Neoplasms and Metastasis/Metastatic

Metastasis occurs when the cancer cells travel from their initial location to another anatomical site through either the blood vessels, lymphatic channels or by direct extension to close by tissues. When two or more sites are described as “metastatic” in the diagnostic statement, each of the stated sites should be coded as secondary or metastatic.

Metastatic to: indicates that the site mentioned is secondary. Example: Metastatic carcinoma to the lung is coded as secondary malignant neoplasm of the lung (C78.0-).

Metastatic from: specifies that the site mentioned is the primary site. Example: Metastatic carcinoma from the breast indicates that the breast is the primary site (C50.9-). A code for the metastatic site should also be assigned.

Single Metastatic Site: When only one site is described as metastatic without more definitive information, refer first to the morphology type in the Alphabetic Index and code to the primary condition of that site. Example: Metastatic renal cell carcinoma of the lung indicates that the primary site is the kidney and the secondary site is the lung.

ICD-10-CM: C64.9. Malignant neoplasm of kidney, except renal pelvis, unspecified side and C78.00, Secondary malignant neoplasm of lung, unspecified side.

No Site Stated: Code C80.0, Disseminated malignant neoplasm, unspecified, should be applied when the patient has advanced metastatic disease and no known primary or secondary sites are specified.

- Code C80.1, Malignant (primary) neoplasm, unspecified, parallels to Cancer, unspecified and should only be used when no decision can be made as to the primary site of a malignancy. This code is hardly ever used in the inpatient setting.

- When no site is identified for the secondary neoplasm, Code C79.9, secondary malignant neoplasm of unspecified site, is assigned.

- When no site is indicated in the diagnostic but the morphology type is qualified as metastatic, the code provided for that morphology type is assigned for the primary diagnosis with a code for secondary neoplasm of unspecified site as well. e.g., Metastatic apocrine adenocarcinoma with no site specified is coded as a primary malignant neoplasm of the skin, unspecified (C44.99). An additional code of C79.9 is assigned for the secondary neoplasm.

- When a patient is admitted because of a primary neoplasm with metastasis (secondary spreading) and treatment is directed toward the secondary site only, the secondary neoplasm is the principal diagnosis even though the primary malignancy is still present. Example: A patient has a primary malignancy in the right renal pelvis that metastasizes to the right ureter and presents for treatment of the ureter.

ICD-10-CM: C79.19 Secondary malignant neoplasm of other urinary organs. Then, C65.1 Malignant neoplasm of right renal pelvis.

Other Examples

1. Metastatic carcinoma of right lung: Malignant neoplasm of bronchus and lung, unspecified (C34.91) and Secondary malignant neoplasm of unspecified site (C79.9).
2. Metastatic carcinoma to brain: Secondary malignant neoplasm of brain (C79.31) and Malignant (primary) neoplasm, unspecified (C80.1).
3. Metastatic carcinoma from prostate to pelvic bone: Malignant neoplasm of prostate (C61) and Secondary malignant neoplasm of bone (C79.51)

Coding and sequencing of complications associated with the malignancies or with the therapy thereof are subject to the following guidelines:

1. Anemia associated with malignancy: The malignancy first and anemia second.
   a. Anemia associated with chemo/immunotherapy: The adverse event coded first, the anemia second, and then the malignancy.
   b. Anemia associated with radiation: Anemia first, malignancy second and third is radiotherapy as the cause of abnormal reaction of the patient, or of later complication without mention of misadventure at the time of the procedure (Y84.2).
   Example: A patient was admitted for treatment of malignancy-associated anemia. The patient has malignant neoplasm of the fundus of the stomach. The only treatment given is for the anemia.

   ICD-10-CM: C16.1 Malignant neoplasm of fundus of stomach D63.0 Anemia in neoplastic disease.

   Rationale: In this scenario, although the patient is being treated only for the anemia, coders must report the malignancy first. D63.0 has an instructional note underneath it that states to code first neoplasm (C00-D49). The above sequencing follows the guideline listed above and indicates that order of the codes.

2. Pathological fracture due to a neoplasm:
   a. When an encounter is for a pathological fracture due to a neoplasm, and the focus of treatment is the fracture, a code from subcategory M84.5-: Pathological fracture in neoplastic disease, should be sequenced first followed by the code for the neoplasm.
   b. If the focus of treatment is the neoplasm with an associated pathological fracture, the neoplasm code should be sequenced first followed by a code from M84.5- for the pathological fracture.

3. Management of dehydration due to the malignancy: When an encounter is for management of a complication associated with a neoplasm, such as dehydration, and the treatment is only for the complication, the complication code is to be sequenced first followed by the code for the neoplasm.

4. Treatment of a complication resulting from a surgical procedure:
   a. When an encounter is for treatment of a complication resulting from a surgical procedure performed for the treatment of the neoplasm.
      - Anemia associated with radiation therapy or chemotherapy, the primary malignancy code should be used until treatment is completed.

5. When a primary malignancy has been excised but further treatment is directed to that site, such as an additional surgery for the malignancy, radiation therapy or chemotherapy, the primary malignancy code should be sequenced first followed by the code for the pathological fracture.

References

- International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) Version for 2010
- apps.who.int/classifications/icd10/browse/2010/en#X
- justcoding.com/283813/specificity-key-to-neoplasm-coding-in-icd10cm
- www.codeitrightonline.com/ciri/icd-10-cm-neoplasm-codes.html
- www.who.int/classifications/icd/adaptations/oncology/en/
- training.theicd10solution.com/pdf/icd10_cM_Guidelines2.pdf
- library.ahima.org/ks/pedig/groups/public/documents/ahima/bok1.049269.hcsp
- healthinformation.advanceweb.com/article/coding-neoplasms-accurately.aspx
- Classification and coding of neoplasms. C. S. Muir and C. Percy.

ICD-10-CM

Neoplasm

C00-D49

July 2016

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.
Neoplasms can be classified in numerous ways however the two main items of information are: the place where the tumor is (anatomical location; site; topography) and the morphology (histology, cytology), for example the form of the tumor when scrutinized under the microscope, as this indicates its behavior (malignant, benign, in situ, or uncertain).

**Documenting & Coding Neoplasm in ICD-10-CM**

- Codes begin with a “C” or a “D”
- Contains more than 1,540 codes
- Selecting the most specific code for some types of neoplasms will require documentation of the histologic type of the neoplasm, as to whether the neoplasm is Benign, Malignant, In situ, or Uncertain behavior
- If a histological term is documented (like adenoma), that term should be referenced first instead of going directly to the Neoplasm Table. Otherwise it should always be retrieved.
- Neoplasms are classified mainly by site within wide groupings for behavior.
- Categories C00-C75 organize primary malignant neoplasms according to their point of origin.
- Categories C76-C80 contain malignant neoplasms where the primary site is not identified.
- There are several codes that require laterality and site-specific codes for males regarding malignant neoplasms of the breast: for correct diagnosis code assignment, should identify: gender, site, & laterality.
- When coding neoplasms, the category reorganization has “In Situ” neoplasms listed before the “Benign” neoplasms.
- All neoplasms are classified, whether they are functionally active or not. An additional code from Chapter IV (endocrine, nutritional and metabolic diseases) may be used to identify functional activity associated with any neoplasm.

**Polycythemia without further specificity is coded as a disease of the blood and blood-forming organ while in ICD9 is coded with a neoplasm code.**

- Morphology codes have 6 digits: the first 4 digits identify the histological type; the 5th digit the behavior (malignant primary, malignant secondary (metastatic), in situ, benign, uncertain whether malignant or benign), and the 6th digit is a sorting code (differentiation) for solid tumors, also used as a distinctive code for lymphomas and leukemia.
- Malignant neoplasms of ectopic tissue are to be coded to the site mentioned. e.g., ectopic pancreatic malignant neoplasm is coded to pancreas, unspecified (C25.9).
- Codes listed with a dash (-) following the code have a required additional character for laterality. The tabular list must be reviewed for the complete code.
- Lymphomas and Leukemia do not metastasize to secondary sites. They circulate within the lymphatic or hematopoietic circulation and may occur in other sites in these tissues. Assigned to morphology rather than site.

**Classifying Neoplasm Codes**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Benign</td>
<td>Primary site &amp; Secondary (metastatic) site(s)</td>
<td>Liver &amp; intrahepatic bile ducts (e.g., Hepatoblastoma)</td>
<td>Malignant Neoplasms</td>
<td>Neoplasms in situ</td>
</tr>
<tr>
<td></td>
<td>In situ</td>
<td>Unspecified</td>
<td>Skin (e.g., Basal cell carcinoma, unsp.)</td>
<td>Malignant Neoplasms</td>
<td>Neoplasms in situ</td>
</tr>
</tbody>
</table>

**Malignant neoplasms overlapping site boundaries and the use of subcategory ‘.8’ signifying ‘overlapping lesion.’**

- Malignancies of two or more adjacent sites should not be coded as one or the other without asking the physician.
- According to the 2012 ICD-10-CM Official Guidelines for Coding and Reporting (C.2) for a primary malignant neoplasm with two or more contiguous overlapping sites, coders should classify the sites to the subcategory/code with .8 (overlapping sites), unless the combination is specifically indexed elsewhere.

**Example:** A patient presents with a primary malignant tumor in the splenic flexure and transverse colon.

**ICD-10-CM:** Malignant neoplasm of overlapping site of colon (C18.8)

**Rationale:** Tumor, malignant in the Alphabetic Index, it directs the user to “see Neoplasm, malignant by site” (the Neoplasm Table). Intestine, splenic flexure, malignant, primary, and Intestine, transverse, malignant, primary in the Neoplasm Table, it directs the user to C18.5 Malignant neoplasm of splenic flexure and C18.4 Malignant neoplasm of transverse colon.

The patient has a Malignancy that has invaded the splenic flexure and transverse colon, which are contiguous sites. Instead of coding both C18.5 and C18.4, the user would code C18.8, Malignant neoplasm of overlapping site of colon.

**Neoplasm Sequencing**

The 2012 ICD-10-CM Official Guidelines for Coding and Reporting ratify that:

- If the treatment is directed at the malignancy, the malignancy should be listed as the principal/first-listed diagnosis. The only exception is when the patient presents exclusively for administration of chemotherapy, immunotherapy, or radiation therapy. Coders should sequence first the primary site, followed by any metastatic sites.

**Example:** A patient, after having a lobectomy, now returns for radiation therapy.

**ICD-10-CM:** Z51.0 Encounter for antineoplastic radiation therapy C34.11 Malignant neoplasm of upper lobe, right bronchus or lung

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

**Example:** A female patient presents with two malignant neoplasms of the left breast; one in the upper outer quadrant and one in the lower-inner quadrant.

**ICD-10-CM:** C50.312, Malignant neoplasm of lower-inner quadrant of left female breast, and C50.412, Malignant neoplasm of upper outer quadrant of the left female breast.

**Rationale:** On Breast in the Neoplasm Table, specific sites are listed. Breast, lower-inner quadrant, malignant, primary, it directs to C50.3 Breast, upper outer quadrant, it directs them to C50.4. Codes C50.3 and C50.4 in the Tabular Index show that additional characters are necessary to indicate laterality and the gender of the patient. In the example, the female patient has two malignancies of the left breast that are not contiguous. The two codes that would correspond to the example are C50.312; Malignant neoplasm of lower-inner quadrant of left female breast, and C50.412; Malignant neoplasm of upper outer quadrant of the left female breast.

- The categories for leukemia, and category C90., Multiple myeloma and malignant plasma cell neoplasms, have codes indicating whether or not the leukemia has achieved remission. There are also codes Z95.6, Personal history of leukemia, and Z95.79, Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues. If the documentation is vague the provider should be asked, as to whether the leukemia has reached remission.

- If the encounter is strictly for chemo, immunotherapy or radiation, those codes are coded as principle diagnosis and the malignancy is secondary. Then, the proper Z51.- category code should be assigned as the principal/first-listed diagnosis with the malignancy as a secondary diagnosis while the service is being performed.

**Personal history**

- If the Primary malignancy is still being treated, code the malignancy.
- When a primary malignancy has been excised or eradicated from its site, there is no further treatment directed to that site, and there is no evidence of any existing primary malignancy, a code from category Z85.-, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy.