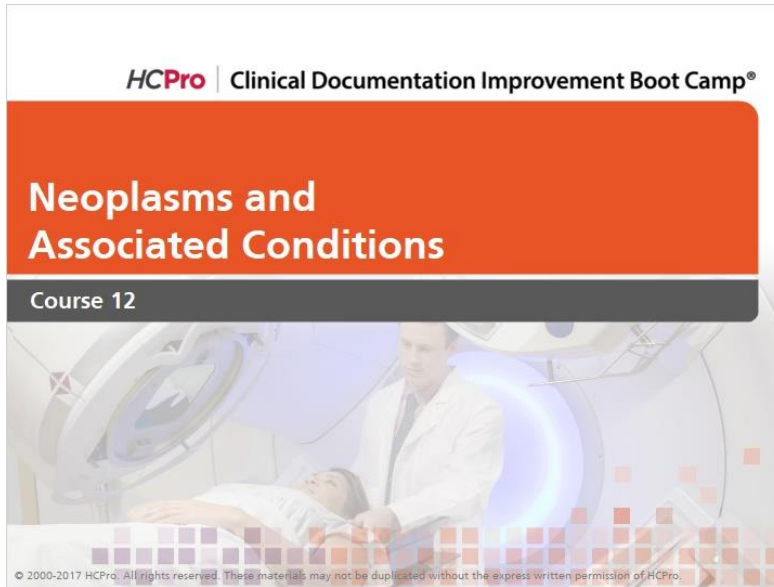


# Neoplasms and Associated Conditions

## Study Guide

### *1.1 Neoplasms and Associated Conditions*



## 1.3 Neoplasms Subcategories/Blocks

**Neoplasms Subcategories/Blocks**

This chapter contains the following blocks:

- C00-C14 [Malignant neoplasms of lip, oral cavity and pharynx](#)
- C15-C26 [Malignant neoplasms of digestive organs](#)
- C30-C39 [Malignant neoplasms of respiratory and intrathoracic organs](#)
- C40-C41 [Malignant neoplasms of bone and articular cartilage](#)
- C43-C44 [Melanoma and other malignant neoplasms of skin](#)
- C45-C49 [Malignant neoplasms of mesothelial and soft tissue](#)
- C50 [Malignant neoplasms of breast](#)
- C51-C58 [Malignant neoplasms of female genital organs](#)
- C60-C63 [Malignant neoplasms of male genital organs](#)
- C64-C68 [Malignant neoplasms of urinary tract](#)
- C69-C72 [Malignant neoplasms of eye, brain and other parts of central nervous system](#)
- C73-C75 [Malignant neoplasms of thyroid and other endocrine glands](#)
- C7A [Malignant neuroendocrine tumors](#)

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## 1.4 Neoplasms Subcategories/Blocks (cont.)

**Neoplasms Subcategories/Blocks (cont.)**

- C7B [Secondary neuroendocrine tumors](#)
- C76-C80 [Malignant neoplasms of ill-defined, other secondary and unspecified sites](#)
- C81-C96 [Malignant neoplasms of lymphoid, hematopoietic and related tissue](#)
- D00-D09 [In situ neoplasms](#)
- D10-D36 [Benign neoplasms, except benign neuroendocrine tumors](#)
- D3A [Benign neuroendocrine tumors](#)
- D37-D48 [Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic syndromes](#)
- D49 [Neoplasms of unspecified behavior](#)

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## 1.5 Neoplasm Notes C00–D49

### Neoplasm Notes C00-D49

The ICD-10-CM Official Guidelines for Coding and Reporting provide guidelines for coding conditions categorized to Chapter 2 of ICD-10-CM, Neoplasms (C00-D49)

Principal diagnoses assigned to code categories C00-D49 (Neoplasms) are indexed to almost every Major Diagnostic Category (MDC) in the MS-DRG system except 18 (Infectious), 19 (Psych), 20 (Alcohol / Drug), 21 (Injuries), 22 (Burns), 23 (Symptoms/Health Status), and 24 (MST).

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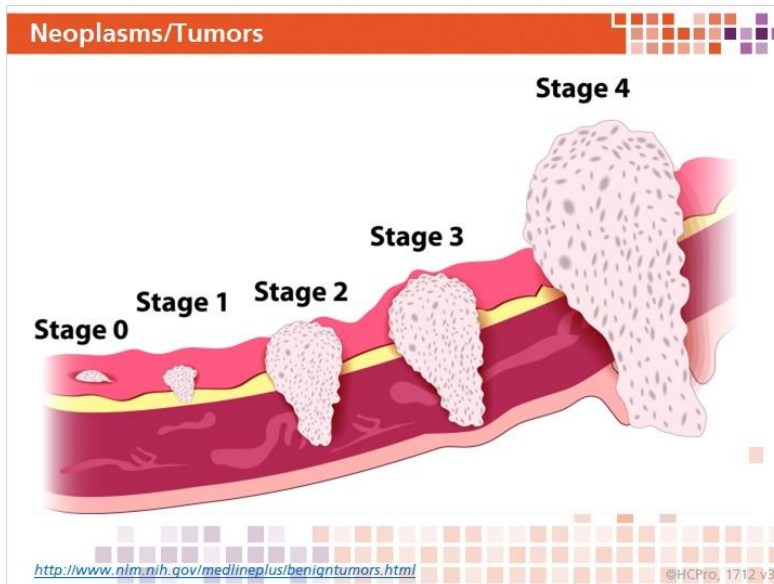
## 1.6 Neoplasms: Coding Guidelines

### Neoplasms: Coding Guidelines

- Reporting neoplasms can be confusing because a provider's stated reason for admission may not meet the criteria for being the principal diagnosis.
- What is the Pdx in this example?
  - A patient with a **history of** breast cancer and bone metastases is admitted as an inpatient. The stated reason for admission is "metastatic breast cancer." Treatment consists of IV hydration, anti-nausea agents, and pain medication.
  - Secondary diagnoses include nausea, hypovolemia, and pain.

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## 1.7 Neoplasms/Tumors



## 1.8 Neoplasms/Tumors (cont.)

**Neoplasms/Tumors (cont.)**

- Benign
  - Aren't cancer
  - Grow only in one place, so they cannot spread or invade other parts of the body
  - Can be dangerous if they press on vital organs
  - Once removed, they usually don't grow back
- Malignant
  - Are "cancer"
  - Can spread throughout the body

<http://www.nlm.nih.gov/medlineplus/benigtumors.html> ©HCPPro, 1712.v3



## 1.9 Neoplasms

### Neoplasms

- Classified primarily by **site** (topography), with broad groupings for behavior
- The **Table of Neoplasms** is used to identify the correct topography code

**Tip**

Do not code “mass” or “lump” from the Table of Neoplasms because a “mass” is not considered a neoplastic growth

JustCoding, “Avoid ICD-10-CM pitfalls for neoplasms, external causes.” November 4, 2014 - [www.justcoding.com](http://www.justcoding.com) ©HCPPro, 1712.v3

## 1.10 Assigning a Neoplasm Code

### Assigning a Neoplasm Code

	Malignant Primary	Malignant Secondary	Ce In situ	Benign	Uncertain Behavior	Unspecified Behavior
Neoplasm, neoplastic	C80.1	C79.9	D09.9	D36.9	D48.9	D49.9
- abdomen, abdominal	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
-- cavity	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89

- If the **histological term** is documented, that term should be referenced first, rather than going immediately to the Table of Neoplasms

ICD-10-CM Official Guidelines for Coding and Reporting, FY 2016, p. 25 of 115 ©HCPPro, 1712.v3

## 1.11 Histology

**Histology**

- The study of tissues and cells under a microscope
- Used to determine a histologic grade
  - A description of a tumor based on **how abnormal the cancer cells look under a microscope** and how quickly the tumor is likely to grow and spread
  - Low-grade cancer cells look more like normal cells and tend to grow and spread more slowly than high-grade cancer cells

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=I> ©HCPPro, 1712.v3

## 1.12 What is the Behavior?

**What is the Behavior?**

- Chapter 2 of the ICD-10-CM contains the codes for most benign and all malignant neoplasms. Certain benign neoplasms, such as prostatic adenomas, may be found in the specific body system chapters. To properly code a neoplasm it is necessary to determine the behavior:
  - Benign
  - In-situ
  - Malignant
    - Primary
    - Secondary
  - Uncertain histologic behavior

ICD-10-CM Table of Neoplasms ©HCPPro, 1712.v3

## 1.13 Table of Neoplasms

**Table of Neoplasms**

	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
<b>N</b>						
Neoplasm, neoplastic	C80.1	C79.9	D09.9	D36.9	D48.9	D49.9

- The description of the neoplasm will often indicate which of the six columns is appropriate
  - Malignant melanoma of skin
  - Benign fibroadenoma of breast
  - Carcinoma in situ of cervix uteri

ICD-10-CM Table of Neoplasms © HCPro, 1712.v3

## 1.14 Table of Neoplasms (cont.)

**Table of Neoplasms (cont.)**

- When such descriptors are not present, the remainder of the Alphabetic Index gives guidance to determine the appropriate column for each morphological (histological) variety listed
  - Mesonephroma - see Neoplasm, **malignant**
    - Directs to the malignant column
  - Embryoma - see also Neoplasm, **uncertain behavior**
    - Directs to the uncertain behavior column
  - Disease, Bowen's - see Neoplasm, skin, **in situ**
    - Directs to the ca in situ column

ICD-10-CM Table of Neoplasms © HCPro, 1712.v3

## 1.15 Table of Neoplasms (cont.)

**Table of Neoplasms (cont.)**

- The guidance in the Index can be overridden if one of the six descriptors is present
  - Malignant adenoma of colon is coded to **C18.9** and not to D12.6, as the adjective **malignant** overrides the Index entry "Adenoma-see also Neoplasm, **benign**, by site"

	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
- intestine, intestinal	C	C78.80	D01.40	D	D37.8	D49.0
-- large	C	C78.5	D01.0	D	D37.4	D49.0
--- appendix	C	C78.5	D01.0	D	D37.3	D49.0
--- caput coli	C	C78.5	D01.0	D	D37.4	D49.0
--- cecum	C, J	C78.5	D01.0	D, J	D37.4	D49.0
--- colon	C18.9	C78.5	D01.0	D12.6	D37.4	D49.0
--- and rectum	C19	C78.5	D01.1	D12.7	D37.5	D49.0
--- ascending	C18.2	C78.5	D01.0	D12.2	D37.4	D49.0
--- caput	C18.0	C78.5	D01.0	D12.0	D37.4	D49.0

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## 1.16 MS-DRG for Neoplasm Example

**MS-DRG for Neoplasm Example**

- The histology of the neoplasm can affect MS-DRG assignment as a benign neoplasm usually maps to a different MS-DRG

**DRG 374 Digestive Malignancy with MCC**  
 GML05 5.6 AML05 7.6 RW 2.0015

Principal Diagnosis


- C15\* MALIGNANT NEOPLASM OF ESOPHAGUS
- C16\* MALIGNANT NEOPLASM OF STOMACH
- C17\* MALIGNANT NEOPLASM OF SMALL INTESTINE
- C18\* MALIGNANT NEOPLASM OF COLON
- C19 MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION
- C20 MALIGNANT NEOPLASM OF RECTUM
- C21\* MALIGNANT NEOPLASM OF ANUS AND ANAL CANAL
- C26.0 MALIGNANT NEOPLASM INTESTINAL TRACT PART UNS
- C26.9 MALIGNANT NEOPLASM ILL-DEFIND SITE DIGESTIVE SYS
- C45.1 MESOTHELIOMA OF PERITONEUM
- C46.4 KAPOSI SARCOMA OF GASTROINTESTINAL SITES
- C48.1 MALIGNANT NEOPLASM OF SPEC PARTS OF PERITONEUM
- C48.2 MALIGNANT NEOPLASM OF PERITONEUM UNSPECIFIED
- C48.8 MALIGNANT NEOPLASM OVERLAP SITES RP & PERITONEUM
- C76.2 MALIGNANT NEOPLASM OF ABDOMEN
- C78.4 SECONDARY MALIGNANT NEOPLASM OF SMALL INTESTINE
- C78.5 SECONDARY MAL NEOPLASM LARGE INTESTINE & RECTUM
- C78.6 SEC MALIGN NEOPLASM RETROPERITONEUM & PERITONEUM
- C78.8\* SECONDARY MALIGN NEOPLASM OTH & UNSP DIGESTV ORGNS
- C7A.010 MALIGNANT CARCINOID TUMOR OF THE DUODENUM
- C7A.011 MALIGNANT CARCINOID TUMOR OF THE JEJUNUM
- C7A.012 MALIGNANT CARCINOID TUMOR OF THE ILEUM
- C7A.019 MALIGNANT CARCINOID TUMOR SM INTEST UNSP PORTION
- C7A.020 MALIGNANT CARCINOID TUMOR OF THE APPENDIX
- C7A.021 MALIGNANT CARCINOID TUMOR OF THE CECUM
- C7A.022 MALIGNANT CARCINOID TUMOR OF THE ASCENDING COLON
- C7A.023 MALIGNANT CARCINOID TUMOR OF TRANSVERSE COLON
- C7A.024 MALIGNANT CARCINOID TUMOR OF DESCENDING COLON
- C7A.025 MALIGNANT CARCINOID TUMOR OF THE SIGMOID COLON
- C7A.026 MALIGNANT CARCINOID TUMOR OF THE RECTUM
- C7A.029 MALIGNANT CARCINOID TUMOR LG INTESTINE UNSP PRTN
- C7A.092 MALIGNANT CARCINOID TUMOR OF THE STOMACH

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## 1.17 MS-DRG for Neoplasm Example (cont.)

**MS-DRG for Neoplasm Example (cont.)**

- If the digestive disease is benign then it maps to a different MS-DRG



**DRG 393 Other Digestive System Diagnoses with MCC**  
GMLOS 4.6 AMLOS 6.3 RW 1.6407

Principal Diagnosis

- A51.1 PRIMARY ANAL SYPHILIS
- A54.6 GONOCOCCAL INFECTION OF ANUS AND RECTUM
- A56.3 CHLAMYDIAL INFECTION OF ANUS AND RECTUM
- B00.81 HERPESVIRAL HEPATITIS
- D12\* BENIGN NEOPLASM OF COLON RECTUM ANUS ANAL CANAL
- D13.0 BENIGN NEOPLASM OF ESOPHAGUS
- D13.1 BENIGN NEOPLASM OF STOMACH
- D13.2 BENIGN NEOPLASM OF DUODENUM
- D13.3\* BENIGN NEOPLASM OTH & UNSP PARTS SMALL INTESTINE
- D13.9 BENIGN NEOPLASM ILL-DEFIND SITE IN DIGESTIVE SYS
- D17.5 BENIGN LIPOMATOUS NEOPLASM INTRA-ABDOMINAL ORGAN
- D17.71 BENIGN LIPOMATOUS NEOPLASM OF KIDNEY
- D19.1 BENIGN NEOPLASM OF MESOTHELIAL TISSUE PERITONEUM
- D20\* BENIGN NEO SOFT TISS RETROPERITONEUM PERITONEUM
- D3A.010 BENIGN CARCINOID TUMOR OF THE DUODENUM
- D3A.011 BENIGN CARCINOID TUMOR OF THE JEJUNUM
- D3A.012 BENIGN CARCINOID TUMOR OF THE ILEUM
- D3A.019 BENIGN CARCINOID TUMOR SMALL INTESTINE UNSP PRTN
- D3A.020 BENIGN CARCINOID TUMOR OF THE APPENDIX
- D3A.021 BENIGN CARCINOID TUMOR OF THE CECUM
- D3A.022 BENIGN CARCINOID TUMOR OF THE ASCENDING COLON
- D3A.023 BENIGN CARCINOID TUMOR OF THE TRANSVERSE COLON
- D3A.024 BENIGN CARCINOID TUMOR OF THE DESCENDING COLON
- D3A.025 BENIGN CARCINOID TUMOR OF THE SIGMOID COLON
- D3A.026 BENIGN CARCINOID TUMOR OF THE RECTUM
- D3A.029 BENIGN CARCINOID TUMOR LARGE INTESTINE UNSP PRTN
- D3A.092 BENIGN CARCINOID TUMOR OF THE STOMACH
- D3A.094 BENIGN CARCINOID TUMOR OF THE FOREGUT UNSPEC
- D3A.095 BENIGN CARCINOID TUMOR OF THE MIDGUT UNSPECIFIED
- D3A.096 BENIGN CARCINOID TUMOR OF THE HINDGUT UNSPEC
- E84.19 CYSTIC FIBROSIS W/OTH INTESTINAL MANIFESTATIONS
- I85.10 SECONDARY ESOPHAGEAL VARICES W/O BLEEDING
- I88.0 NONSPECIFIC MESENTERIC LYMPHADENITIS

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## 1.18 The Histology of Neoplasms

**The Histology of Neoplasms**

- Benign
  - Not cancerous
  - May grow larger, but does not spread to other parts of the body
  - Also called nonmalignant
- In situ
  - In its original place
- Malignant
  - Cancerous
  - Can invade and destroy nearby tissue and spread to other parts of the body
  - Can add a CC as a secondary diagnosis

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=1>

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## 1.19 The Histology of Neoplasms: Malignancy

### The Histology of Neoplasms: Malignancy

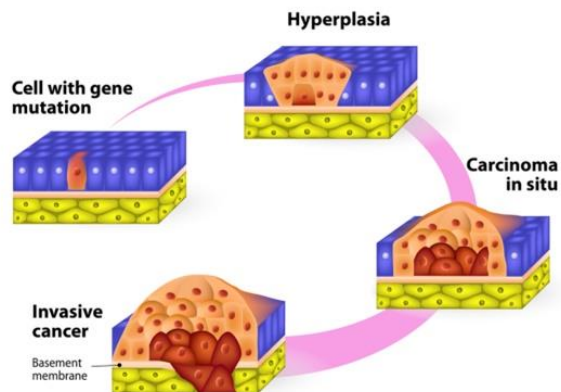
- Malignancy is synonymous for cancer and/or neoplasm
  - Abnormal cells divide without control and can invade nearby tissues
  - Malignant cells can also **spread** to other parts of the body **through the blood and lymph systems**
    - **Metastasis** is the spread of cancer from one part of the body to another

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=1>

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## 1.20 Malignant Neoplasm Development

### Malignant Neoplasm Development



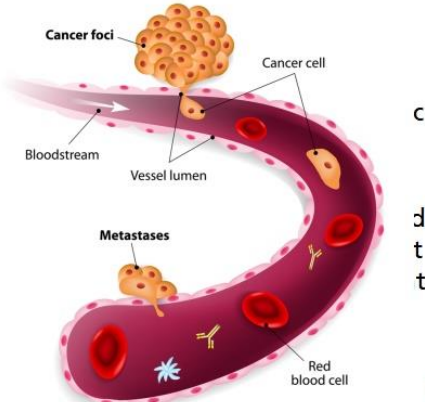
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## 1.21 Other Terms Describing Metastasis

**Other Terms Describing Metastasis**

- **Metastatic**
  - When a primary tumor has metastasized to another part of the body to form a secondary tumor
  - Document a metastatic cancer with a secondary site option



<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=1>

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## 1.22 Alphabetic Index in ICD-10-CM

**Alphabetic Index in ICD-10-CM**

**Metastasis, metastatic**

- abscess —see Abscess
- calcification E83.59
- cancer
  - - from specified site —see Neoplasm, malignant, by site
  - - to specified site —see Neoplasm, secondary, by site
- deposits (in) —see Neoplasm, secondary, by site
- disease (see also Neoplasm, secondary, by site) C79.9
- spread (to) —see Neoplasm, secondary, by site

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## 1.23 The Histology of Neoplasms (cont.)

**The Histology of Neoplasms (cont.)**

- A “**neoplasm of uncertain behavior**” is used for a lesion whose behavior cannot be predicted
  - Only report a code for uncertain behavior if the physician documents that he or she is unsure whether the neoplasm is malignant or benign
  - If the physician simply doesn't specify the behavior, then report the **unspecified code**

**Reminder**

When in doubt about which code to use, query the physician

JustCoding, "Avoid ICD-10-CM pitfalls for neoplasms, external causes." November 4, 2014  
- [www.justcoding.com](http://www.justcoding.com) ©HCPPro, 1712 v3

## 1.24 The Histology of Neoplasms: Malignancy

**The Histology of Neoplasms: Malignancy**

- There are several main types of malignancy:
  - **Carcinoma** is a malignancy that begins in the skin or in tissues that line or cover internal organs
  - **Sarcoma** is a malignancy that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue
  - **Leukemia** is a malignancy that starts in blood-forming tissue, such as the bone marrow, and causes large numbers of abnormal blood cells to be produced and enter the blood
  - **Lymphoma** and multiple myeloma are malignancies that begin in the cells of the immune system
  - **Central nervous system cancers** are malignancies that begin in the tissues of the brain and spinal cord

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=l> ©HCPPro, 1712 v3

## 1.25 The Impact of Malignant Cells

**The Impact of Malignant Cells**

- Other conditions can result from the spread of malignant cells within the body including:
  - **Malignant ascites**, a condition in which fluid containing cancer cells collects in the abdomen; this is classified as a CC when a secondary diagnosis

**R18.0 Malignant ascites**  
**Code first** malignancy, such as:  
malignant neoplasm of ovary (C56.-)  
secondary malignant neoplasm of retroperitoneum and peritoneum (C78.6)

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=I> ©HCPPro, 1712.v3

## 1.26 The Impact of Malignant Cells (cont.)

**The Impact of Malignant Cells (cont.)**

- **Malignant peritoneal effusion**
  - Cancer causes extra fluid to collect between the thin layers of the peritoneum (tissue that lines the abdomen and covers most of the organs in the abdomen)
  - It is most often caused by cancers of the ovary, uterus, breast, colon, lung, pancreas, and liver

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=I> ©HCPPro, 1712.v3

## 1.27 The Impact of Malignant Cells (cont.)

**The Impact of Malignant Cells (cont.)**

- If the provider documents “peritoneal effusion” it will map to code R18.8, which is a less specific code than malignant ascites
  - Classified as a CC when a secondary diagnosis

**R18.8 Other ascites**  
Ascites NOS  
Peritoneal effusion (chronic)

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## 1.28 The Impact of Malignant Cells (cont.)

**The Impact of Malignant Cells (cont.)**

- **Malignant pericardial effusion**
  - Cancer causes extra fluid to collect inside the sac around the heart
  - Malignant pericardial effusions are most often caused by lung cancer, breast cancer, melanoma, lymphoma, and leukemia

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=l>

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## 1.29 Malignant Pericardial Effusion

**Malignant Pericardial Effusion**

- Indexed to neoplastic pericarditis
- Documentation needs to differentiate between acute (I30.9) and chronic (I31.8) because they map to two different codes
- Both are classified as CCs

I30.9 Acute pericarditis, unspecified

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## 1.30 The Impact of Malignant Cells

**The Impact of Malignant Cells**

- **Malignant pleural effusion**
  - Cancer causes an abnormal amount of fluid to collect between the thin layers of tissue (pleura) lining the outside of the lung and the wall of the chest cavity
  - Lung cancer, breast cancer, lymphoma, and leukemia cause most malignant pleural effusions
  - It is classified as a CC when a secondary diagnosis

J91.0 Malignant pleural effusion  
Code first underlying neoplasm

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=I>

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### 1.31 An Admission for the Malignancy

#### An Admission for the Malignancy

- When the reason for admission/encounter is to determine **the extent of the malignancy**, or for a procedure such as paracentesis or thoracentesis
  - The primary malignancy or appropriate metastatic site is designated as the principal or first-listed diagnosis, even if chemotherapy or radiotherapy is administered

ICD-10-CM Official Guidelines for Coding and Reporting, FY 2016, p. 28 of 115

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### 1.32 Staging/Grading Cancer

#### Staging/Grading Cancer

- All cancers are staged when they are **first diagnosed**
- The **clinical stage** is typically assigned before treatment

<http://www.cancer.gov/about-cancer/diagnosis-staging/staging/staging-fact-sheet>

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### 1.33 Staging/Grading Cancer (cont.)

**Staging/Grading Cancer (cont.)**

- **Pathologic stage:** Further staged after surgery or biopsy
  - Consists of **removing tissue samples** during surgery or a biopsy
  - Based on how different from normal the cells in the samples look under a microscope
  - The **pathology report** is a description of cells and tissues made by a pathologist based on microscopic evidence, and sometimes used to diagnose a disease

<http://www.cancer.gov/about-cancer/diagnosis-staging/staging/staging-fact-sheet> ©HCPPro, 1712 v3

### 1.34 Staging/Grading Cancer (cont.)

**Staging/Grading Cancer (cont.)**

- Codes do not capture cancer stage
  - Neoplasms (rather than a mass) and metastasis can be captured
- Pathology reports are rarely available during the inpatient admission
  - A pathology report cannot be used to clarify or report a documented diagnosis in the inpatient setting without interpretation by the attending provider

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## 1.35 Coding From Pathology Reports

**Coding From Pathology Reports**

- Can more specific diagnoses be coded based on a pathologist's documentation in the pathology report?

**Example**

A patient is admitted for surgical removal of a tumor, and the pathology report provides specific information regarding the type of tumor.

AHA Coding Clinic for ICD-10-CM/PCS, Second Quarter 2013 © HCPro, 1712 v3

## 1.36 Coding From Pathology Reports (cont.)

**Coding From Pathology Reports (cont.)**

- We are unable to assign codes directly from documentation of a pathology report.  
**Coding strictly from the pathology report does not allow for corroboration from the attending provider.**
- If the **attending documents "breast mass"** and the **pathologist documents "carcinoma of the breast,"** this would be **conflicting information** requiring clarification from the attending physician.

AHA Coding Clinic for ICD-10-CM/PCS, Second Quarter 2013 © HCPro, 1712 v3

## 1.37 Query Guidance

**Query Guidance**

- The history and physical states the patient was admitted for evaluation of a “breast mass.” The pathology report associated with the breast mass had a finding of “carcinoma of the breast.” Can the “breast mass” be further clarified as “carcinoma of the breast?” Please respond within the next 24 hours:
  - Yes
  - No
  - Unable to determine
  - Other: \_\_\_\_\_

MD signature: \_\_\_\_\_ Date/time: \_\_\_\_\_

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## 1.38 Cancer Grading Systems

**Cancer Grading Systems**

- Different for each type of cancer
- Objective: To provide information about the **probable growth rate** of the tumor and its **tendency to spread**
- They are used to help **plan treatment** and **determine prognosis**

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=1>

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## 1.39 Cancer Staging

**Cancer Staging**

- A cancer is always referred to by the **stage it was given at diagnosis**, even if it gets worse or spreads
  - New information about how a cancer changes over time simply gets added on to the original stage designation

<http://www.cancer.gov/about-cancer/diagnosis-staging/staging/staging-fact-sheet> ©HCPPro, 1712 v3

## 1.40 Malignancy (Cancer) Staging

**Malignancy (Cancer) Staging**

- The common elements considered in most staging systems are:
  - Site of the primary tumor
  - Tumor size and number of tumors
  - Lymph node involvement
    - Spread of cancer into lymph nodes
  - Cell type and tumor grade\*
    - How closely the cancer cells resemble normal tissue cells based on histology
  - The presence or absence of metastasis

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## 1.41 The TNM/AJCC Cancer Staging System

**The TNM/AJCC Cancer Staging System**

- The **TNM system** is one of the most widely used staging systems. The elements used for staging include:
  - The extent of the tumor (T)
  - Whether cancer cells have spread to nearby (regional) lymph nodes (N)
    - This is considered **metastasis** in terms of coding
  - Whether distant (to other parts of the body) metastasis (M) has occurred

<http://www.cancer.gov/about-cancer/diagnosis-staging/staging/staging-fact-sheet#q4> ©HCPPro, 1712 v3

## 1.42 The TNM/AJCC Cancer Staging System (cont.)

**The TNM/AJCC Cancer Staging System (cont.)**

- Most types of cancer have TNM designations
  - Cancers of the brain and spinal cord are staged according to their cell type and grade
  - Different staging systems are also used for many cancers of the blood or bone marrow
  - The Ann Arbor staging classification is commonly used to stage lymphomas
  - Other cancers of the blood or bone marrow, including most types of leukemia, do not have a clear-cut staging system

<http://www.cancer.gov/about-cancer/diagnosis-staging/staging/staging-fact-sheet#q4> ©HCPPro, 1712 v3



## 1.43 Summary Staging

**Summary Staging**

- Many cancer registries use “summary staging”. This system is used for all types of cancer, grouping them into five main categories:
  - **In situ:** Abnormal cells are present only in the layer of cells in which they developed
  - **Localized:** Cancer is limited to the organ in which it began, without evidence of spread
  - **Regional:** Cancer **has spread** beyond the primary site to **nearby** lymph nodes or tissues and organs
  - **Distant:** Cancer **has spread** from the primary site to **distant** tissues or organs or to distant lymph nodes
  - **Unknown:** There is not enough information to determine the stage

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=1> ©HCPPro, 1712.v3

## 1.44 National Cancer Institute: Cancer Staging

**National Cancer Institute: Cancer Staging**

- Each value in the TNM system is assigned a number to indicate the “severity” of the condition
  - “X” means the value cannot be evaluated
  - “0” means there is no evidence of this value/condition
  - A higher number indicates worsening severity

Primary tumor (T)	Interpretation
TX	Primary tumor cannot be evaluated
T0	No evidence of primary tumor
Tis	<i>Carcinoma in situ</i> <ul style="list-style-type: none"><li>• Abnormal cells are present but haven't spread to neighboring tissue</li><li>• Not classified as “cancer,” but may become cancer</li><li>• Sometimes called <i>pre-invasive cancer</i></li></ul>
T1, T2, T3, T4	Size and/or extent of the primary tumor

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## 1.45 National Cancer Institute: Cancer Staging (cont.)

Regional lymph nodes (N)	Interpretation
NX	Regional lymph nodes cannot be evaluated
N0	No regional lymph node involvement
N1, N2, N3	Involvement of regional lymph nodes • Number of lymph nodes and/or extent of spread

Distant metastasis (M)	Interpretation
MX	Distant metastasis cannot be evaluated
M0	No distant metastasis
M1	Distant metastasis is present

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## 1.46 National Cancer Institute: Cancer Staging (cont.)

- National Cancer Institute: Cancer Staging (cont.)**
- Breast cancer classified as **T3 N2 M0** refers to
    - A large tumor (size 3)
    - That has spread outside the breast to nearby lymph nodes (moderate lymph invasion)
    - But not to other parts of the body (no distant mets)
  - Prostate cancer **T2 N0 M0** means
    - The tumor is located only in the prostate
      - It is a tumor of small to moderate size (2 out of 4)
    - No evidence of spreading to the lymph nodes
    - No evidence of spreading to any other part of the body
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## 1.47 National Cancer Institute: Cancer Staging (cont.)

### National Cancer Institute: Cancer Staging (cont.)

- For many cancers, TNM combinations correspond to one of five stages
- Criteria for stages differ for different types of cancer
  - Bladder cancer T3 N0 M0 is stage 3
  - Colon cancer T3 N0 M0 is stage 2

Stage	Definition
Stage 0	Carcinoma in situ
Stage 1, 2, and 3	Higher numbers indicate more extensive disease: <ul style="list-style-type: none"><li>• Larger tumor size and/or spread of the cancer beyond the organ in which it first developed to nearby lymph nodes and/or organs adjacent to the primary tumor</li></ul>
Stage 4	The cancer has spread to another organ(s)

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## 1.48 Coding Clinic Advice

### Coding Clinic Advice

- The documentation describes a patient admitted with a diagnosis of squamous cell carcinoma of the cervix with **staging T4N1**
- Based upon the documentation of T4N1, the code for secondary and unspecified malignant neoplasm of lymph nodes can be assigned
  - Designation of N1 indicates the presence of malignancy found within the lymph nodes

AHA Coding Clinic for ICD-9-CM, Second Quarter 2012

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## 1.49 Primary and Secondary Malignancies

**Primary and Secondary Malignancies**

- A primary malignancy describes the original, or first, tumor in the body
- Cancer cells from a primary cancer may spread to other parts of the body and form new, or secondary, tumors
  - Secondary tumors are the **same type of cancer as the primary cancer/primary tumor** and reference the site where the malignancy started

JustCoding, "Avoid ICD-10-CM pitfalls for neoplasms, external causes." November 4, 2014  
- [www.justcoding.com](http://www.justcoding.com) ©HCPPro, 1712.v3

## 1.50 Reporting a Secondary Malignancy

**Reporting a Secondary Malignancy**

- Usually classified as a CC
- Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site

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## 1.51 Secondary Malignancy as Pdx

**Secondary Malignancy as Pdx**

- 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
  - The primary malignancy is also reported

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## 1.52 Neoplasm Guidelines

**Neoplasm Guidelines**

- Code **C80.0**, disseminated malignant neoplasm, unspecified, is for use **only** in those cases where:
  - The patient has advanced metastatic disease
  - No known primary or secondary sites are specified
- It should **not** be used in place of assigning codes for the primary site and all known secondary sites

**C80.0** Disseminated malignant neoplasm, unspecified  
Carcinomatosis NOS  
Generalized cancer, unspecified site (primary) (secondary)  
Generalized malignancy, unspecified site (primary) (secondary)

- It is classified as a CC when a secondary diagnosis

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## 1.53 Neoplasm Guidelines (cont.)

**Neoplasm Guidelines (cont.)**

- Code **C80.1**, malignant (primary) neoplasm, unspecified, equates to cancer, unspecified
- This code should **only** be used when:
  - No determination can be made as to the primary site of a malignancy
  - This code should *rarely* be used in the inpatient setting

**C80.1 Malignant (primary) neoplasm, unspecified**  
 Cancer NOS  
 Cancer unspecified site (primary)  
 Carcinoma unspecified site (primary)  
 Malignancy unspecified site (primary)

**Excludes1:** secondary malignant neoplasm of unspecified site (C79.9)

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## 1.54 MS-DRG Example

**MS-DRG Example**

- Both C80.0 and C80.1 map to MS-DRG 843-845 as the principal diagnosis

<p><b>DRG 843</b> Other Myeloproliferative Disorders or Poorly Differentiated Neoplasm Diagnoses with MCC        GMLOS 5.3      AMLOS 7.1      RW 1.7887</p> <p>Principal Diagnosis</p> <p>C37 MALIGNANT NEOPLASM OF THYMUS        C45.7 MESOTHELIOMA OF OTHER SITES        C45.9 MESOTHELIOMA UNSPECIFIED        C48.0 MALIGNANT NEOPLASM OF RETROPERITONEUM        C76.4* MALIGNANT NEOPLASM OF UPPER LIMB        C76.5* MALIGNANT NEOPLASM OF LOWER LIMB        C76.8 MALIGNANT NEOPLASM OVERLAP SITE OTH ILL-DEFINED SITES        C79.89 SECONDARY MALIGNANT NEOPLASM OTH SPECIFIED SITES        C79.9 SECONDARY MALIGNANT NEOPLASM OF UNSP SITE        C7A.00 MALIGNANT CARCINOID TUMOR OF UNSP SITE        C7A.091 MALIGNANT CARCINOID TUMOR OF THE THYMUS        C7A.098 MALIGNANT CARCINOID TUMORS OF OTHER SITES        C7A.1 MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRIN TUMORS        C7A.8 OTHER MALIGNANT NEUROENDOCRINE TUMORS        C7B.00 SECONDARY CARCINOID TUMORS UNSP SITE        C7B.09 SECONDARY CARCINOID TUMORS OF OTHER SITES        C7B.1 SECONDARY MERKEL CELL CARCINOMA        C7B.8 OTHER SECONDARY NEUROENDOCRINE TUMORS</p> <p><b>C80.0</b> DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED  <b>C80.1</b> MALIGNANT PRIMARY NEOPLASM UNSPECIFIED</p> <p>C96.0 MULTIFOCAL &amp; MULTISYS LANGERHANS-CELL HISTIOCYT        D09.3 CARCINOMA IN SITU THYROID &amp; OTH ENDOCRINE GLANDS        D09.8 CARCINOMA IN SITU OF OTHER SPECIFIED SITES</p>	<p><b>DRG 844</b> Other Myeloproliferative Disorders or Poorly Differentiated Neoplasm Diagnoses with CC        GMLOS 3.8      AMLOS 5.0      RW 1.2869</p> <p>Select principal diagnosis listed under DRG 843</p> <p><b>DRG 845</b> Other Myeloproliferative Disorders or Poorly Differentiated Neoplasm Diagnoses without CC/MCC        GMLOS 2.8      AMLOS 3.5      RW 0.9822</p> <p>Select principal diagnosis listed under DRG 843</p>
---	--

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## 1.55 Neoplasm Guidelines

**Neoplasm Guidelines**

- A patient may have more than one malignant tumor in the same organ, which may represent:
  - Different primaries
  - Metastatic disease
- For multiple neoplasms of the same site that are not contiguous:
  - Assign codes for each site

**Reminder**

If unclear, the provider should be queried as to the status of each tumor so that the correct codes can be assigned

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## 1.56 Neoplasm Guidelines (cont.)

**Neoplasm Guidelines (cont.)**

- A **primary malignant neoplasm that overlaps** two or more contiguous (next to each other) sites
  - Should be classified to the subcategory/code .8 ("overlapping lesion")

	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
-- intrahepatic	C22.1	C78.7	D01.5	D13.4	D37.6	D49.0
-- gallbladder	C23	C78.89	D01.5	D13.5	D37.6	D49.0
-- overlapping lesion with extrahepatic bile ducts	C24.8	-	-	-	-	-

- Unless the combination is specifically indexed elsewhere

	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
-- rectum(ampulla)	C20	C78.5	D01.2	D12.8	D37.5	D49.0
-- and colon	C19	C78.5	D01.1	D12.7	D37.5	D49.0

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## 1.57 Identifying the Pdx

### Identifying the Pdx

- Although a neoplasm is a very important diagnosis and often dominates the health record, it is not always the principal diagnosis
- The focus of treatment determines the Pdx, which may be:
  - The primary neoplasm
  - The secondary neoplasm
  - Chemotherapy, radiation therapy, immunotherapy
  - Other treatment of a neoplasm
  - A complication associated with the neoplasm(s)

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## 1.58 Reporting the Primary Neoplasm as Pdx

### Reporting the Primary Neoplasm as Pdx

- If the **treatment is directed at the malignancy**, designate the malignancy as the principal diagnosis
- Symptoms, signs, and ill-defined conditions listed in Chapter 18 (R codes) characteristic of, or associated with, an existing primary or secondary site malignancy **cannot be used to replace the malignancy as principal diagnosis**, regardless of the number of admissions or encounters for treatment and care of the neoplasm

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## 1.59 Primary and Secondary Malignancies

**Primary and Secondary Malignancies**

- Sequencing depends on the reason for the admission
- Identification of the reason can be more complicated when both a primary and secondary neoplasm exist

**Example**

A female patient may have a primary neoplasm of the upper inner quadrant of the left breast

- Secondary cancer of the pelvic bone
- If she is being seen to treat the bone cancer, it would be the Pdx

JustCoding. "Avoid ICD-10-CM pitfalls for neoplasms, external causes." November 4, 2014  
- [www.justcoding.com](http://www.justcoding.com)

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## 1.60 Administering Therapies

**Administering Therapies**

- If an admission is solely for the administration of chemotherapy, immunotherapy, or radiation therapy ("therapies"), assign the following applicable code as the Pdx
  - Z51.0, encounter for antineoplastic radiation therapy
  - Z51.11, encounter for antineoplastic chemotherapy
  - Z51.12, encounter for antineoplastic immunotherapy

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## 1.61 DRG with Chemo/Radio as Pdx


**DRG with Chemo/Radio as Pdx**

**DRG 846 Chemotherapy without Acute Leukemia as Secondary Diagnosis with MCC**  
GMLOS 5.8 AMLOS 7.8 RW 2.3771  
Principal Diagnosis  
Z08 ENCOUNTER F/U EXAM AFTER CMPL TX MALIG NEOPLASM  
Z51.1\* ENCOUNTER ANTINEOPLASTIC CHEMO & IMMUNOTHERAPY

**DRG 847 Chemotherapy without Acute Leukemia as Secondary Diagnosis with CC**  
GMLOS 3.5 AMLOS 4.0 RW 1.2601  
Select principal diagnosis listed under DRG 846

**DRG 848 Chemotherapy without Acute Leukemia as Secondary Diagnosis without CC/MCC**  
GMLOS 2.8 AMLOS 3.3 RW 0.9321  
Select principal diagnosis listed under DRG 846

**DRG 849 Radiotherapy**  
GMLOS 4.8 AMLOS 6.3 RW 1.8000  
Principal Diagnosis  
Z51.0 ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY



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## 1.62 Administering Therapies (cont.)

**Administering Therapies (cont.)**

- When a patient is admitted for the purpose of radiotherapy, immunotherapy, or chemotherapy **and develops complications** such as uncontrolled nausea and vomiting or dehydration:
  - The Pdx remains the applicable therapy code followed by any codes for the complication
    - Z51.0, encounter for antineoplastic radiation therapy
    - Z51.11, encounter for antineoplastic chemotherapy
    - Z51.12, encounter for antineoplastic immunotherapy

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## 1.63 Administering Therapies (cont.)

**Administering Therapies (cont.)**


- The code for the neoplasm should be assigned as principal diagnosis when an episode of care involves the surgical removal of a neoplasm, primary or secondary site, **followed by adjunct chemotherapy or radiation treatment during the same episode of care**

**Important**  
The administration of therapies isn't the determining factor in reporting it as the Pdx

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## 1.66 Section Break: Complications of Cancer

**Complications of Cancer**



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## 1.67 Identifying the Pdx in Malignancy

**Identifying the Pdx in Malignancy**

- When admitted with a complication associated with the neoplasm, documentation should:
  - Identify the status and behavior of the primary neoplasm
  - Identify the location of metastasis if applicable
    - Is there a secondary neoplasm?
  - Identify the associated complication(s) and its cause if it can be attributed to either the neoplasm or treatment

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## 1.68 Complications Associated With Cancer

**Complications Associated With Cancer**

- When an encounter is for management of a **complication associated with a neoplasm**
  - Dehydration, vomiting, pain, etc.
  - The complication of anemia is an exception to this guideline and will be addressed later
- **And** the treatment is only for the complication
  - The complication is coded first
  - Followed by the appropriate code(s) for the neoplasm

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## 1.69 Complications Associated With Cancer (cont.)

### Complications Associated With Cancer (cont.)

- When the admission is for:
  - Management of dehydration due to the malignancy
    - Only the dehydration is being treated (intravenous rehydration)
  - The dehydration is sequenced first
  - Followed by the code(s) for the malignancy
    - E86.0, dehydration, as Pdx
    - C18.9, malignant neoplasm of colon, unspecified

**E86 Volume depletion**  
**Excludes1:** dehydration of newborn (P74.1)  
hypovolemic shock NOS (R57.1)  
postprocedural hypovolemic shock (T81.11)  
traumatic hypovolemic shock (T79.4)

**E86.0 Dehydration** ←

**E86.1 Hypovolemia**  
Depletion of volume of plasma

**E86.9 Volume depletion, unspecified**

<b>DRG 640</b> Miscellaneous Disorders of Nutrition, Metabolism, and Fluids and Electrolytes with MCC
GMLOS 3.3    AMLOS 4.5    RW 1.1225

<b>DRG 641</b> Miscellaneous Disorders of Nutrition, Metabolism, and Fluids and Electrolytes without MCC
GMLOS 2.6    AMLOS 3.3    RW 0.7461
Select principal diagnosis listed under DRG 640

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## 1.70 Case Example

### Case Example

extremities

- Treatment plan:
  - Hydration with normal saline
- Admission orders:
  - Clear liquid diet
  - IV 150cc NS per hour
  - Oxygen therapy at 5L via nasal cannula
  - Dilaudid® 1g IVP q2h prn for severe pain
  - Zofran® 4g IVP q4h for nausea
  - Hospice consult

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## 1.71 Identify the Principal Diagnosis

### Identify the Principal Diagnosis

- 88 yo male with stage 4 prostate cancer, recent hospitalization for a work up of leg pain found to be metastatic bone cancer
- Returns to hospital for nausea, vomiting and abdominal discomfort
- Marked lethargy noted on admission, acute confusion changes, extreme weakness, and significant hyponatremia
- Serum sodium level 125 mEq/L
- Documentation describes extensive bony metastases, readmitted to the hospital with lethargy, failure to thrive, dehydration, and persistent discomfort of the lower extremities

CMS- Provider Compliance Newsletter July 2012

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## 1.72 Identify the Principal Diagnosis

### Identify the Principal Diagnosis

- On admission the physician ordered:
  - Clear liquid diet,
  - IV 150cc NS per hour,
  - Oxygen therapy at 5L via nasal cannula,
  - Dilaudid 1g IVP q2h prn for severe pain,
  - Zofran 4g IVP q4h for nausea,
  - And hospice was consulted

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## 1.73 Identify the Principal Diagnosis

### Identify the Principal Diagnosis

- Principal Diagnosis:
  - Hyponatremia
- Secondary Diagnoses:
  - Prostate cancer
  - Metastatic bone cancer
  - Dehydration
  - Neoplastic related pain
- MS-DRG Nutritional and Miscellaneous Metabolic Disorders without MCC

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## 1.74 Complications Associated With Cancer

### Pathological Fracture

- Assign the code M84.5, Pathological fracture in neoplastic disease as the principal diagnosis when the encounter is for a pathological fracture due to a neoplasm, and the focus of treatment is the fracture
- The neoplasm would be sequenced as the secondary diagnosis



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## 1.75 Complications Associated With Cancer (cont.)

**Complications Associated With Cancer (cont.)**

- Code G89.3, neoplasm-related pain, is assigned to **pain** documented as being related, associated with, or **due to cancer**, primary or secondary malignancy, or tumor
  - G89.3 is assigned regardless of whether the pain is acute or chronic

**G89.3 Neoplasm related pain (acute) (chronic)**  
 Cancer associated pain  
 Pain due to malignancy (primary) (secondary)  
 Tumor associated pain

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## 1.76 DRG Assignment for Neoplasm Related Pain

**DRG Assignment for Neoplasm Related Pain**

<b>DRG 947</b>	<b>Signs and Symptoms with MCC</b>			
	GMLOS 3.5	AMLOS 4.8	RW 1.1738	
<b>Principal Diagnosis</b>				
E07.81	SICK-EUTHYROID SYNDROME			
E79.0	HYPERURICEMIA W/O SIGNS IA & TOPHACEOUS DISEASE			
G89.1*	ACUTE PAIN NOT ELSEWHERE CLASSIFIED			
G89.3	NEOPLASM RELATED PAIN ACUTE CHRONIC			
G93.3	POSTVIRAL FATIGUE SYNDROME			
P09	ABNORMAL FINDINGS ON NEONATAL SCREENING			
R18*	ASCITES			
R23.0	CYANOSIS			
R23.1	PALLOR			
R23.2	FLUSHING			
R41.0	DISORIENTATION UNSPECIFIED			
R41.1	ANTEROGRADE AMNESIA			
R41.2	RETROGRADE AMNESIA			
R41.3	OTHER AMNESIA			
R41.82	ALTERED MENTAL STATUS UNSPECIFIED			
R41.9	UNSPECIFIED SX & SIGNS INVOLVING COGNITIVE FUNCTION & AWARENESS			
R45.83	EXCESSIVE CRYING OF CHILD ADOLESCENT OR ADULT			
R45.84	ANHEDONIA			
R52	PAIN UNSPECIFIED			
R53.0	NEOPLASTIC MALIGNANT RELATED FATIGUE			
R53.1	WEAKNESS			
R53.2	FUNCTIONAL QUADRIPLEGIA			
R53.8*	OTHER MALAISE AND FATIGUE			
<b>DRG 948</b>	<b>Signs and Symptoms without MCC</b>			
	GMLOS 2.7	AMLOS 3.3	RW 0.7726	
Select principal diagnosis listed under DRG 947				

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## 1.77 Use Caution When Assigning the Pdx

### Use Caution When Assigning the Pdx

- A cancer patient may be admitted with several symptoms, one of which may be pain
  - Usually admitted to oncology, who documents the cancer as the reason for the admission even if the cancer isn't the focus of treatment
- Compare the admitting diagnosis against the treatments ordered to assess whether the neoplasm, pain, or something else should be sequenced as the Pdx

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## 1.78 Case Example

### Case Example

- A 77-year-old female w/history of **uterine cancer metastatic to the right shoulder**
- Admitted with **intractable right shoulder pain** that progressively worsened over the week prior to admission
  - Initial assessment was metastatic carcinoma to the right shoulder
  - Also noted to have severe COPD on chronic oxygen therapy

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## 1.79 Case Example (cont.)

**Case Example (cont.)**

- After an oncology consult, her treatment plan was:
  - Continue current pain medications
  - Began palliative radiation
  - Consider a long-acting narcotic for continuous pain control
- Started on antibiotics for possible pneumonia with leukocytosis, which was ruled out prior to d/c
- Final diagnoses were:
  - Joint pain
  - Malignant neoplasm of bladder
  - Metastatic uterine bladder cancer to bone (CC)
  - ESRD (MCC)

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## 1.80 What Do You Think the Pdx Is?

**What Do You Think the Pdx Is?**

- Which of the following conditions was the condition, after study, chiefly responsible for occasioning the admission?
  - Joint pain
  - Malignant neoplasm of bladder
  - Metastatic uterine bladder cancer to bone
  - ESRD (MCC)
- Remember the record states “admitted with intractable right shoulder pain”
- Be sure you have treatment/clinical indicators to support your choice

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## 1.81 Case Example

**Case Example**

- **Auditor finding:** Pdx changed
  - Secondary malignant neoplasm of bone
  - Neoplasm-related pain
- **Justification:** “When the reason for the admission or encounter is documented as pain control/management; the code may be assigned as the principal, with the underlying neoplasm reported as an additional diagnosis.”
  - ICD-10-CM Official Guidelines
  - *Coding Clinic*, May-June 1984 is the original publication related to this topic
  - *Coding Clinic*, Second Quarter 2007 is clarification of pain codes related to neoplasm-related pain

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## 1.82 Complications Associated With Cancer

**Complications Associated With Cancer**

- When an encounter is for treatment of a complication resulting from a surgical procedure performed for the treatment of the neoplasm, designate the **complication as the principal diagnosis**
  - The reporting of a malignancy code is determined by the guideline regarding the coding of a current malignancy versus personal history

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## 1.83 Is the Malignancy a History?

**Is the Malignancy a History?**

- 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**
  - Code from category Z85, personal history of malignant neoplasm

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## 1.84 Personal History Codes

**Personal History Codes**

- Personal history codes are a type of Z code used to explain:
  - A patient's past medical condition that no longer exists
  - The patient is not receiving any treatment
  - The condition has the potential for recurrence, so continued monitoring may be required

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## 1.85 Is the Malignancy a History? (cont.)

**Is the Malignancy a History? (cont.)**

- When a primary malignancy has been **excised but further treatment** is directed to that site, the primary malignancy code should be used until treatment is completed

**Important**

Medication is not listed as an additional treatment as patients are often prophylactically maintained on medications for several years

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## 1.86 Post-Hemorrhagic Anemia

**Post-Hemorrhagic Anemia**

A lack of documentation regarding the acuity of anemia when described as "blood loss" affects code assignment and can affect reimbursement.

- blood loss (chronic) D50.0
- - acute D62

**D50.0 Iron deficiency anemia secondary to blood loss (chronic)**  
Posthemorrhagic anemia (chronic)  
**Excludes1:** acute posthemorrhagic anemia (D62)  
congenital anemia from fetal blood loss (P61.3)


**D62 Acute posthemorrhagic anemia**  
**Excludes1:** anemia due to chronic blood loss (D50.0)  
blood loss anemia NOS (D50.0)  
congenital anemia from fetal blood loss (P61.3) = CC

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## 1.87 Anemia Query Guidance

### Anemia Query Guidance

- Be sure the ABLA meets the definition of a secondary diagnosis before querying, and include all relevant clinical indicators.
  - Iron pills
  - Repeated H&H
    - Monitoring abnormal values or part of routine care (post-surgical pathway)?
  - Blood transfusion?
    - Following a low H&H or during the routine surgical procedure?
  - What is the volume of blood loss?
    - Could the change in H&H be the result of hemodilution secondary to IVF if the blood loss was minimal?

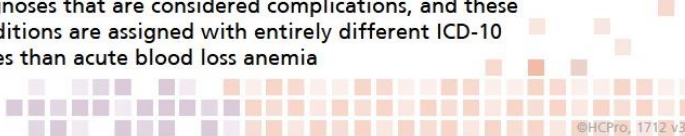


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## 1.88 When the Blood Loss Is Expected ...

### When the Blood Loss Is Expected ...

- Many surgeons think that anemia due to an "expected" blood loss is integral to a procedure and would not be reported
- When queried regarding patients who demonstrate a significant drop in H&H after surgery to levels suggestive of anemia, many physicians refuse to document anemia due to blood loss even if they monitor and transfuse the patient
- They say the patient lost an expected amount of blood
- Acute blood loss anemia is not considered a complication of care by CMS or Healthgrades
- Intraoperative/postoperative hemorrhage are the diagnoses that are considered complications, and these conditions are assigned with entirely different ICD-10 codes than acute blood loss anemia



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## 1.89 Clarify the Use of Tamoxifen

**Clarify the Use of Tamoxifen**

- Tamoxifen (tamoxifen citrate) is a drug used to treat certain types of breast cancer in women and men
- It is also used to **prevent breast cancer** in women who have had ductal carcinoma in situ (abnormal cells in the ducts of the breast) and in women who are at a high risk of developing breast cancer
- It blocks the effects of the hormone estrogen in the breast (i.e., it is a type of antiestrogen)

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=1> ©HCPPro, 1712 v3

## 1.90 Query Example

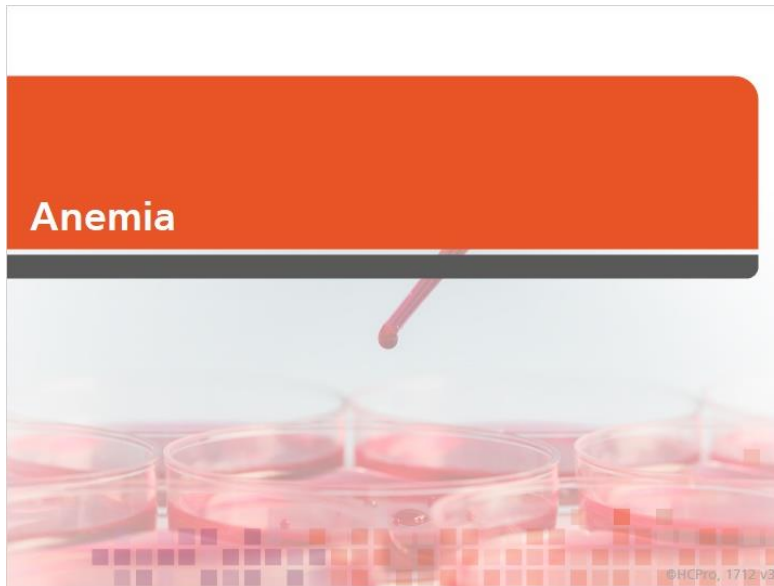
**Query Example**

- Please clarify below the status of "breast cancer" as documented in the H&P in this patient, who is taking tamoxifen.
  - Breast cancer is a current condition/diagnosis
  - The patient has a history of breast cancer (i.e., it has been "cured" or "eradicated," and the tamoxifen is prophylactic)
  - Unable to determine
  - Other: \_\_\_\_\_

Signed: \_\_\_\_\_ Date/time: \_\_\_\_\_

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## 1.91 Section Break: Anemia



## 1.92 Anemia

Anemia

- Several kinds of anemia resulting from a variety of underlying causes
- Can be classified in a variety of ways
- The three main classes of anemia include:
  - Excessive blood loss (acutely such as a hemorrhage or chronically through low-volume loss)
  - Excessive blood cell destruction (hemolysis)
  - Deficient red blood cell production (ineffective hematopoiesis)

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A slide titled "Anemia" with a list of bullet points. The slide has a decorative border of colored squares (purple, orange, and white) on the right and bottom edges.

## 1.93 Anemia in Chronic Disease Sequencing Instruction

**Anemia in Chronic Disease Sequencing Instruction**

**D63 Anemia in chronic diseases classified elsewhere**

**D63.0 Anemia in neoplastic disease**

➔ **Code first** neoplasm (C00-D49)

**Excludes1:** anemia due to antineoplastic chemotherapy (D64.81)  
aplastic anemia due to antineoplastic chemotherapy (D61.1)

**D63.1 Anemia in chronic kidney disease**  
Erythropoietin resistant anemia (EPO resistant anemia)

➔ **Code first** underlying chronic kidney disease (CKD) (N18.-)

**D63.8 Anemia in other chronic diseases classified elsewhere**

➔ **Code first** underlying disease, such as:  
diphyllobothriasis (B70.0)  
hookworm disease (B76.0-B76.9)  
hypothyroidism (E00.0-E03.9)  
malaria (B50.0-B54)  
symptomatic late syphilis (A52.79)  
tuberculosis (A18.89)

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## 1.94 Sequencing of Anemia

**Sequencing of Anemia**

- The sequencing of anemia will vary **depending on the cause/etiology** as well as the circumstances of the admission
  - If acute blood loss is secondary to a chronic condition and the focus of treatment is on the anemia, acute anemia is likely the Pdx
  - If acute anemia and identifying the source of bleeding is the focus of treatment, then the etiology is likely the Pdx
  - Anemia can also be a manifestation of an adverse effect or poisoning

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## 1.95 Documentation Guidance in Anemia

**Documentation Guidance in Anemia**


- The focus of CDI should be to always clarify
  1. The type/etiology of the anemia
    - Secondary to malignancy?
    - Secondary to cancer therapy?
    - Drug induced?
    - Post hemorrhagic?
    - A complication of a procedure?
  - The default code for anemia is D64.9
    - D64.9 Anemia, unspecified
  2. The acuity of the anemia
    - Acute
    - Chronic

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## 1.96 Post-Hemorrhagic Anemia

**Post-Hemorrhagic Anemia**

- Commonly referred to as **acute** blood loss anemia (ABLA)

 **Tip**

- Add “ABLA” to your organization's approved abbreviation list so providers get credit for this abbreviation
- Work with surgeons to provide the CDI department with baseline expected blood loss values for common procedures to limit erroneous queries where providers would consider the blood loss integral to the procedure
  - Orthopedics
  - Obstetrics

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## 1.97 Post-Hemorrhagic Anemia (cont.)

**Post-Hemorrhagic Anemia (cont.)**

- A lack of documentation regarding the acuity of anemia when described as “blood loss” affects code assignment and can affect reimbursement
  - blood loss (chronic) D50.0
  - acute D62
- Chronic = D50.0 Iron deficiency anemia secondary to blood loss (chronic)  
Posthemorrhagic anemia (chronic)  
**Excludes1:** acute posthemorrhagic anemia (D62)  
congenital anemia from fetal blood loss (P61.3)
- The code associated with acute is a CC as a secondary diagnosis  
**D62 Acute posthemorrhagic anemia**  
**Excludes1:** anemia due to chronic blood loss (D50.0)  
blood loss anemia NOS (D50.0)  
congenital anemia from fetal blood loss (P61.3)

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## 1.98 When the Blood Loss Is Expected

**When the Blood Loss Is Expected**

- Many surgeons think that anemia due to an **expected** blood loss is integral to the procedure
- Many physicians refuse to document anemia due to blood loss even if they monitor and transfuse the patient
- They say the patient lost an **expected amount of blood ...**

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## 1.99 Expected Blood Loss Anemia

### Expected Blood Loss Anemia

- Do not use blood transfusions or abnormal lab findings as definitive variables in determining whether or not to code blood loss anemia without physician documentation
- If, in the physician's clinical judgment, surgery results in an **expected amount of blood loss** and the physician does not describe the patient as having anemia or a complication of surgery, it is **inappropriate to assign a code for the blood loss**

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## 1.100 Internal Coding Guidelines?

### Internal Coding Guidelines?

- Is it appropriate to develop **internal coding guidelines** and obtain medical staff approval to code acute blood loss anemia?
- The guidelines would specify lab values pre- and postsurgery, as well as some clinical signs to allow coders to **code acute blood loss anemia without the need to have the physician documentation.**

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## 1.101 Internal Coding Guidelines? (cont.)

**Internal Coding Guidelines? (cont.)**

- **This is not acceptable**
  - Coding Guidelines Section III.B. state: "Abnormal findings (laboratory, x-ray, pathologic, and other diagnostic results) are not coded and reported unless the physician indicates their clinical significance
- If the findings are outside the normal range
  - *And* the physician has ordered other tests to evaluate the condition
  - Or prescribed treatment
- It is appropriate to ask the physician whether the diagnosis should be added. Therefore, internal guidelines should not replace physician documentation."

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## 1.102 Clinical Indicators

**Clinical Indicators**

- An **internal facility guideline should not interpret abnormal findings** to replace physician documentation or query
- It may be helpful to identify specific clinical indicators to be used to consistently support a diagnosis or to be used by CDI specialists and coders to identify the need for a query

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## 1.103 Acute Post-Hemorrhagic Anemia

**Acute Post-Hemorrhagic Anemia**

- There is a quality metric associated w/ postop blood loss, so providers are sometimes reluctant to document ABLA
  - Patient Safety Indicator (PSI) 9
  - Postoperative hemorrhage or hematoma rate
- The population for this measure includes:
  - Discharges w/postoperative hemorrhage or postoperative hematoma, which are **complication codes**, as a secondary diagnosis

AND

- A procedure code for postoperative control of hemorrhage or for drainage of hematoma

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## 1.104 Anemia Query Guidance

**Anemia Query Guidance**

- Be sure the ABLA meets the definition of a secondary diagnosis before querying and include all relevant clinical indicators
  - Repeated H&H
    - Monitoring abnormal values or part of routine care (post-surgical pathway)?
  - Blood transfusion?
    - Following a low H&H or during the routine surgical procedure?
  - What is the volume of blood loss?
    - Could the change in H&H be the result of hemodilution secondary to IVF if the blood loss was minimal?

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## 1.105 Sample Query: Diagnosis Validation

**Sample Query: Diagnosis Validation**

- The progress note on 6/23 includes the diagnosis of “acute blood loss anemia”; however, the surgical notes indicate an estimated blood loss of “approximately 200 ml” with fluid intake of 1500 ml. Can you please clarify below the status of “acute blood loss anemia” in the next 24 hours?
  - Acute blood loss anemia was ruled out
  - The patient had/has acute blood loss anemia
  - The acute blood loss anemia was without clinical significance
  - Unable to determine
  - Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date/time: \_\_\_\_\_

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## 1.106 Precipitous Drop in Hematocrit = CC

**Precipitous Drop in Hematocrit = CC**

- Precipitous drop in hematocrit R71.0 is a CC as a secondary diagnosis
  - Developed to identify a drop in hematocrit from other nonspecific red blood cell abnormalities

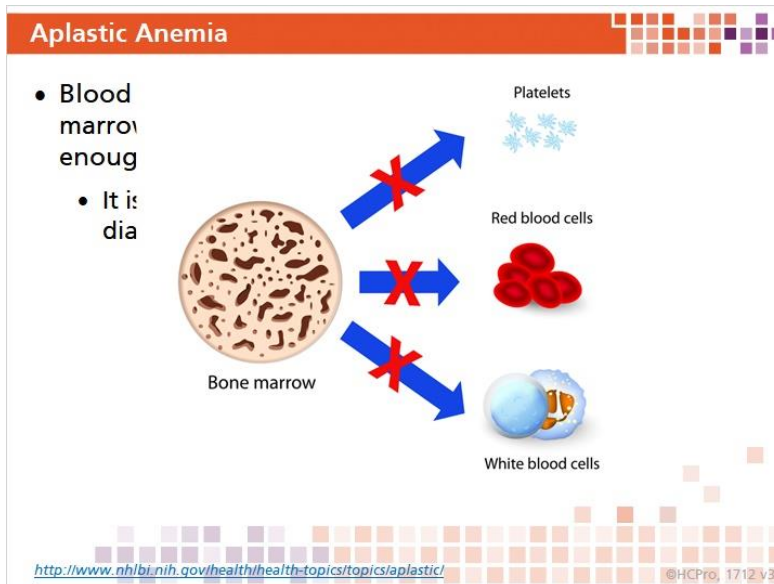
**R71 Abnormality of red blood cells**  
Excludes1: anemias (D50-D64)  
anemia of premature infant (P61.2)  
benign (familial) polycythemia (D75.0)  
congenital anemias (P61.2-P61.4)  
newborn anemia due to isoimmunization (P55.-)  
polycythemia neonatorum (P61.1)  
polycythemia NOS (D75.1)  
polycythemia vera (D45)  
secondary polycythemia (D75.1)

**R71.0 Precipitous drop in hematocrit**  
Drop (precipitous) in hemoglobin  
Drop in hematocrit

**R71.8 Other abnormality of red blood cells**  
Abnormal red-cell morphology NOS  
Abnormal red-cell volume NOS  
Anisocytosis  
Poikilocytosis

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## 1.107 Aplastic Anemia



## 1.108 Aplastic Anemia (cont.)

**Aplastic Anemia (cont.)**

- Aplastic anemia can be acquired or inherited
  - Acquired aplastic anemia is more common and can be caused by
    - Toxins, such as pesticides, arsenic, and benzene
    - Radiation and chemotherapy (treatments for cancer)
    - Medicines, such as chloramphenicol (an antibiotic rarely used in the United States)
    - Infectious diseases, such as hepatitis, Epstein-Barr virus, cytomegalovirus, parvovirus B19, and HIV
    - Autoimmune disorders, such as lupus and rheumatoid arthritis

<http://www.nlm.nih.gov/health/health-topics/topics/aplastic/> ©HCPPro, 1712.v3



## 1.109 Aplastic Anemia

**Aplastic Anemia (cont.)**

- Documentation of the type of aplastic anemia can change its classification from a CC to an MCC
- The following types of aplastic anemias are MCCs

**D61.1 Drug-induced aplastic anemia**  
Use **additional** code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

**D61.2 Aplastic anemia due to other external agents**  
**Code first** , if applicable, toxic effects of substances chiefly nonmedicinal as to source (T51-T65)

**D61.3 Idiopathic aplastic anemia**

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## 1.110 Documentation Guidance in Anemia

**Documentation Guidance in Anemia**

- The focus of CDI should be to always clarify
  1. The type/etiology of the anemia
    - Secondary to malignancy?
    - Secondary to cancer therapy?
    - Drug induced?
    - Post hemorrhagic?
    - A complication of a procedure?
  2. The acuity of the anemia
    - Acute
    - Chronic

**Note**

The default code for anemia is D64.9

D64.9 Anemia, unspecified

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## 1.111 Pancytopenia

**Pancytopenia**

- Pancytopenia is a reduction in
  - Red blood cells (anemia)
  - White blood cells (leukopenia)
  - Platelets (thrombocytopenia)
- Documentation of the cause/etiology affects code assignment and CC/MCC designation
  - Antineoplastic chemotherapy induced (D618.10) = MCC
  - Other drug-induced (D618.11) = MCC
  - Other (D618.18) = CC

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## 1.112 The Elements of Blood

**The Elements of Blood**

**Plasma** (about 55%)

**Platelets** (0,01)

**Red blood cells** (about 41%)

**White blood cells (about 4%):** Lymphocyte, Basophil, Eosinophil, Monocyte, Neutrophil

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## 1.113 Neutropenia/Neutropenic Fever

**Neutropenia/Neutropenic Fever**

- A neutrophil is an immune cell that is one of the first cell types to travel to the site of an infection
  - Neutrophils help fight infection by ingesting microorganisms and releasing enzymes that kill the microorganisms
- A neutrophil is a type of:
  - White blood cell
  - Granulocyte
  - Phagocyte

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=N> ©HCPPro, 1712.v3

## 1.114 Abnormalities of White Blood Cells

**Abnormalities of White Blood Cells**

- Neutropenia is a condition in which there is a lower-than-normal number of neutrophils and has many possible codes in ICD-10-CM
  - None are classified as CCs or MCCs

**Neutropenia, neutropenic** (chronic) (genetic) (idiopathic) (immune) (infantile) (malignant) (pernicious) (splenic) D70.9  
- congenital (primary) D70.0  
- cyclic D70.4  
- cytoreductive cancer chemotherapy sequela D70.1  
- drug-induced D70.2  
- - due to cytoreductive cancer chemotherapy D70.1  
- due to infection D70.3  
- fever D70.9  
- neonatal, transitory (isoimmune) (maternal transfer) P61.5  
- periodic D70.4  
- secondary (cyclic) (periodic) (splenic) D70.4  
- - drug-induced D70.2  
- - - due to cytoreductive cancer chemotherapy D70.1  
- toxic D70.8

<http://www.cancer.gov/publications/dictionaries/cancer-terms?expand=N> ©HCPPro, 1712.v3

## 1.119 Chronic Anemia

**Chronic Anemia**

- Code block D63 includes codes specific to these types of chronic anemia

**D63 Anemia in chronic diseases classified elsewhere**

**D63.0 Anemia in neoplastic disease**  
Code first neoplasm (C00-D49)  
Excludes1: anemia due to antineoplastic chemotherapy (D64.81)  
aplastic anemia due to antineoplastic chemotherapy (D61.1)

**D63.1 Anemia in chronic kidney disease**  
Erythropoietin resistant anemia (EPO resistant anemia)  
Code first underlying chronic kidney disease (CKD) (N18.-)

**D63.8 Anemia in other chronic diseases classified elsewhere**  
Code first underlying disease, such as:  
diphyllobothriasis (B70.0)  
hookworm disease (B76.0-B76.9)  
hypothyroidism (E00.0-E03.9)  
malaria (B50.0-B54)  
symptomatic late syphilis (A52.79)  
tuberculosis (A18.89)

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## 1.120 Chronic Anemia (cont.)

**Chronic Anemia (cont.)**

- Although chronic anemia isn't classified as a CC, identification of the etiology may affect reimbursement if the reason for the admission is the chronic anemia due to the sequencing guidance in the Tabular List
- The etiology of chronic anemia is coded first
  - If assigned as the Pdx, the chronic condition will "drive" the MS-DRG
- Followed by the applicable anemia in chronic condition code

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## 1.121 Anemia in the Oncology Patient

**Anemia in the Oncology Patient**

- When an admission is for management of an anemia associated with the malignancy and the treatment is **only for anemia**
- The malignancy is the principal diagnosis
- The appropriate code for the anemia D63.0 is reported as a secondary diagnosis

**D63.0 Anemia in neoplastic disease**  
Code first neoplasm (C00-D49)  
**Excludes1:** anemia due to antineoplastic chemotherapy (D64.81)  
aplastic anemia due to antineoplastic chemotherapy (D61.1)

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## 1.122 Anemia in the Oncology Patient (cont.)

**Anemia in the Oncology Patient (cont.)**

- When the admission is for management of an anemia associated with an **adverse effect** of chemotherapy or immunotherapy or radiotherapy and the **only treatment is for the anemia**
- Anemia (D64.81) is the **principal diagnosis**

**D64.81 Anemia due to antineoplastic chemotherapy**  
Antineoplastic chemotherapy induced anemia  
**Excludes1:** anemia in neoplastic disease (D63.0)  
aplastic anemia due to antineoplastic chemotherapy (D61.1)

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## 1.123 Anemia Due to Therapy

**Anemia Due to Therapy**

- Secondary diagnoses include:
  - The appropriate codes for the neoplasm

**T45.1** Poisoning by, adverse effect of and underdosing of antineoplastic and immunosuppressive drugs  
**Excludes1:** poisoning by, adverse effect of and underdosing of tamoxifen (T38.6)

**T45.1X** Poisoning by, adverse effect of and underdosing of antineoplastic and immunosuppressive drugs

- T45.1X1** Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional)  
Poisoning by antineoplastic and immunosuppressive drugs NOS
- T45.1X2** Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm
- T45.1X3** Poisoning by antineoplastic and immunosuppressive drugs, assault
- T45.1X4** Poisoning by antineoplastic and immunosuppressive drugs, undetermined
- T45.1X5** Adverse effect of antineoplastic and immunosuppressive drugs
- T45.1X6** Underdosing of antineoplastic and immunosuppressive drugs  
misadventure at the time of the procedure

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## 1.124 What Is an Adverse (Drug) Effect?

**What Is an Adverse (Drug) Effect?**

- Let's further explore the concept of adverse (drug) effects
- In order to understand adverse (drug) effects, we'll also need to explore the concepts of
  - Poisoning
  - Toxic effects
  - Underdosing
- The documentation needs to identify the type of medication and allow the distinction between a poisoning and adverse effect to be made

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## 1.125 Poisoning, Adverse Effect, Etc.

**Poisoning, Adverse Effect, Etc.**

- These codes are aren't classified as CCs or MCCs, but their presence can affect code sequencing as demonstrated through the extensive Tabular List instructions

**Poisoning by, adverse effects of and underdosing of drugs, medicaments and biological substances (T36-T50)**  
**Includes:** adverse effect of correct substance properly administered  
poisoning by overdose of substance  
poisoning by wrong substance given or taken in error  
underdosing by (inadvertently) (deliberately) taking less substance than prescribed or instructed

**Code first** , for adverse effects, the nature of the adverse effect, such as:  
adverse effect NOS (T88.7)  
aspirin gastritis (K29.-)  
blood disorders (D56-D76)  
contact dermatitis (L23-L25)  
dermatitis due to substances taken internally (L27.-)  
nephropathy (N14.0-N14.2)

**Note:** The drug giving rise to the adverse effect should be identified by use of codes from categories T36-T50 with fifth or sixth character 5.

**Use additional** code(s) to specify:  
manifestations of poisoning  
underdosing or failure in dosage during medical and surgical care (Y63.6, Y63.8-Y63.9)  
underdosing of medication regimen (Z91.12-, Z91.13-)

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## 1.126 Poisoning, Adverse Effect, Etc. (cont.)

**Poisoning, Adverse Effect, Etc. (cont.)**

- Codes in categories T36-T65 are combination codes that include
  - The substance that was taken
  - The intent
- No additional external cause code is required
  - External cause codes provide data for injury research and evaluation of injury prevention strategies by capturing
    - How the injury or health condition happened (cause)
    - The intent (unintentional/accidental/suicide/assault)
    - The place where the event occurred
    - The activity of the patient at the time of the event
    - The person's status (e.g., civilian, military)

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## 1.127 Assignment of External Cause Codes

**Assignment of External Cause Codes**

- External causes of morbidity coding may require up to four codes to identify the cause of the injury, the intent of the injury (accident versus intentional), the place of the injury, and the person's status at the time of the injury
- Is it acceptable for coders to use information from non-provider documentation, such as nurse's notes or documentation from ambulance transport, to apply external cause of morbidity codes?

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## 1.128 Assignment of External Cause Codes (cont.)

**Assignment of External Cause Codes (cont.)**

- Coders may use documentation from nonphysician providers when assigning external cause of morbidity codes
- If there is conflict between the physician and nonphysician documentation, the physician's documentation takes precedence

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## 1.129 Adverse Effects

**Adverse Effects**

- Occurs when medication involved is:
  - Correctly prescribed
  - Properly administered
- Assign the appropriate code for the nature of the adverse effect
- Followed by the appropriate code for the adverse effect of the drug
  - These codes should have a 5th or 6th character "5" (for example T36.0X5-)

T36.0X5 Adverse effect of penicillins

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## 1.130 Adverse Effect as the Pdx MS-DRG

**Adverse Effect as the Pdx MS-DRG**

- Pdx of K71.10, toxic liver disease with hepatic necrosis without coma, with a secondary diagnosis of T39.935A, adverse effect of other NSAID

**DRG 443** Disorders of Liver Except Malignancy, Cirrhosis, Alcoholic Hepatitis without CC/MCC  
GMLOS 2.5 AMLOS 3.0 RW 0.6788

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## 1.131 Poisoning: Improper Use of Medication

**Poisoning: Improper Use of Medication**

- When coding a poisoning or reaction to the **improper use** of a medication
- First assign the appropriate code from categories T36-T50
  - The poisoning codes have an associated intent as their 5th or 6th character
- Use additional code(s) for all manifestations of poisonings
- If there is also a diagnosis of abuse or dependence of the substance, the abuse or dependence is assigned as an additional code

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## 1.132 Poisoning: Improper Use of Medication

**Poisoning: Improper Use of Medication (cont.)**

- Examples of poisoning include:
  - Errors made in **drug prescription** or in the **administration** of the drug by a provider, nurse, patient, or other person
  - If an **overdose** of a drug was intentionally taken or administered and **resulted in drug toxicity**
  - If a **nonprescribed** drug/medicinal agent was **taken in combination with a correctly prescribed and properly administered** drug, any drug toxicity or other reaction resulting from the interaction of the two drugs describes a poisoning
  - When a reaction results from the **interaction of a drug(s) and alcohol**

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## 1.133 Poisoning: Capturing the Intent

**Poisoning: Capturing the Intent**

- The external cause element of intent is included as follows:
  - Poisoning, **accidental**
  - Poisoning, **intentional, self-harm**
  - Poisoning, **assault**
  - Poisoning, **undetermined**

T39.39 Poisoning by, adverse effect of and underdosing of other nonsteroidal anti-inflammatory drugs [NSAID]

T39.391 Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], accidental (unintentional)  
Poisoning by other nonsteroidal anti-inflammatory drugs NOS

T39.392 Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], intentional self-harm

T39.393 Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], assault

T39.394 Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], undetermined

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## 1.134 Poisoning as the Pdx MS-DRG

**Poisoning as the Pdx MS-DRG**

- Pdx of T39.391A, poisoning by NSAID, accidental, with a secondary diagnosis of K71.10, toxic liver disease with hepatic necrosis without coma

**DRG 918 Poisoning and Toxic Effects of Drugs without MCC**  
GMLOS 2.3 AMLOS 3.0 RW 0.7502  
Select principal diagnosis listed under DRG 917

- This is a with MCC/without MCC pair, but K71.10 isn't a CC or an MCC

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## 1.135 Underdosing: New to ICD-10-CM

**Underdosing: New to ICD-10-CM**

- Underdosing refers to taking **less of a medication** than is prescribed by a provider or a manufacturer's instruction
- A code from categories T36-T50 with a fifth or sixth character "6" is assigned

**T36.96 Underdosing of unspecified systemic antibiotic**

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## 1.136 Underdosing: New to ICD-10-CM (cont.)

**Underdosing: New to ICD-10-CM (cont.)**

**Z91.12 Patient's intentional underdosing of medication regimen**  
Code first underdosing of medication (T36-T50) with fifth or sixth character 6  
Excludes1: adverse effect of prescribed drug taken as directed- code to adverse effect poisoning (overdose) -code to poisoning

**Z91.120 Patient's intentional underdosing of medication regimen due to financial hardship**

**Z91.128 Patient's intentional underdosing of medication regimen for other reason**

**Z91.13 Patient's unintentional underdosing of medication regimen**  
Code first underdosing of medication (T36-T50) with fifth or sixth character 6  
Excludes1: adverse effect of prescribed drug taken as directed- code to adverse effect poisoning (overdose) -code to poisoning

**Z91.130 Patient's unintentional underdosing of medication regimen due to age-related debility**

**Z91.138 Patient's unintentional underdosing of medication regimen for other reason**

**Z91.14 Patient's other noncompliance with medication regimen**  
Patient's underdosing of medication NOS

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## 1.137 Toxic Effects

**Toxic Effects**

- When a harmful substance is ingested or comes in contact with a person
- The toxic effect codes are in categories T51-T65
  - Toxic effects of substances chiefly nonmedicinal as to source (T51-T65)
- Toxic effect codes have an associated intent:
  - Accidental
  - Intentional self-harm
  - Assault
  - Undetermined

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## 1.138 Toxic Effects (cont.)

**Toxic Effects (cont.)**

- The Tabular List provides the following instruction:
  - When **no intent** is indicated, code to **accidental**
  - Undetermined intent is only for use when there is specific documentation in the record that the intent of the toxic effect cannot be determined

**T54.2 Toxic effects of corrosive acids and acid-like substances**  
Toxic effects of hydrochloric acid  
Toxic effects of sulfuric acid

**T54.2X Toxic effects of corrosive acids and acid-like substances**

- T54.2X1 Toxic effect of corrosive acids and acid-like substances, accidental (unintentional)**  
Toxic effects of corrosive acids and acid-like substances NOS
- T54.2X2 Toxic effect of corrosive acids and acid-like substances, intentional self-harm**
- T54.2X3 Toxic effect of corrosive acids and acid-like substances, assault**
- T54.2X4 Toxic effect of corrosive acids and acid-like substances, undetermined**

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## 1.139 Toxic Effects: Sequencing Instructions

**Toxic Effects: Sequencing Instructions**

- Use additional code(s):
  - For all associated manifestations of toxic effect, such as respiratory conditions due to external agents (J60-J70)

**Note**

The coding of toxic effects is similar to poisoning as the toxic effect code is listed before its manifestation

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## 1.140 Coagulopathy or Poisoning?

**Coagulation Disorders**


- CDIs need to review the record for the etiology of coagulopathy
  - Is it really a coagulopathy (an acquired condition)?
    - These conditions map to the code grouping D65-D69
  - Is it a poisoning or adverse effect of anticoagulation therapy?
    - Is the patient on Coumadin®/warfarin?
    - This condition would be coded per the guidelines for poisoning or adverse effects

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## 1.141 Case Example

**Case Example**

- Patient admitted through the ED with **bleeding from the mouth**, elevated INR
- History of long term Coumadin therapy for chronic atrial fibrillation
- Provider documentation states “Coumadin coagulopathy with resulting **soft palate hematoma**”
- How should this be coded?



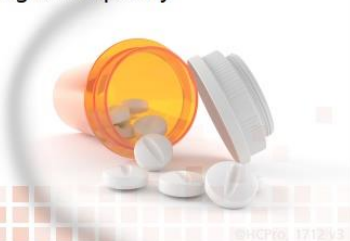
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## 1.142 Case Example: Query Opportunity

**Case Example: Query Opportunity**

Mr. Smith admitted with **soft palate hematoma** related to Coumadin. INR is 9.5. You have documented “Coumadin coagulopathy”. Please clarify the circumstances related to the patient’s Coumadin use.

- A. Coumadin taken correctly as prescribed
- B. Coumadin taken in error in dosing or frequency (intentionally)
- C. Coumadin taken in error in dosing or frequency (unintentionally)
- D. Other \_\_\_\_\_
- E. Unknown circumstances



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## 1.143 Case Example: Sequencing

**Case Example: Sequencing**

- If the medication is properly prescribed and administered this is an adverse effect and the manifestation is coded first
  - K92.0 hematemesis
  - D68.32, Hemorrhagic disorder due to extrinsic circulating anticoagulant
  - T45.515A adverse effect of anticoagulants, initial encounter
- If it was a poisoning it would be:
  - T45.511A poisoning by anticoagulants, accidental initial episode of care
  - D68.32, Hemorrhagic disorder due to extrinsic circulating anticoagulant
  - K92.0 hematemesis

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## 1.144 Hemorrhage Due to Anticoagulant Therapy

### AHA Coding Clinic® Advice

**Hemorrhage Due to Anticoagulant Therapy**  
**AHA Coding Clinic® Advice**

**?** Question

- What is the code assignment for duodenal ulcer with hemorrhage due to Coumadin therapy, initial encounter? Is D68.32, Hemorrhagic disorder due to extrinsic circulating anticoagulant, assigned for bleeding that is due to anticoagulation therapy?

**Answer**

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## 1.145 Hemorrhage Due to Anticoagulant Therapy

### AHA Coding Clinic® Advice

The image is a screenshot of a presentation slide. At the top, there is an orange header with the text "Hemorrhage Due to Anticoagulant Therapy" and "AHA Coding Clinic® Advice" in white. Below the header is a dark grey bar with a white question mark icon and the word "Answer" in white. The main content area is light purple and contains a bulleted list of coding advice. At the bottom of the slide, there is a footer with the text "AHA Coding Clinic, 1st Quarter 2016, page 14." and "©HCPPro, 1712 v3".

Hemorrhage Due to Anticoagulant Therapy  
AHA Coding Clinic® Advice

**?** Answer

- Assign codes:
  - K26.4, Chronic or unspecified duodenal ulcer with hemorrhage
  - **D68.32, Hemorrhagic disorder due to extrinsic circulating anticoagulant**
  - T45.515, Adverse effect of anticoagulants.
- Depending on the circumstances of the admission, it may be appropriate to sequence either K26.4 or D68.32 as the principal or first

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