ICD-10-CM and Cancer Surveillance
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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.

Fabulous Prizes
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

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.
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

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 1st 2013.
  - October 1 2013 – Original ICD-10-CM implementation date

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.”
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*
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.

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.

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.
ICD-10-CM and Cancer Surveillance 7/12/2012

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.

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

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
**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
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.

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

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.

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)
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

Answer: D – both A and C

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

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

The ICD-10-CM Neoplasm Chapter 2
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.

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.

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
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

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

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.
ICD-10-CM Neoplasms – Chapter 2

- 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!

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

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
Z85.01 0 – Personal History of Malignant Carcinoid Tumor of the Large Intestine
Z85.018 – Personal History of Other Malignant Neoplasm of the Large Intestine
Knowledge Check

- Question: Codes for neoplasms of lymphatic and hematopoietic origin would be classified to which categories in ICD-10-CM?
  - A. C00-C75
  - B. C76-C80
  - C. C81-C96
  - D. C92

The answer is C. C81-C96

Neoplasms of lymphatic and hematopoietic origin would be classified to these categories.

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 Alphabetic 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.
ICD-10-CM and Cancer Surveillance

ICD-10-CM Neoplasm Table

<table>
<thead>
<tr>
<th>Anatomical Site</th>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>Cell Site</th>
<th>Behavior</th>
<th>Uncertain Behavior</th>
<th>Unspecified Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain, NEC</td>
<td>C71.9</td>
<td>C79.31</td>
<td>-</td>
<td>D33.2</td>
<td>D43.2</td>
<td>D49.6</td>
</tr>
<tr>
<td>Temporal lobe</td>
<td>C71.0</td>
<td>C79.31</td>
<td>-</td>
<td>D33.0</td>
<td>D43.0</td>
<td>D49.6</td>
</tr>
<tr>
<td>Basal ganglia</td>
<td>C71.7</td>
<td>C79.31</td>
<td>-</td>
<td>D33.2</td>
<td>D43.1</td>
<td>D49.6</td>
</tr>
<tr>
<td>Pons</td>
<td>C71.8</td>
<td>C79.31</td>
<td>-</td>
<td>D33.0</td>
<td>D43.2</td>
<td>D49.6</td>
</tr>
<tr>
<td>Medulla oblongata</td>
<td>C71.7</td>
<td>C79.31</td>
<td>-</td>
<td>D33.0</td>
<td>D43.0</td>
<td>D49.6</td>
</tr>
<tr>
<td>Corpus callosum</td>
<td>C71.8</td>
<td>C79.31</td>
<td>-</td>
<td>D33.2</td>
<td>D43.2</td>
<td>D49.6</td>
</tr>
<tr>
<td>Cerebellum</td>
<td>C71.6</td>
<td>C79.31</td>
<td>-</td>
<td>D33.1</td>
<td>D43.1</td>
<td>D49.6</td>
</tr>
<tr>
<td>Overlapping lesion</td>
<td>C71.8</td>
<td>-</td>
<td>-</td>
<td>D33.0</td>
<td>D43.0</td>
<td>D49.6</td>
</tr>
<tr>
<td>Occipital lobe</td>
<td>C71.4</td>
<td>C79.31</td>
<td>-</td>
<td>D33.0</td>
<td>D43.0</td>
<td>D49.6</td>
</tr>
</tbody>
</table>

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

- 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
### 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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- **When the admission/encounter is for management of a 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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- **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
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

- 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 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

- 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.
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

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.

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

Selecting the Proper Code using ICD-10-CM
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

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

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
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

<table>
<thead>
<tr>
<th>Anatomical Site</th>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>Car in situ</th>
<th>Benign</th>
<th>Uncertain Behavior</th>
<th>Unspecified Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>C30.9</td>
<td>T87.6</td>
<td>D02.2</td>
<td>D04.3</td>
<td>D38.1</td>
<td>D48.1</td>
</tr>
<tr>
<td>- lobe NEC</td>
<td>C34.5</td>
<td>T87.5</td>
<td>D02.2</td>
<td>D04.3</td>
<td>D38.1</td>
<td>D48.1</td>
</tr>
<tr>
<td>- lower site</td>
<td>C34.5</td>
<td>T87.5</td>
<td>D02.2</td>
<td>D04.3</td>
<td>D38.1</td>
<td>D48.1</td>
</tr>
<tr>
<td>- main bronchus</td>
<td>C34.0</td>
<td>T87.6</td>
<td>D02.2</td>
<td>D04.3</td>
<td>D38.1</td>
<td>D48.1</td>
</tr>
<tr>
<td>- middle lobe</td>
<td>C34.2</td>
<td>T87.6</td>
<td>D02.2</td>
<td>D04.3</td>
<td>D38.1</td>
<td>D48.1</td>
</tr>
<tr>
<td>- upper lobe</td>
<td>C34.8</td>
<td>T87.6</td>
<td>D02.2</td>
<td>D04.3</td>
<td>D38.1</td>
<td>D48.1</td>
</tr>
<tr>
<td>- overlapping</td>
<td>C34.1</td>
<td>T87.6</td>
<td>D02.2</td>
<td>D04.3</td>
<td>D38.1</td>
<td>D48.1</td>
</tr>
</tbody>
</table>

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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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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.
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

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…”

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…”
Case Study #1

<table>
<thead>
<tr>
<th>Code</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
<th>ICD-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>03.1</td>
<td>150.91</td>
<td>150.91</td>
<td></td>
</tr>
<tr>
<td>03.2</td>
<td>150.92</td>
<td>150.92</td>
<td></td>
</tr>
</tbody>
</table>

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.

**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:
- Arytenoid cartilage
- Posterior laryngeal commissure
- Cricoids
- Extrinsic larynx
Case Study #2

<table>
<thead>
<tr>
<th>Code</th>
<th>ICD-10-CM</th>
<th>ICD-11-CM</th>
<th>ICD-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>C26.3</td>
<td>157.1*</td>
<td>O78.88*</td>
<td>E01.0</td>
</tr>
<tr>
<td>C26.3</td>
<td>157.1*</td>
<td>O78.88*</td>
<td>E01.0</td>
</tr>
<tr>
<td>C26.3</td>
<td>157.1*</td>
<td>O78.88*</td>
<td>E01.0</td>
</tr>
</tbody>
</table>

* These codes may only be reported once per coding guidelines.

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.

Case Study #3

Principal Diagnosis:
Disseminated clear cell metastatic colon carcinoma at the hepatic flexure.

Secondary Diagnosis:???

But what about the primary site?????
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…”

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…”

<table>
<thead>
<tr>
<th>Codes</th>
<th>ICD-4-CM</th>
<th>ICD-10-CM</th>
<th>ICD-O-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>V10.07</td>
<td>C74.0</td>
<td>C18.9</td>
<td></td>
</tr>
<tr>
<td>Personal history of liver malignancy</td>
<td>285.05</td>
<td>Not reported</td>
<td></td>
</tr>
</tbody>
</table>

Case Study #3
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.

Case Study #4
Principle Diagnosis:
Hepatocellular carcinoma, scirrhous, arising in a cirrhotic liver.
Secondary Diagnosis:
Cirrhosis of the Liver

Case Study #4
<table>
<thead>
<tr>
<th>Code</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
<th>ICD-O</th>
</tr>
</thead>
<tbody>
<tr>
<td>573.5</td>
<td>C22.0</td>
<td>C22.0</td>
<td>4.817/9</td>
</tr>
<tr>
<td>Cirrhosis of the liver</td>
<td>571.5</td>
<td>D74.6D</td>
<td>Non-reported</td>
</tr>
</tbody>
</table>
Case Study #5
Pathology Report
Stomach Biopsy
Impression: Fundic mucosa with focal infiltrate of cells consistent with signet ring cell adenocarcinoma. Extensive glandular apoptosis.

Case Study #5
Principal Diagnosis:
Signet ring cell adenocarcinoma of the stomach
Secondary Diagnoses:
None to report

Case Study #5

<table>
<thead>
<tr>
<th>Codes</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
<th>ICD-O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundic of stomach, signet ring cell adenocarcinoma</td>
<td>155.3</td>
<td>C16.1</td>
<td>C16.1</td>
</tr>
<tr>
<td>Case Study #5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
<th>ICD-O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundic of stomach, signet ring cell adenocarcinoma</td>
<td>155.3</td>
<td>C16.1</td>
<td>C16.1</td>
</tr>
<tr>
<td>Case Study #5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NAACCR 2011-2012 Webinar Series
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.

Questions?

References and Links

2012 ICD-10-CM information is available at:
[http://www.cdc.gov/nchs/icd/icd10cm.htm](http://www.cdc.gov/nchs/icd/icd10cm.htm)


[http://journal.ahima.org/2011/01/01/taking-icd-10-cm-in-parts.org](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
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

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
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

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

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.
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

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

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
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 adenoidecotomy)

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.

<table>
<thead>
<tr>
<th>Body Part Character</th>
<th>Approach Character</th>
<th>Device Character</th>
<th>Qualifier Character</th>
</tr>
</thead>
<tbody>
<tr>
<td>T Breast, Right</td>
<td>0 Open</td>
<td>2 No device</td>
<td></td>
</tr>
<tr>
<td>U Breast, Left</td>
<td>3 Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V Breast, Bilateral</td>
<td>7 Via Natural or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>W Nipple, Right</td>
<td>9 Artificial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X Nipple, Left</td>
<td>Opening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y Supernumerary Breast</td>
<td>Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>E External</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key Attributes of ICD-10-PCS (cont)

- Medical and Surgical
- Skin and Breast
- E: Excision: Cutting out or off, without replacement, a portion of a body part

31
### Key Attributes of ICD-10-PCS (cont)

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>T Breast, Right</td>
<td>Open</td>
<td>No-device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>U Breast, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V Breast, Bilateral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y Supernumerary Breast</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Standardized level of specificity
- Each code represents a single procedure variation
- The standardized level of specificity can be predicted across the entire system
Key Attributes of ICD-10-PCS (cont)

<table>
<thead>
<tr>
<th>Body Part Character 4</th>
<th>Approach Character 5</th>
<th>Device Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y Breast, Right</td>
<td></td>
<td>Z No device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>U Breast, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V Breast, Bilateral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y Supernumerary Breast</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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
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

First Component – The Table

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>Open</td>
<td>#</td>
<td>P</td>
</tr>
<tr>
<td>Extremity</td>
<td>Percutaneous</td>
<td>#</td>
<td>P</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>Endoscopic</td>
<td>#</td>
<td>P</td>
</tr>
<tr>
<td>Thoracic</td>
<td>Natural or Artificial Opening</td>
<td>#</td>
<td>P</td>
</tr>
<tr>
<td>Lung</td>
<td>Natural or Artificial Opening Endoscope</td>
<td>#</td>
<td>P</td>
</tr>
</tbody>
</table>

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
**Second Component – Example of the Index**

Chemoembolization see Introduction of substance in or on
Chemosurgery, 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

---

**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

---

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Body System</th>
<th>Operation</th>
<th>Physiological Systems and Anatomical Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>E</td>
<td>0</td>
<td>Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance, except blood or blood products</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body System/Region</th>
<th>Approach</th>
<th>Substance</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Peripheral/Artery</td>
<td>Open</td>
<td>IV Hormone</td>
<td>F Insulin, E Glucose, D Other Hormones</td>
</tr>
<tr>
<td>3 Peripheral/Artery</td>
<td>Percutaneous</td>
<td>IV Hormone</td>
<td>F Insulin, E Glucose, D Other Hormones</td>
</tr>
<tr>
<td>4 Central Vein</td>
<td>Open</td>
<td>IV Immunotherapeutic</td>
<td>I Immunotherapeutic</td>
</tr>
<tr>
<td>4 Central Vein</td>
<td>Percutaneous</td>
<td>IV Immunotherapeutic</td>
<td>I Immunotherapeutic</td>
</tr>
<tr>
<td>5 Peripheral/Artery</td>
<td>Open</td>
<td>IV Antineoplastic</td>
<td>M Monoclonal Antibody, L Lymphokine Activated Killer Cell</td>
</tr>
<tr>
<td>5 Peripheral/Artery</td>
<td>Percutaneous</td>
<td>IV Antineoplastic</td>
<td>M Monoclonal Antibody, L Lymphokine Activated Killer Cell</td>
</tr>
<tr>
<td>6 Central Artery</td>
<td>Open</td>
<td>IV Thromolytic</td>
<td>E Recombinant Human Activated Protein C</td>
</tr>
<tr>
<td>6 Central Artery</td>
<td>Percutaneous</td>
<td>IV Thromolytic</td>
<td>E Recombinant Human Activated Protein C</td>
</tr>
<tr>
<td>7 Other Thromolytic</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

---

### Third Component - Resources

**Example: Body Part Key**

- **Dorsalis Pedis Artery**
  - Use: Anterior Tibial Artery, Right Anterior Tibial Artery, Left

- **Duct of Santorini**
  - Use: Pancreatic Duct, Accessory

- **Duct of Wirsung**
  - Use: Pancreatic Duct

- **Ductus deferens**
  - Use: Vas Deferens, Right Vas Deferens, Left Vas Deferens, Bilateral Vas Deferens, Bilateral

- **Duodenal ampulla**
  - Use: Ampulla of Vater

- **Duodenopancreatic flexure**
  - Use: Iliolum

---

### 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
Example: Definitions

Section 3 - Administration Character 3 - Operation

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

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.

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:
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

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

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
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

Character 6-Devices

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

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)
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.

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.

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.
Example of Tables & Codes

Obstetric (Section 1) – Code 10E0XZZ

<table>
<thead>
<tr>
<th>Body Part Character 4</th>
<th>Approach Character 5</th>
<th>Device Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Products of Conception</td>
<td>K External</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
</tbody>
</table>

Examples of Ancillary Tables & Codes

Radiation Oncology (Section D) – D01697Z

<table>
<thead>
<tr>
<th>Treatment Site Character 4</th>
<th>Modality Qualifier Character 5</th>
<th>Isotope Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Brain</td>
<td>9 High Dose Rate (HDR)</td>
<td>7 Cesium 137 (Cs-137)</td>
<td>Z None</td>
</tr>
<tr>
<td>1 Brain Stem</td>
<td>8 Iridium 192 (Ir-192)</td>
<td>9 Iodine 125 (I-125)</td>
<td></td>
</tr>
<tr>
<td>2 Spinal Cord</td>
<td>5 Low Dose Rate (LDR)</td>
<td>6 Palladium 120 (Pd-120)</td>
<td></td>
</tr>
<tr>
<td>7 Peripheral Nerve</td>
<td></td>
<td>1 Californium 252 (Cf-252)</td>
<td></td>
</tr>
<tr>
<td>9 Other Isotope</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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
- Prostatotomy, prostatotomy
  - see Drainage, Prostate 0V90
- Protégé® RX Carotid Stent System
  - use Intraluminal Device

Example of Medical & Surgical Table

Partial Prostatectomy – 0VB00ZZ

<table>
<thead>
<tr>
<th>Section</th>
<th>Medical &amp; Surgical</th>
<th>Body System</th>
<th>Operation</th>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td>V</td>
<td>B</td>
<td>Prostate</td>
<td>Open</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Percutaneous, Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Via Natural or Artificial Opening</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Via Natural or Artificial Opening, Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Z No Device</td>
<td></td>
<td>diagnostic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Z No Qualifier</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Prostatectomy – 0VT00ZZ

<table>
<thead>
<tr>
<th>Section</th>
<th>Medical &amp; Surgical</th>
<th>Body System</th>
<th>Operation</th>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td>V</td>
<td>T</td>
<td>Prostate</td>
<td>Open</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Percutaneous, Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Via Natural or Artificial Opening</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Via Natural or Artificial Opening, Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Z No Device</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Z No Qualifier</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank you for your attention!

Contact information:
Celia Lange, RHIT, CCS, CCS-P
ICD-10-CM/PCS Trainer/Ambassador
Senior Inpatient Coder
Howard County General Hospital
Johns Hopkins Medicine
clange@hcgh.org

PROCEDURE CODES AND THE REGISTRY FIELD
Jennifer Ruhl, RHIT, CCS, CTR
NAACCR Committee: ICD-10-CM Implementation Team for Cancer Registrars-Chair

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

YES!
Procedures in the Cancer Registry

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

Planned resources

• Mappings to Cancer registry procedure codes
  • Updating resources developed by others (Wendy Scharber, Lynne Penberthy, 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

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
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

Other treatment codes
- Chemotherapy
- Radiation
- Immunotherapy
- Biological response modifier

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
Websites

- ICD-10-CM (CDC): http://www.cdc.gov/nchs/icd/icd10cm.htm

Questions for Celia or Jennifer?

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

And the winners of the fabulous prizes are....
THANK YOU!!!