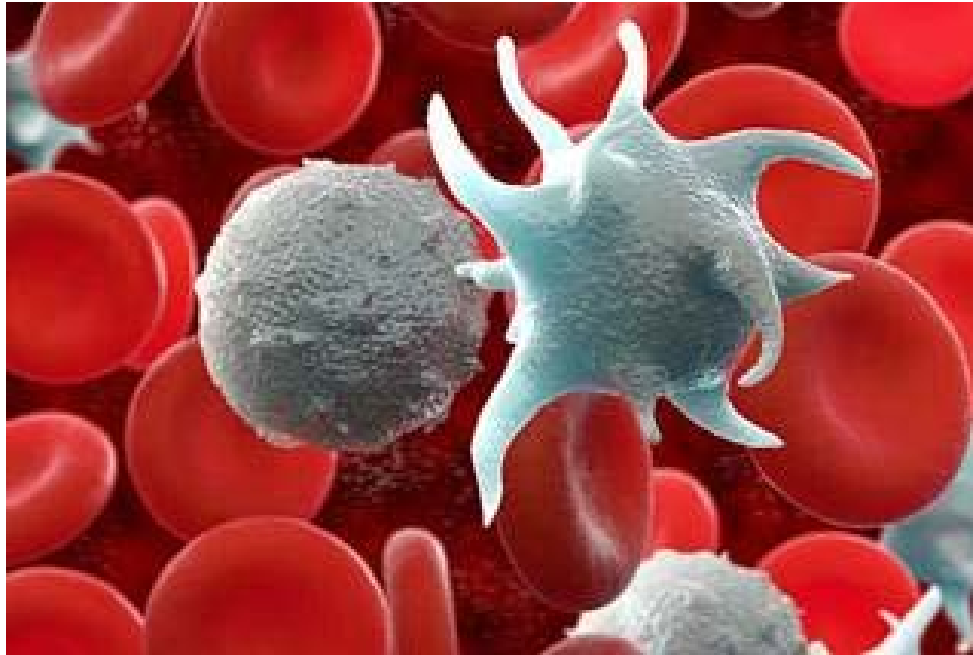


Neoplasms/Lymphoma/Leukemia



This is a 15 minute webinar session for CNC physicians and staff

CNC holds webinars monthly to address topics related to risk adjustment documentation and coding

Next scheduled webinar:

- May
- Topic: Neurologic Disease

CNC does not accept responsibility or liability for any adverse outcome from this training for any reason including undetected inaccuracy, opinion, and analysis that might prove erroneous or amended, or the coder/physician's misunderstanding or misapplication of topics. Application of the information in this training does not imply or guarantee claims payment.



- ❖ HCC Categories
- ❖ ICD-10-CM Classification
- ❖ Neoplasms
 - ❖ Benign (non cancerous)
 - ❖ Malignant
 - ❖ Metastatic (secondary)
- ❖ Lymphomas
- ❖ Leukemia, Myeloma and Plasma Cell Neoplasms
- ❖ Guidelines & Documentation Tips



Neoplasm – HCC Categories

HCC	Description	Trumped HCC
8	Metastatic Cancer and Acute Leukemia	9,10,11,12
9	Lung and Other Severe Cancers	10,11,12
10	Lymphoma and Other Cancers	11,12
11	Colorectal, Bladder, and Other Cancers	12
12	Breast, Prostate, and Other Cancers and Tumors	

If two or more diagnoses are documented from the same category, the diagnosis that is more severe or complex will trump any others



ICD-10-CM Chapter 2, Neoplasm (C00-D49) classifies neoplasms by anatomic site and by behavior as:

- **Benign** (noncancerous)
- **Malignant** (cancerous)
- **In situ** (in original place)
- **Uncertain behavior**
- **Unspecified behavior**

Code blocks within each behavior subsection are arranged anatomically by the site involved

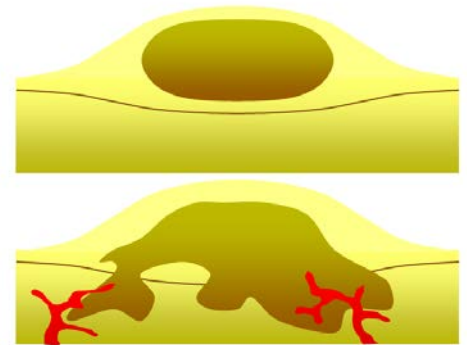
Coding Note

“**Uncertain behavior**” is used when the neoplasm behavior cannot be determined pathologically. “**Unspecified behavior**” is used when the behavior is not stated.

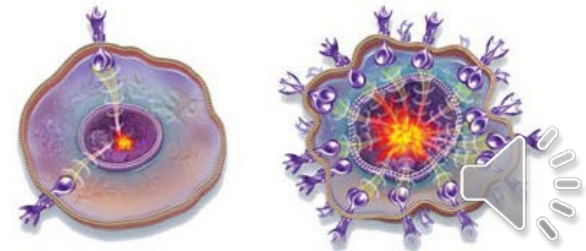


There are few benign neoplasms that risk adjust. These pertain to the meninges, brain, CNS, and endocrine glands

- D32.0 Benign neoplasm of cerebral meninges
- D32.1 Benign neoplasm of spinal meninges
- D32.9 Benign neoplasm of meninges, unspecified
- D33.0 Benign neoplasm of brain, supratentorial
- D33.1 Benign neoplasm of brain, infratentorial
- D33.2 Benign neoplasm of brain, unspecified
- D33.3 Benign neoplasm of cranial nerves
- D33.4 Benign neoplasm of spinal cord
- D33.7 Benign neoplasm of other specified parts of central nervous system
- D33.9 Benign neoplasm of central nervous system, unspecified
- D35.2 Benign neoplasm of pituitary gland
- D35.3 Benign neoplasm of craniopharyngeal duct
- D35.4 Benign neoplasm of pineal gland



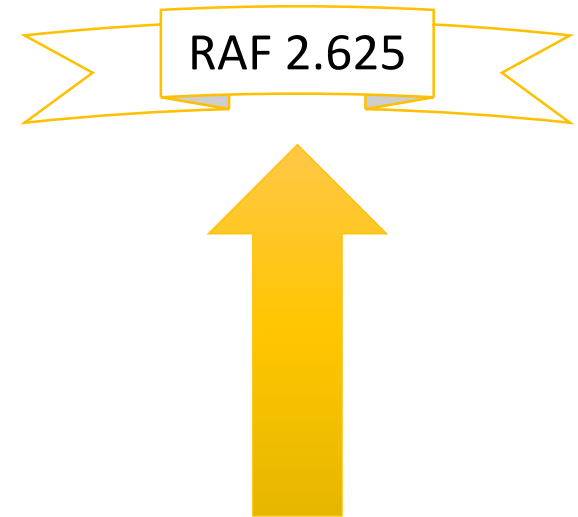
C00-C14	Malignant neoplasms of lip, oral, cavity and pharynx
C15-C26	Malignant neoplasms of digestive organs
C30-C39	Malignant neoplasms of respiratory and intrathoracic organs
C40-C41	Malignant neoplasms of bone and articular cartilage
C43	Malignant <u>melanoma of skin</u>
C45-C49	Malignant neoplasms of mesothelial and soft tissue
C50	Malignant neoplasm of breast
C51-C58	Malignant neoplasm of female genital organs
C60-C63	Malignant neoplasm of male genital organs
C64-C68	Malignant neoplasm of urinary tract
C69-C72	Malignant neoplasm of eye, brain and other parts of CNS
C73-C75	Malignant neoplasm of thyroid and other endocrine glands
C7A	Malignant neuroendocrine tumors
C7B	Secondary neuroendocrine tumors
C76-C80	Malignant neoplasm of ill-defined, other secondary and unspecified sites
C81-C96	Malignant neoplasm of lymphoid, hematopoietic and related tissue



- C7B** Secondary neuroendocrine tumors
- C77** Secondary and unspecified malignant neoplasm of lymph nodes
- C78** Secondary malignant neoplasm of respiratory and digestive organs
- C79** Secondary malignant neoplasm of other and unspecified sites

C80 Disseminated malignant neoplasm, unspecified

Use only in those cases where the patient has advanced metastatic disease and 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.



Lymphoma is the most common blood cancer. There are two forms of lymphoma: Hodgkin lymphoma (HL) and non-Hodgkin lymphoma (NHL).

4th digit identifies the type

C81.-- Hodgkin lymphoma

C81.0- Nodular lymphocyte predominant
C81.1- Nodular sclerosis
C81.2- Mixed cellularity
C81.3- Lymphocyte depleted
C81.4- Lymphocyte-rich
C81.7- Other (Classical Hodgkin Lymphoma, NOS)
C81.9- Unspecified

C82.-- Follicular lymphoma

C82.0- Grade I
C82.1- Grade II
C82.2- Grade III, **unspecified**
C82.3- Grade IIIa
C82.4- Grade IIIb
C82.5- Diffuse follicle center
C82.6- Cutaneous follicle center
C82.8- Other types
C82.9- Unspecified

C83.-- Non-follicular lymphoma

C83.0- Small cell B-cell
C83.1- Mantle cell
C83.3- Diffuse large B-cell
C83.5- Lymphoblastic (diffuse)
C83.7- Burkitt
C83.8- Other non-follicular
C83.9- Non-follicular (diffuse), unspecified



Neoplasm – Leukemia, Myeloma, Plasma Cell

C90	Multiple myeloma and malignant plasma cell neoplasms
C91	Lymphoid leukemia
C92	Myeloid leukemia
C93	Monocytic leukemia
C94	Other leukemias of specified cell type
C95	Leukemia of unspecified cell type



Specific codes for leukemia's and malignant plasma cell neoplasms indicate whether or not remission has been achieved

- **Not having achieved remission**
- **In remission**
- **In relapse**

C96 Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue



The **ICD-10-CM Official Guidelines for Coding and Reporting** are rules that supplement the conventions and instructions within the ICD-10-CM classification. Adherence to these guidelines is required under the Health Insurance Portability and Accountability Act (HIPAA).



Guideline

When a primary malignancy has been previously excised or eradicated from its site, there is no further treatment (of the malignancy) 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.

Don't confuse personal history with "in remission". Codes for leukemia, multiple myeloma, and malignant plasma cell neoplasms indicate whether the condition has achieved remission.



Leukemia, Multiple Myeloma, and Malignant Plasma Cell Neoplasms in remission versus personal history



Guideline

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 **Z85.6, Personal history of leukemia**, and **Z85.79, Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues**.

If the documentation is unclear as to whether the leukemia has achieved remission, the provider should be queried.



Neoplasms	
Site	<ul style="list-style-type: none">• Sites are more specific, instead of breast, it includes the quadrant of the breast• Breast neoplasms are also identified by gender
Type	Identify if: <ul style="list-style-type: none">• Benign• Malignant• In situ• Uncertain behavior
If malignant	<ul style="list-style-type: none">• Primary• Secondary• If secondary, is primary site still present
Note: <ul style="list-style-type: none">✓ If the secondary site is the focus of treatment, that will be the principal diagnosis on the claim✓ Capture all secondary sites✓ Personal history of: clarify if this is a cancer that is no longer present, or a cancer that is still being monitored.	



Lymphoma	
Type	<ul style="list-style-type: none">• Hodgkin's• Mycosis fungoides• Multiple myeloma• Follicular<ul style="list-style-type: none">- includes identification of grade.• Non-follicular• Mature T/NK Cell• Other specified

Leukemia	
Acuity	<ul style="list-style-type: none">• Acute• Chronic**
Type	<ul style="list-style-type: none">• Acute lymphoblastic• Chronic lymphocytic• Hairy cell• Adult T cell
Status	<ul style="list-style-type: none">• Not having achieved remission• In remission• In relapse



Anemia	
Acuity	<ul style="list-style-type: none"> • Acute • Chronic
Type	<ul style="list-style-type: none"> • Nutritional Anemia (e.g. iron deficiency, vitamin B12 deficiency, Folate, other, unspecified) • Hemolytic Anemia** <ul style="list-style-type: none"> - Enzyme disorders (e.g. glutathione metabolism, glycolytic enzymes) - Thalassemia (e.g. alpha, beta, delta-beta, minor) • Aplastic Anemia (e.g. constitutional **, Drug induced*, Due to external agent*, idiopathic*)
Etiology	<ul style="list-style-type: none"> • Post hemorrhagic* • Drug induced (autoimmune or non-autoimmune) • Chemotherapy/Immunotherapy/Radiation • Malignancy • Manifestation of an adverse effect or poisoning
<p>Is the anemia secondary to hemorrhage associated with a procedure – Documentation should specify if Complication or Expected Outcome?</p>	
Pancytopenia	
Clarify Cause and Effect	<ul style="list-style-type: none"> • Related to neoplasm • Related to antineoplastic therapy* • Bone marrow failure* • Bone marrow infiltrations
<p>Provider link the cause and effect with terms like “due to”. Pancytopenia s/p chemo does determine a cause and effect relationship.</p>	



Capturing Severity of Illness (SOI) in ICD-10-CM Terms

A patient's SOI is conveyed to CMS and quality organizations via ICD-10-CM codes, assigned by a coder reading the medical record.

If documenting Signs/Symptoms...	Please Consider Documenting... (Higher SOI)
Fever	Clarify underlying condition (<i>due to</i>) <ul style="list-style-type: none">• Infection – (e.g. sepsis, pneumonia)• Neutropenic fever• Neutropenic sepsis
Pain	Clarify underlying cause (<i>due to</i>): <ul style="list-style-type: none">• Neoplasm• Other cause Identify treatments including <ul style="list-style-type: none">• Pain pumps, Intrathecal treatments, etc.
Altered Mental Status	<ul style="list-style-type: none">• Encephalopathy<ul style="list-style-type: none">- Type: hepatic, metabolic*, hypertensive**, septic*, toxic*- Acuity: acute*• Urinary Tract Infection**





Please submit coding and documentation questions to
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