Neoplasms

Definitions

- **Neoplasm:** A new growth of tissue that serves no physiological function. A neoplasm may be:
  - **Benign** (grows in only one place; does not spread or invade other body parts but can cause problems by pressing on vital organs; does not usually recur); or
  - **Malignant** (grows, spreads and invades other body parts and can recur)
- **Cancer:** A malignant neoplasm of potentially unlimited growth that expands locally by invasion and systemically by metastasis.
  Metastasis: The spread of cancer from one part of the body to another. Under pathological analysis, the cells of the metastatic (or secondary) cancer are the same as the cells of the original (or primary) cancer. Thus, pathologists can determine whether a cancer in a particular site is primary or secondary; for example, cells from a lung tumor that is a primary lung cancer look like lung cancer cells, while cells from a lung tumor that is a secondary cancer from the breast look like breast cancer cells.

Causes (Mayo Clinic, 2022b)

Cancer is caused by changes (mutations) to the DNA within cells.

Risk factors (Mayo Clinic, 2022b)

The particular cause of many cancers is unknown. Risk factors include:

- Age 65 or older (but can be diagnosed at any age)
- Lifestyle and habits (smoking, sun exposure, alcohol use, obesity, unsafe sex, physical inactivity, etc.)
- Family history
- Some chronic health conditions
- Environmental exposure to chemicals, toxins, radiation, etc.

Signs and symptoms (Mayo Clinic, 2022b)

Signs and symptoms of cancer depend on the type, location and stage. (Stage refers to how much the cancer has grown and spread.)

Diagnostic tools (Mayo Clinic, 2022a)

- Biopsy and pathological analysis
- Lab tests
- Diagnostic imaging – X-ray, ultrasound, CT, MRI, and PET scans, etc.

Treatment (Mayo Clinic, 2022a)

Treatment varies based on the:

- Cancer type
- Location and stage
- may include surgery, chemotherapy, immunotherapy, hormone therapy, targeted drug therapy, radiation, stem cell transplant or some combination of these.

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Best documentation practices for healthcare providers

Subjective
The subjective section of the office note, document the presence or absence of any current patient complaints or symptoms related to the neoplasm.

Objective
The objective section of the office note should include any current associated physical exam findings and results of diagnostic testing with clear dates and timelines.

Assessment
Describe each final diagnosis to the highest level of specificity, for example:
- The histological type (adenocarcinoma, squamous cell, etc.) or behavior (benign, malignant, uncertain, unspecified)
- The exact location, including laterality and the specific site within a body part (such as inner, outer quadrant of right breast)
- Whether the neoplasm is primary, secondary or carcinoma in situ (confined to original site, no spread)

Plan
- Document a clear and concise treatment plan (surgical excision, chemotherapy, radiation therapy, etc.) for neoplasm. Include the purpose or goal of the current treatment plan. **For example**:
  - Active treatment of a current neoplasm
  - Watchful waiting for a current cancer, monitoring for signs of progression
  - Monitoring a historical cancer for recurrence
  - Palliative care for terminal cancer
- When adjuvant therapy is used, clearly state its purpose (i.e., whether the goal of adjuvant therapy is curative, palliative or preventive).
- Include orders for diagnostic testing.
- Indicate in the office note to whom or where any referral or consultation requests are made.
- Document when the patient will be seen again, even if only on an as-needed basis.

Coding tips

Neoplasms
To accurately code a current neoplasm, review the entire medical record and search for the following information:
- Histological type (adenocarcinoma, squamous cell, etc.) or behavior (benign, malignant, uncertain)
- The exact location, including laterality if applicable, and the site within a body part (e.g., upper outer quadrant).
- Is the neoplasm primary, secondary or carcinoma in situ (confined to its original site, no spread)?

Malignant neoplasm without specification of site
- See C8Ø.Ø, Disseminated malignant neoplasm, unspecified, when the patient has advanced metastatic disease and no known primary or secondary sites are specified.
- See C8Ø.1, Malignant (primary) neoplasm, unspecified, when no determination can be made as to the primary site of a malignancy.
- See C79.9, Secondary malignant neoplasm of unspecified site, when no site is specified for the secondary neoplasm.
  - When no secondary site is indicated, but the morphology type is stated as metastatic, the code provided for that morphological type is assigned for the primary diagnosis along with an additional code for secondary neoplasm of unspecified site.

Primary versus secondary site

- **"Metastatic to"** means the site mentioned is secondary. For example, "metastatic carcinoma to the lung" is coded as secondary malignant neoplasm of the lung (C78.Ø-).
- **"Metastatic from"** means the site mentioned is the primary site. For example, "Metastatic carcinoma from the breast" indicates the breast is the primary site (C5Ø.9-). An additional code for the metastatic site should also be assigned.
- **Multiple metastatic sites** – When two or more sites are described in the diagnosis as "metastatic," each of the stated sites should be coded as secondary or metastatic.
- **Single metastatic site** - When only one site is described as metastatic:
  And morphology type is indicated-, Refer first to the morphology type in the alphabetic index; code to the primary condition of that site. Example: "Metastatic renal cell carcinoma of the lung" indicates the primary site is the kidney (C64.9) and the secondary site is the lung (C78.ØØ).

  And morphology type is not indicated or indexed - assign the unspecified code within that anatomical site. Example: "Metastatic oat cell carcinoma" codes to C34.9Ø, Malignant neoplasm of unspecified part of unspecified bronchus or lung, when no more specific site is stated. The secondary site is coded C79.9, Secondary malignant neoplasm of unspecified site.

When the morphology type is not stated or the only code that can be obtained is either C8Ø.Ø or C8Ø.1,

bone	liver	peritoneum
brain	lymph nodes	pleura
diaphragm	mediastinum	retroperitoneum
heart	meninges	spinal cord
Sites classifiable to category C76, Malignant neoplasms of other and ill-defined sites		

code as a primary malignant neoplasm, unless the site is one of the following:
Malignant neoplasms of these sites are coded as secondary sites when not otherwise specified, except neoplasm of the liver, for which ICD-10-CM provides the following code: C22.9, Malignant neoplasm of liver, not specified as primary or secondary.
("Instructions for Classifying Multiple Causes of Death, 2021 – Section IV," 2021)

Coding cancer as current

Generally, cancer is coded as current when the medical record clearly shows active treatment directed to the cancer for the purpose of cure or palliation and/or when the record clearly shows the cancer is present but:

a) It is unresponsive to treatment;
b) The current treatment plan is watchful waiting or observation only; or
c) The patient has refused any further treatment.

Active cancer treatment can include:

- Adjuvant therapy is any treatment given after the primary therapy to increase the chance of long-term disease-free survival for cure, palliation or prophylaxis (to prevent recurrence). This treatment may include chemotherapy, radiation therapy, hormone therapy, targeted therapy or biological therapy.

- Neoadjuvant therapy is treatment given as a first step to shrink a tumor before the main treatment (usually surgery) is performed.

Coding cancer in remission

The National Cancer Institute defines "remission" as:
A decrease in or disappearance of signs and symptoms of cancer. In *partial remission*, some, but not all, signs and symptoms of cancer have disappeared. In *complete remission*, all signs and symptoms of cancer have disappeared, although cancer still may be in the body.(*NCI Dictionary of Cancer Terms*, 2011)

When a cancer is described as currently in remission, it is best practice to code the cancer as current, as long as there is no contradictory information documented elsewhere in the record.

However, if the overall context of the medical record suggests the cancer described as "in remission" is actually a historical cancer, the physician should be queried for clarification. For example, documentation of unrealistic time frames may indicate a historical diagnosis, such as cancer "in remission" noted as eradicated many years ago with no current treatment and no documented evidence of current cancer. When there is no option to query the physician for clarification, no code can be assigned.

Coding lymphoma

Lymphoma – the most common blood cancer – has two main forms: Hodgkin lymphoma and non-Hodgkin lymphoma. Lymphoma occurs when cells of the immune system called lymphocytes, a type of white blood cell, grow and multiply uncontrollably. Cancerous lymphocytes can travel to many parts of the body – including the lymph nodes, spleen, bone marrow, blood or other organs – and form a tumor. The body has two main types of lymphocytes that can develop into lymphomas: B-lymphocytes (B-cells) and T-lymphocytes (T-cells). (Lymphoma Research Foundation, 2024)

- Lymphomas can be malignant or benign.
  - Benign lymphomas classify to code D36.Ø, Benign neoplasm of lymph nodes.
  - Malignant lymphomas classify to the following categories:

Hodgkin lymphoma	Non-Hodgkin lymphoma
C81	C82, C83, C84, C85, C86, C88

- Lymphomas are systemic diseases that do not metastasize in the same way as solid tumors. A lymphoma, regardless of the number of sites involved, is not considered metastatic and is never coded as secondary cancer.
- When a malignant neoplasm of lymphoid tissue metastasizes beyond the lymph nodes, a code from categories C81-C85 with a final character identifying "extranodal and solid organ sites" should be assigned rather than a code for the secondary neoplasm of the affected solid organ.
  Example: For metastasis of B-cell lymphoma to the lung, brain and left adrenal gland, assign code C83.398, Diffuse large B-cell lymphoma, extranodal and solid organ sites.
- *In general*, lymphoma patients in remission are still considered to have lymphoma and the appropriate ICD-10-CM code representing current lymphoma should be assigned – unless overall context of the medical record indicates lymphoma described as "in remission" is actually a historical lymphoma.

Coding historical cancer

A primary malignancy is coded as historical (category Z85, Personal history of malignant neoplasm) after the primary malignancy has been excised or eradicated, there is no further treatment directed to that site and there is no current evidence of any existing primary malignancy at that site.
(ICD-10-CM Official Guidelines for Coding and Reporting, 2024)

Codes from subcategories Z85.Ø – Z85.85 should only be assigned for the former site of a primary malignancy, not the site of a secondary malignancy. Code Z85.89 may be assigned for the former site(s) of either a primary or secondary malignancy.

Encounter for follow-up examination after treatment for malignant neoplasm has been completed is coded as ZØ8. This code includes medical surveillance following completed treatment (i.e., monitoring for cancer recurrence) and ***Excludes 1*** aftercare following medical care (Z43–Z49, Z51).

Code ZØ8 advises to use an additional code to identify any acquired absence of organs (Z9Ø.-) and personal history of malignant neoplasm (Z85.-).

Additional reminder

- Due to the volume of additional instructional notes and ICD-10-CM Official Guidelines for Coding and Reporting in the Neoplasm chapter, please refer to the current ICD-10-CM coding manual to ensure the most accurate code assignment.

References

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