising in a cirrhotic liver.

**Note:** The tumor process shows multiple nodules of scirrhous hepatocellular carcinoma arising in a cirrhotic process. No avascular space invasion is identified. The carcinoma does not appear to involve the cauterized surgical margin.

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**Case Study #4**

**Principle Diagnosis:**  
 Hepatocellular carcinoma, scirrhous, arising in a cirrhotic liver.

**Secondary Diagnosis:**  
 Cirrhosis of the Liver

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**Case Study #4**

Codes	ICD-9-CM	ICD-10-CM	ICD-O
Hepatocellular carcinoma, scirrhous,	155.0	C22.0	C22.0 M-8172/3
Cirrhosis of the liver	571.5	K74.60	Not reported

Case Study #4

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**Case Study #5**

**Pathology Report**

Stomach Biopsy

**Impression:** Fundic mucosa with focal infiltrate of cells consistent with signet ring cell adenocarcinoma. Extensive glandular apoptosis.

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**Case Study #5**

**Principal Diagnosis:**

Signet ring cell adenocarcinoma of the stomach

**Secondary Diagnoses:**

None to report

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**Case Study #5**

Codes	ICD-9-CM	ICD-10-CM	ICD-O
Fundus of stomach, signet ring cell adenocarcinoma	151.3	C16.1	C16.1 M-8490/3

Case Study #5

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### Case Study Prophylactic Admission

A 37 y/o female patient presents today for the prophylactic removal of both breasts. The patient has a strong family history of breast cancer (mother and sister) and genetic testing confirms a strong susceptibility to the disease.

**Code(s):** Z40.01 – Admission for prophylactic removal of the breast.

Z15.01 – Genetic susceptibility to malignant neoplasm of the breast.

Z80.3 – Family history of malignant neoplasm of the breast.

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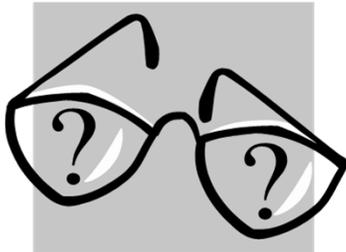
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### Questions?



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### References and Links

2012 ICD-10-CM information is available at:

<http://www.cdc.gov/nchs/icd/icd10cm.htm>

Hazelwood, A and Venable, C., ICD-10-CM and ICD-10-PCS Preview AHIMA Press (2009), Chicago, IL

Heubusch, Kevin. "Taking ICD-10-CM in Parts".(2011)

Retrieved 3/1/11 from:

<http://journal.ahima.org/2011/01/01/taking-icd-10-cm-in-parts.org>

ICD-10-CM Tabular List of Diseases and Injuries, Centers for Disease Control, 2012

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QUESTIONS???




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**GETTING TO KNOW  
ICD-10-PCS**

STRUCTURE & CONTENT

By  
Celia Lange, RHIT, CCS, CCS-P  
ICD-10-CM/PCS Trainer/Ambassador  
*NAACCR Committee: ICD-10-CM Implementation Team for  
Cancer Registrars-AHIMA representative*

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**ICD-10-PCS - Introduction**

- The main reason to create ICD-10-PCS was structural problems with ICD-9-CM
- The structure of PCS is very different from ICD-9-CM, Vol 3
- Vol 3 was based on diagnosis codes
- ICD-10-PCS is a procedural coding system

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**Key Attributes of ICD-10-PCS**

- Multiaxial - the system has a multiaxial structure
  - Each character has the same meaning within a section and across sections to the extent possible

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**Key Attributes of ICD-10-PCS (cont)**

- Completeness
  - Considered the key structural attribute for the new coding system
  - There is a unique code for all substantially different procedures
  - Each code retains its unique definition

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**Key Attributes of ICD-10-PCS (cont)**

**Example:**

- In ICD-9-CM, Vol. 3, there are a total of eight (8) codes to describe different versions of a mastectomy.
- In ICD-10-PCS, components can be combined to produce forty (40) unique codes defining all significantly different versions of the comparable mastectomy procedures.

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**Key Attributes of ICD-10-PCS (cont)**

- Expandability
  - The structure of the system allows the future incorporation of new procedures and technologies as unique codes
  - Ability to add new codes without disrupting the structure that exists

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**Key Attributes of ICD-10-PCS (cont)**

- Standardized terminology
  - Includes definitions of the terminology used
  - ICD-10-PCS defines a single meaning for each term used in the system

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**Key Attributes of ICD-10-PCS (cont)**

- No eponyms or common procedure names
  - Physicians' names are not included in a code description
  - Procedures are not identified by common terms or acronyms such as appendectomy or CABG
  - Procedures are coded to the root operation that accurately identifies the objective of the procedure

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### Key Attributes of ICD-10-PCS (cont)

- No combination codes – with rare exceptions
- ICD-10-PCS does not define multiple procedures with one code (tonsillectomy with adenoidectomy)

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### Key Attributes of ICD-10-PCS (cont)

- In ICD-9-CM, Vol. 3, Mastectomy has no definition, unless you purchase a codebook that has supplemental definitions as an upgrade
- In ICD-10-PCS, all procedure terminology has a written definition on all tables

*On the next couple of slides, we'll take a look at examples of how the definitions of procedures are incorporated into the ICD-10-PCS coding system*

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### Key Attributes of ICD-10-PCS (cont)

Ø Medical and Surgical  
 H Skin and Breast  
**B Excision - Cutting out or off, without replacement, a portion of a body part**

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
T Breast, Right	Ø Open	Z No device	X Diagnostic
U Breast, Left	3 Percutaneous		Z No Qualifier
V Breast, Bilateral	7 Via Natural or Artificial		
W Nipple, Right	Opening		
X Nipple, Left	8 Via Natural or Artificial		
Y Supernumerary Breast	Opening		
	Endoscopic		
	X External		

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### Key Attributes of ICD-10-PCS (cont)

∅ Medical and Surgical  
H Skin and Breast

**T Resection - Cutting out or off, without replacement, all of a body part**

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
T Breast, Right U Breast, Left V Breast, Bilateral Y Supernumerary Breast	∅ Open	Z No device	Z No Qualifier

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### Key Attributes of ICD-10-PCS (cont)

- Standardized level of specificity
  - Each code represents a single procedure variation
  - The standardized level of specificity can be predicted across the entire system

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### Key Attributes of ICD-10-PCS (cont)

∅ Medical and Surgical  
H Skin and Breast

**B Excision - Cutting out or off, without replacement, a portion of a body part**

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
T Breast, Right U Breast, Left V Breast, Bilateral W Nipple, Right X Nipple, Left Y Supernumerary Breast	∅ Open 3 Percutaneous 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic X External	Z No device	X Diagnostic Z No Qualifier

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### Key Attributes of ICD-10-PCS (cont)

Ø Medical and Surgical  
 H Skin and Breast  
 T Resection - Cutting out or off, without replacement, all of a body part

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
T Breast, Right U Breast, Left V Breast, Bilateral Y Supernumerary Breast	Ø Open	Z No device	Z No Qualifier

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### Structure of PCS Code System

- Codes are constructed from flexible code components, called values, using Tables
- Codes are seven characters
- Codes are alphanumeric
- There are 34 different values that can be assigned to each character, i.e. the number 0-9 and A-Z, except I and O

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### Structure of PCS Code System (cont.)

- ICD-10-PCS is composed of 16 sections
  - Majority of procedures performed in an inpatient setting located in the Medical and Surgical Section
  - All procedures in the Medical and Surgical Section begin the value, 0
  - Sections 1-9 are the Medical and Surgical-*related* Sections
  - Section B-D and F-H contain the Ancillary Sections

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### Three Components of PCS Code System

- Tables
  - Provide the valid choices of values available to construct a code
  - Consist of four columns and varying number of rows with each row specifying the valid choices for the characters 4-7
- Index
  - Used to access the root operation tables and consists of alphabetized main terms that represent either a root operation value or a common procedure term
- References
  - List of valuable resources

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### First Component – The Table

Ø Medical and Surgical  
 B Respiratory System  
 B Excision - Cutting out or off, without replacement, a portion of a body part

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
1 Trachea	Ø Open	Z No device	X Diagnostic
2 Carina	3 Percutaneous		Z No Qualifier
3 Main Bronchus, Right	4 Percutaneous Endoscopic		
4 Upper Lobe Bronchus, Right	7 Via Natural or Artificial Opening		
5 Middle Lobe Bronchus, Right	8 Via Natural or Artificial Opening Endoscopic		
6 Lower Lobe Bronchus, Right			
7 Main Bronchus, Left			
8 Upper Lobe Bronchus, Left			
9 Lingula Bronchus			
B Lower Lobe Bronchus, Left			
C Upper Lung Lobe, Right			
D Middle Lung Lobe, Right			
F Lower Lung Lobe, Right			
G Upper Lung Lobe, Left			
H Lung Lingula			
J Lower Lung Lobe, Left			
K Lung, Right			
L Lung, Left			
M Lungs, Bilateral			

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### Second Component – The Index

- The index provides the first three or four values of the code
- You don't need to access the index at all after you become proficient with the tables

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**Second Component – Example of the Index**

**Chemoembolization** *see* Introduction of substance in or on  
**Chemotherapy, Skin 3E00XTZ**  
**Chemothalamectomy** *see* Destruction, Thalamus **0059**  
**Chemotherapy, Infusion for cancer** *see* Introduction of substance in or on  
**Chest x-ray** *see* Plain Radiography, Chest **BW03**

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**Second Component – Example of the Index**

**Introduction of substance in or on** *continued*  
 Vein  
 Central **3E04**  
 Analgesics **3E04**  
 Anesthetic, Intracirculatory **3E04**  
 Anti-infective **3E04**  
 Anti-inflammatory **3E04**  
 Antiarrhythmic **3E04**  
 Antineoplastic **3E04**  
 Destructive Agent **3E04**  
 Diagnostic Substance, Other **3E04**

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**Second Component – Example of the Index - cont**

**Section 3** Administration  
**Body System E** Physiological Systems and Anatomical Regions  
**Operation 0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance, except blood or blood products

Body System/Region	Approach	Substance	Qualifier
3 Peripheral Vein	0 Open 3 Percutaneous	V Hormone	G Insulin H Human B-type Natriuretic Peptide J Other Hormone
3 Peripheral Vein	0 Open 3 Percutaneous	W Immunotherapeutic	K Immunostimulator L Immunosuppressive
4 Central Vein 5 Peripheral Artery 6 Central Artery	0 Open 3 Percutaneous	0 Antineoplastic	2 High-dose Interleukin-2 3 Low-dose Interleukin-2 5 Other Antineoplastic M Monoclonal Antibody P Clofarabine
4 Central Vein 5 Peripheral Artery 6 Central Artery	0 Open 3 Percutaneous	1 Thrombolytic	6 Recombinant Human-activated Protein C 7 Other Thrombolytic

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### Third Component - Resources

- List of valuable resources include Appendix A – G
  - Appendix A – Root Operation Definitions
  - Appendix B – Comparison of Medical and Surgical Root Operations
  - Appendix C – Body Part Key
  - Appendix D – Type and Type Qualifier Definitions, Sections B - H
  - Appendix E – Components of Medical and Surgical Approach Definitions
  - Appendix F – Character Meanings
  - Appendix G – Answers to Coding Exercises

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### Third Component - Resources

**Example: Body Part Key**

Dorsalis Pedis Artery	<b>Use:</b> Anterior Tibial Artery, Right Anterior Tibial Artery, Left
Duct of Santorini	<b>Use:</b> Pancreatic Duct, Accessory
Duct of Wirsung	<b>Use:</b> Pancreatic Duct
Ductus deferens	<b>Use:</b> Vas Deferens, Right Vas Deferens, Left Vas Deferens, Bilateral Vas Deferens
Duodenal ampulla	<b>Use:</b> Ampulla of Vater
Duodenojejunal flexure	<b>Use:</b> Jejunum

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### Third Component – Resources - cont

**Example: Definitions**

**Definitions**

Section-Character

- 0 3 Medical and Surgical – Operation
- 0 4 Medical and Surgical - Body Part
- 0 5 Medical and Surgical – Approach
- 0 6 Medical and Surgical – Device
- 1 3 Obstetrics – Operation
- 1 5 Obstetrics – Approach
- 2 3 Placement – Operation
- 2 5 Placement – Approach
- 3 3 Administration – Operation
- 3 5 Administration - Approach

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### Third Component – Resources - cont

**Example: Definitions**

**Section 3 - Administration Character 3 - Operation**

Introduction	<b>Definition:</b> Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products
Irrigation	<b>Definition:</b> Putting in or on a cleansing substance
Transfusion	<b>Definition:</b> Putting in blood or blood products

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### Closer Look at the Structure - Characters

Each character in the 7-character code represents an aspect of the procedure in the Medical and Surgical Section only as shown in the diagram below

1 Section	2 Body System	3 Root Operation	4 Body Part	5 Approach	6 Device	7 Qualifier
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### Character 1-Sections

- Medical and Surgical Section - 0
- Medical and Surgical-related Sections – 1-9
  - These sections include obstetrical procedures, administration of substances, measurement and monitoring of body functions, and extracorporeal therapies.
- Ancillary Sections – B-D and F-H
  - These six sections include imaging procedures, nuclear medicine, and substance abuse treatment, as listed in the following table:

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### Character 2-Body Systems

- Some traditional categories are subdivided into several body systems
  - Cardiovascular subdivided into
    - Heart & great vessels
    - Upper arteries
    - Lower arteries
    - Upper veins
    - Lower veins

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### Character 3-Root Operations

- Defined as the objective of the procedure
- There are 31 different root operation values
- Terminology used is very specific
- If multiple procedures as defined by distinct objectives are performed, then multiple codes are assigned

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### Character 4-Body Part

- Defines the specific anatomical site where the procedure is performed
- 34 possible body part values (0-9, A-Z, except I & O) in each body system

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**Character 5-Approach**

- Defines the technique used to reach the site of the procedure
- 7 different possible approach values
  - Open
  - Percutaneous
  - Percutaneous Endoscopic
  - Via Natural or Artificial Opening
  - Via Natural or Artificial Opening, Endoscopic
  - Via Natural or Artificial Opening with Percutaneous Endoscopic Assistance
  - External

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**Character 6-Devices**

- Grafts and prostheses
- Implants
- Simple or mechanical appliances
- Electronic appliances

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**Character 7-Qualifier**

- Defines an additional attribute of the procedure performed, if applicable
- May have a narrow application, to a specific root operation, body system, or body part
- Examples include:
  - Type of transplant
  - Second site for a bypass
  - Diagnostic excision (biopsy)

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### Values

- Based on documentation about the procedure performed, the values for each character specifying the section, body system, root operation, body part, approach, device, and qualifier are assigned
- The definition of each character is a function of its physical position in the code, so the same value placed in a different position in the code means something entirely different

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### Medical & Surgical Related Section

- Character 1 in the Medical and Surgical-related Section must be 1-9
- Various Sections have different formats
- As seen below, Section 4, Measurement and Monitoring does not have a Body System for its second character, but rather a Physiological System. The sixth character is not only Device, but rather, Function/Device.

1	2	3	4	5	6	7
Section	Physiological System	Root Operation	Body System	Approach	Function/Device	Qualifier

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### Ancillary Section

- Character 1 in Ancillary Section is B, C, D, F, G, H
- The 7 character format will change again depending on the Section
- In the example below, Section D, Radiation Oncology does not have a Root Operation for its third character, but rather a Root Type. The fourth character is not a Body Part, but rather, Treatment Site.

1	2	3	4	5	6	7
Section	Body System	Root Type	Treatment Site	Modality Qualifier	Isotope	Qualifier

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### Example of Tables & Codes

Obstetric (Section 1) – Code 10E0XZZ

1 Obstetrics  
 0 Pregnancy  
 E Delivery: Assisting the passage of the products of conception from the genital canal

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
0 Products of Conception	X External	Z No Device	Z No Qualifier

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### Examples of Ancillary Tables & Codes

Radiation Oncology (Section D) – D01697Z

D Radiation Oncology  
 0 Central and Peripheral Nervous System  
 1 Brachytherapy

Treatment Site Character 4	Modality Qualifier Character 5	Isotope Character 6	Qualifier Character 7
0 Brain 1 Brain Stem 6 Spinal Cord 7 Peripheral Nerve	9 High Dose Rate (HDR) B Low Dose Rate (LDR)	7 Cesium 137 (Cs-137) 8 Iridium 192 (Ir-192) 9 Iodine 125 (I-125) B Palladium 103 (Pd-103) C Californium 252 (Cf-252) Y Other Isotope	Z None

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### Example of PCS Process



Let's take a look at the process to build a code for a prostatectomy and the choices we have to make along the way. Until we're really comfortable with just the tables, we'll start with our Index.

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**Example Medical & Surgical Index**

**Pronator quadratus muscle**  
*use* Muscle, Lower Arm and Wrist, Left  
*use* Muscle, Lower Arm and Wrist, Right

**Pronator teres muscle**  
*use* Muscle, Lower Arm and Wrist, Right  
*use* Muscle, Lower Arm and Wrist, Left

**Prostatectomy**  
*see* Excision, Prostate **0VB0**  
*see* Resection, Prostate **0VT0**

**Prostatic urethra**  
*use* Urethra

**Prostatomy, prostatotomy**  
*see* Drainage, Prostate **0V90**

**Protégé® RX Carotid Stent System**  
*use* Intraluminal Device

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**Example of Medical & Surgical Table**

**Partial Prostatectomy – 0VB00ZZ**

Section **0** Medical & Surgical  
 Body System **V** Male Reproductive System  
 Operation **B** Excision: Cutting out or off, without replacement, a portion of a body part

Body Part	Approach	Device	Qualifier
<b>0</b> Prostate	<b>0</b> Open <b>3</b> Percutaneous <b>4</b> Percutaneous Endoscopic <b>7</b> Via Natural or Artificial Opening <b>8</b> Via Natural or Artificial Opening, Endoscopic	<b>Z</b> No Device	<b>X</b> Diagnostic <b>Z</b> No Qualifier

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**Example of Medical & Surgical Table**

**Total Prostatectomy – 0VT00ZZ**

Section **0** Medical & Surgical  
 Body System **V** Male Reproductive System  
 Operation **T** Resection: Cutting out or off, without replacement, all of a body part

Body Part	Approach	Device	Qualifier
<b>0</b> Prostate	<b>0</b> Open <b>4</b> Percutaneous Endoscopic <b>7</b> Via Natural or Artificial Opening <b>8</b> Via Natural or Artificial Opening, Endoscopic	<b>Z</b> No Device	<b>Z</b> No Qualifier

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Thank you for your attention!

**Contact information:**  
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**PROCEDURE CODES AND  
THE REGISTRY FIELD**

Jennifer Ruhl, RHIT, CCS, CTR  
*NAACCR Committee: ICD-10-CM Implementation  
Team for Cancer Registrars-Chair*

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Do Cancer Registrars  
really need to be  
concerned with  
procedure codes?

**YES!**

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### Procedures in the Cancer Registry

- Reviewing procedure codes can:
  - Assist in casefinding
  - Assist in collecting treatment information
  - Clarify types of procedures done

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### Planned resources

- Mappings to Cancer registry procedure codes
  - Updating resources developed by others (Wendy Scharber, Lynne Pennberthy, Laurel Gray)
- Released through the NAACCR ICD-10-CM Implementation Team for Cancer Registrars
  - Available on NAACCR website
  - Estimated completion date mid to late 2013

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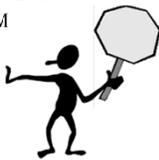
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### GEMS for Procedures

- General Equivalency Mappings (GEMs) developed for
  - ICD-9-CM (procedure codes) to ICD-10-PCS
  - ICD-10-PCS to ICD-9-CM (procedure codes)
- Any procedure mappings need to be reviewed
  - Extensive/detailed procedure codes in ICD-10-PCS
  - Generic/unspecified codes in ICD-9-CM



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**Surgery codes-CPT**

- Used by physicians and outpatient centers
- CPT codes will not be changing with ICD-10-PCS
  - Continue to have regular annual updates

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**Other treatment codes**

- Chemotherapy
- Radiation
- Immunotherapy
- Biological response modifier

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**HCPCS codes: the drug codes**

- Examples:
  - J9045-Carboplatin
  - J9000-Doxorubicin
  - J9355-Herceptin
  - J9265-Taxol
- Codes will not be changing with the implementation of ICD-10-PCS

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**Websites**

- ICD-10-CM (CDC):  
<http://www.cdc.gov/nchs/icd/icd10cm.htm>
- AHIMA website: <http://www.ahima.org/Default.aspx>
- AHIMA ICD-10-CM/ICD-10-PCS information:  
<http://www.ahima.org/icd10/>

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**Questions for  
Celia or Jennifer?**

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**Coming up!**

- 8/2/12  
– Collecting Cancer Data: Hematopoietic
- 9/6/12  
– Coding Pitfalls
- Register now for the 2012-2013 Cancer Registry & Surveillance Webinar Series  
– <http://www.naaccr.org/EducationandTraining/Webinars.aspx>

**And the winners of the fabulous prizes are....**

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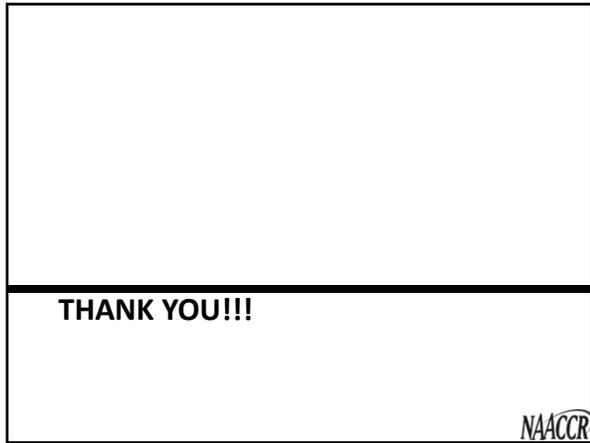
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