



CODEWRITE

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Alleviating Pain Associated with Coding Neoplasm-Related Admissions: Part 1

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On first review of the ICD-10-CM Official Guidelines for Coding and Reporting, it can seem impossible to keep straight when neoplasm can be the principal diagnosis. There seem to be so many specific rules, so many ifs and whens.

However, the guidelines found in Section I.C.2 (Chapter 2 specific guidelines) aren't as tricky to navigate when you remember three things. First, the coding conventions—the instructions in the ICD-10-CM Index to Diseases and Injuries and the ICD-10-CM Tabular List—take precedence over the coding guidelines.¹ Second, we must always keep in mind the definition of principal diagnosis. As stated in the ICD-10-CM Official Guidelines for Coding and Reporting, “The principal diagnosis is defined in the Uniform Hospital Discharge Data Set (UHDDS) as ‘that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.’”² Finally, remember that the guidelines are repetitive. The Chapter 2 specific guidelines simply illustrate how to apply the general rules governing selection of a principal diagnosis in the setting of admission for treatment of neoplasm and neoplasm-related conditions. Even within the Chapter 2 specific guidelines, there are some repeats.

In this article, we'll explore some Chapter 2 guidelines that highlight when neoplasm meets the definition of principal diagnosis.

Treatment Directed at the Cancer (Primary or Metastatic Site)

Guidelines I.C.2.a, I.C.2.b, I.C.2.l.1, I.C.2.l.2, and I.C.2.l.5 all address admissions for treatment directed at the malignancy.³ If a patient is admitted for treatment of the primary or metastatic site (i.e., biopsy or surgical resection, insertion or radioactive element, or brachytherapy)—the site being treated is principal. If the patient presents for surgical removal of known rectal cancer after neoadjuvant chemo, the rectal cancer is the reason for the admission, the principal diagnosis. If the patient presents for surgical resection of brain metastasis, the metastasis is principal rather than the underlying primary site.

When a patient presents with cerebral edema or abdominal pain or seizure, and workup of that problem leads to a new diagnosis of cancer or discovery of new metastatic site, the cancer (or metastasis) can be principal. Often when cancer is newly diagnosed during admission, biopsies and other diagnostic tests are performed, and oncology, surgeons, and/or palliative care are consulted.

These guidelines do not address admissions for planned chemotherapy or radiation therapy; in those cases, there are Z-codes that must be sequenced first, according to guidelines I.C.2.e.2.⁴

Sign and Symptom

Guideline I.C.2.g indicates that when the patient is admitted for management of a sign or symptom related to a known cancer—for example, seizure (R56.9), weakness (R53.1), or cachexia (R64)—the cancer is principal no matter how many times the patient is admitted for management of the same cancer-related symptoms.⁵ This mirrors guideline II.A regarding admissions for signs and symptoms, which states, “Codes for symptoms, signs, and ill-defined conditions from Chapter 18 are not to be used as principal diagnosis when a related definitive diagnosis has been established.”⁶

Remember, the sign or symptom will be a Chapter 18 code that begins with an R. If the patient is admitted with seizure disorder (G40.909) or malnutrition (E46) related to cancer, the guidelines do not apply.

Anemia Related to Cancer

Guideline I.C.2.c.1 indicates that when a patient is admitted for treatment of anemia related to cancer, and the treatment is only for the anemia, the cancer is principal.⁷ This one seems odd. The patient is being admitted for treatment of anemia—so that is the condition that necessitated admission, and it's not a symptom.

However, if you look up anemia in neoplastic disease in the index, and then follow up by checking the tabular list, you will find the instruction to “code first neoplasm.” So the malignancy must be coded first.

Anemia is linked to neoplastic disease by an “in,” which means—according to the “With” coding guideline (I.A.15)—

that anemia is automatically linked to neoplasm when anemia and neoplasm are documented, unless the provider states the two conditions are unrelated.⁸

Malignant Pleural Effusion/Malignant Ascites

Guidelines I.C.2.f regarding admissions to determine the extent of malignancy includes the following: "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."⁹ The inclusion of admission for procedures such as paracentesis or thoracentesis falls right in line with coding conventions, since tabular instructions under malignant pleural effusion and malignant ascites instruct to "code first underlying neoplasm."

Remembering that coding conventions take precedence over guidelines and approaching the Chapter 2 specific guidelines with a good understanding of the definition of principal diagnosis and the guidelines in sections IA and II can help alleviate the confusion that seems inherent to coding admissions for neoplasm and neoplasm-related conditions.

NOTES

1. National Center for Health Statistics. "ICD-10-CM Official Guidelines for Coding and Reporting FY 2019." 2018. Page 1. <https://www.cdc.gov/nchs/icd/data/10cmguidelines-FY2019-final.pdf>.

2. Ibid, page 107.

3. Ibid, pages 30-35.

4. Ibid, page 32.

5. Ibid, page 33.

6. Ibid, page 107.

7. Ibid, page 31.

8. Ibid, pages 12-13.

9. Ibid, page 33.

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