Presenters

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- Certified Public Accountant
- Fellow in the Healthcare Financial Management Association
- MBA - University of Chicago
- BA - University of Northern Iowa
- Member of the Healthcare Financial Management Association, American Health Lawyers Association, and the Editorial Advisory Board of Pathology/Lab Coding Alert
- Frequent speaker at state & national pathology and lab professional association meetings

**Brenda Cox** is Senior Editor, Pathology Service Coding Handbook, for the American Pathology Foundation and Senior Consultant with APF Consulting Services, Inc.
- Fellow in the Healthcare Financial Management Association
- Certified Professional Coder (CPC)
- ASCP certified medical technologist
- BS - Texas State University
- 20 years of physician practice financial management experience include that as Practice Manager for a large private-practice pathology group in south-central Texas
- Skilled in pathology practice and laboratory CPT and ICD coding, financial management, managed care and hospital contracting, revenue cycle management, and third-party payer compliance
Learning Objectives

The session will address four main aspects of ICD-10-CM implementation:

- Separating myth from reality: Your real obligation for reporting diagnosis codes to Medicare and other payers.
- Coding for neoplasms: ICD-10-CM principles and detailed rules for coding neoplasms.
- Coding for other common pathology scenarios: Step-by-step process for selecting the correct ICD-10-CM code for common pathology/laboratory scenarios.
- Practical conversion considerations
Separating Myth from Reality

- Medicare mandates and path/lab services
  - Referring physician/provider must supply reason for test or procedure (effective Jan. 1, 1998)
    - Section 1842(p)(4) of Social Security Act
      “In the case of an item or service...ordered by a physician or practitioner...but furnished by another entity, ...the physician or practitioner shall provide [the appropriate diagnosis code or codes] to the entity at the time that the item or service is ordered....”
    - ICD code not required; may provide narrative diagnosis instead of code
Separating Myth from Reality

- Medicare mandates and path/lab services (cont.)
  - Pathologist and lab must supply ICD code(s) on claim for services
    - Section 1842(p)(1) of Social Security Act
      “Each request for payment...for an item or service...for which payment may be made under [Medicare Part B] shall include the appropriate diagnosis code (or codes)...for such item or service.”
    - Effective Apr. 4, 1994
Separating Myth from Reality

- **Medicare: Clinical vs. pathologic diagnosis**
  - Tests paid via clinical lab fee schedule
  - Principal (first listed) diagnosis must be the clinical diagnosis code furnished by referring physician \( \text{MCPM, chapter 16, §120.1} \)
    - “A laboratory...must report...the diagnostic code(s) furnished by the ordering physician.”
    - “A laboratory...may not report...a diagnosis code in the absence of physician-supplied diagnostic information supporting such code.”
Separating Myth from Reality

- Medicare: Clinical vs. pathologic diagnosis (cont.)
  - Tests paid via clinical lab fee schedule (cont.)
    - Secondary diagnosis codes may be added by the lab based on the test results
    - Pap tests, molecular tests and cytogenetics tests are subject to “clinical diagnosis first” Medicare rule
      - Rule applies even to pathologist interpreted CLFS tests
      - Different rule may apply to pathologist interpretation claim (if any)
      - Screening ICD code remains first-listed even if test result is abnormal
Separating Myth from Reality

- Medicare: Clinical vs. pathologic diagnosis (cont.)
  - Procedures paid via physician fee schedule
    - Principal (first listed) diagnosis is to be the definitive pathologic diagnosis, if available at the time the claim is filed {MCPM, chapter 23, §10.1.1(A) pre-2014}
      - “If the physician has confirmed a diagnosis based on the results of [a] diagnostic test, the physician interpreting the test should code that diagnosis.”
      - “The [clinical diagnosis] that prompted ordering the test may be reported as [an] additional [diagnosis] if [it is] not fully explained or related to the confirmed diagnosis.”
Separating Myth from Reality

- Medicare: Clinical vs. pathologic diagnosis (cont.)
  - Procedures paid via physician fee schedule (cont.)
    - Principal (first listed) diagnosis is the clinical diagnosis, if a definitive pathologic diagnosis is not available at the time the claim is filed
      - "If the diagnostic test did not provide a diagnosis..., the interpreting physician should code the sign or symptom that prompted the treating physician to order the study.”
        {MCPM, chapter 23, §10.1.1(B) pre-2014}
      - "Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting...when a related definitive diagnosis has not been established...by the provider.”
        {ICD-9-CM Official Guidelines, §I(B)(6)}
Separating Myth from Reality

- Medicare: Clinical vs. pathologic diagnosis (cont.)
  - Screening lab tests and pathology procedures
    - Screening Pap test (routine or high-risk)
      - Report Z-code (e.g., Z01.419) as first listed diagnosis on both TC (e.g., 88142) and PC (e.g., 88141) claims
      - Report abnormality (if any) as secondary diagnosis
    - Screening colonoscopy that yields a polyp or biopsy
      - Report definitive pathologic diagnosis (e.g., K63.5) as first listed, if one is available at time claim is filed
Separating Myth from Reality

❖ Path/lab ICD coding myths

➢ Myth: Each specimen requires an ICD code

✓ No such instruction appears in ICD Official Guide or Medicare policy

✓ ICD and Medicare guidance support reporting the one ICD code describing the patient’s most significant or complex ailment or condition

  • Exceptions case-by-case for some bilateral specimens (e.g., breast, lung) and major resections (e.g., cystoprostatectomy)

✓ Hierarchy: cancer > hyperplasia > inflammation
Separating Myth from Reality

Path/lab ICD coding myths (cont.)

**Myth**: Order of ICD codes in box 21 not relevant

- First listed diagnosis is ‘principal diagnosis’
- ICD *Official Guide* clearly anticipates most important (e.g., complex) diagnosis will be listed first
- Some diagnoses must be listed second
  - Abnormality discovered on screening Pap test
  - ‘Use additional’ code (e.g., estrogen receptor status Z17.0 or Z17.1)
Separating Myth from Reality

Path/lab ICD coding myths (cont.)

- **Myth**: ICD code may be changed to accommodate patient request (e.g., financial distress)
  - Frequent dilemma with screening procedures (e.g., Pap test, colonoscopy)
  - Insurer pays 100% if screening, but deductible and coinsurance apply to diagnostic procedure
  - Unilateral change not permitted
  - Advocate for patient—make insurer the “bad guy”
  - Change if written permission received from insurer
Neoplasm Coding in ICD-10-CM

- ICD-10-CM coding principles for neoplasms
  - Classification based on morphology
    - Malignant neoplasm (aka: primary, malignant primary): malignant neoplasm that originates in the site where found (C00 – C76, C80 – C96)
    - Malignant secondary neoplasm (aka: metastatic, malignant secondary): neoplasm that originates in a site other than the site where found (C77 – C79)
    - Carcinoma in situ (aka: non-invasive): neoplasm confined to site of origin (i.e., will not metastasize) (D00 – D09)
Neoplasm Coding in ICD-10-CM

- ICD-10-CM coding principles for neoplasms (cont.)
  - Classification based on morphology (cont.)
    - Benign neoplasm (aka: benign): non-malignant neoplasm (D10 – D36)
    - Neoplasm of uncertain behavior (aka: uncertain): neoplasm that can’t be classified as malignant, secondary, in situ, or benign (D37 – D48)
    - Neoplasm of unspecified behavior (aka: unspecified behavior): neoplasm without morphologic classification given in medical report (D49)
      - Incidence should be rare to non-existent
Neoplasm Coding in ICD-10-CM

- ICD-10-CM coding principles for neoplasms (cont.)
  - Classification based on morphology (cont.)
    - Neuroendocrine tumors (aka: carcinoid tumors)
      - Malignant neuroendocrine tumors (C7A)
      - Secondary (metastatic) neuroendocrine tumors (C7B)
      - Benign neuroendocrine tumors (D3A)
      - Not listed in Neoplasm Table
      - Many carcinoid tumors are of uncertain behavior, but no ICD-10-CM accommodation
      - Pathologists encouraged to ‘favor’ malignant or benign when possible per their medical reports; default to ‘benign’ due to consequences of malignant diagnosis
Neoplasm Coding in ICD-10-CM

- ICD-10-CM coding principles for neoplasms (cont.)
  - Nuances for reporting metastatic cancer
    - Code based on site where metastatic cancer is found, not where it originated
      - **Example**: Metastatic cancer found in liver, originated in lung—report C78.7 (liver malignant secondary), not C78.0- (lung malignant secondary)
    - Report metastatic code as first listed diagnosis
      - “When...treatment is directed toward the secondary site only, the secondary neoplasm is designated as the principal diagnosis [even if the primary malignancy is still active].”
Neoplasm Coding in ICD-10-CM

- ICD-10-CM coding principles for neoplasms (cont.)
  - Nuances for reporting metastatic cancer (cont.)
    - Metastatic cancer does *not* require reporting the primary cancer too
      - “When a primary malignancy has been excised...and there is no further treatment directed to that site [or] evidence of any existing primary malignancy...mention of...metastasis to another site is coded as a secondary malignant neoplasm to that [second] site. The secondary site [is] the principal or first-listed, with the Z85 [history of] code used as a secondary code.”
Neoplasm Coding in ICD-10-CM

- ICD-10-CM coding principles for neoplasms (cont.)
  - Nuances for reporting history of cancer
    - Report code for primary malignancy only if still under active treatment
      - “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.”
      - “When a primary malignancy has been previously excised [and] there is no further treatment [or] 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.”
    - Recommendation: Report a ‘history of’ code only if relevant to current case and supportive of CPT codes
Neoplasm Coding in ICD-10-CM

- ICD-10-CM coding principles for neoplasms (cont.)
  - Other neoplasm coding nuances
    - Don’t report a benign neoplasm code (D10 – D36) for ‘benign tissue’ (e.g., benign colonic mucosa)
      - ‘Benign tissue’ is normal tissue
      - A benign neoplasm is abnormal tissue
    - Don’t report ‘unspecified behavior’ if the pathologist fails to classify a neoplasm by morphologic category
      - Report according to usual morphologic category set forth in ICD index or morphology table
      - ‘Uncertain behavior’ is not equivalent to ‘unspecified’
      - Report ‘unspecified behavior’ as last resort
Neoplasm Coding in ICD-10-CM

- ICD-10-CM coding principles for neoplasms (cont.)
  - Other neoplasm coding nuances (cont.)
    - Coding “no malignancy seen,” “negative for malignant cells” and related non-responsive diagnoses
      - Defer to clinical diagnosis or history (i.e., assign code based on signs, symptoms and/or history)
      - Check EMR if readily available
      - Call referring physician office if convenient
      - Check with responsible pathologist for ideas
      - Report generic other and/or unspecified disorder code based on type of specimen, organ, etc.
Neoplasm Coding in ICD-10-CM

- Neoplasm code selection process
  - Always start with final pathologic diagnosis
  - Look up neoplasm per final diagnosis in Index
  - Compare morphology per Index to that per final pathologic diagnosis
    - If morphology agrees, report the applicable ICD code as directed by Tabular List
    - If morphology not in agreement, report the ICD code per Tabular List based on final diagnosis (i.e., ignore the Index)
    - Consider any includes, excludes, and other ICD notes
Neoplasm Coding in ICD-10-CM

❖ Neoplasm coding case study (cont.)

Clinical Diagnosis: lung mass
Pathologic Diagnosis: adenocarcinoma
Specimen(s) Received: right lung mass biopsy

Index: Adenocarcinoma (see Neoplasm, malignant, by site)
Neoplasm Table: Lung, lobe NEC, malignant primary, C34.9-
Tabular List: C34.91 – Malignant neoplasm of unspecified part of right bronchus or lung

Tabular list instructs Use additional code... regarding tobacco use or exposure to airborne carcinogens.

Decisions: (1) is it worth your time to research the EMR to identify the lobe of the lung that was biopsied? (2) what’s the risk of ignoring tobacco use?
Neoplasm Coding in ICD-10-CM

Neoplasm coding case study (cont.)

Clinical Diagnosis: right epiglottis mass
Pathologic Diagnosis: moderately differentiated squamous cell carcinoma
Specimen(s) Received: epiglottis biopsy

Index: Carcinoma (malignant) (see also Neoplasm, by site, malignant) [Note: Unlike ICD-9-CM Index, the ICD-10-CM Index omits listings for squamous cell carcinoma. Code SCC as ‘primary’ unless pathologist declares ‘in situ’. In this instance “moderately differentiated” supports non-in situ classification.]

Neoplasm Table: Epiglottis, malignant primary, C32.1
Tabular List: C32.1 – Malignant neoplasm of supraglottis {syn., Malignant neoplasm of epiglottis (suprahyoid portion) NOS}
Tabular list instructs Use additional code... regarding alcohol abuse or tobacco use. What’s the risk of omitting the extra code?
Neoplasm Coding in ICD-10-CM

Neoplasm coding case study (cont.)

Warning: ICD-10-CM Index misdirection involving squamous cell carcinoma

Carcinoma (malignant) — see also Neoplasm, by site, malignant
- intraepithelial — see Neoplasm, in situ, by site
- - squamous cell — see Neoplasm, in situ, by site
[no listing for ‘- squamous cell’ by itself]

Carcinoma-in-situ — see also Neoplasm, in situ, by site
- squamous cell — see also Neoplasm, in situ, by site
Neoplasm Coding in ICD-10-CM

- Neoplasm coding case study (cont.)

Clinical Diagnosis: none given
Pathologic Diagnosis: A) negative for carcinoma; B) atypical carcinoid tumor; 6/13 lymph nodes positive for carcinoma
Specimen(s) Received: A) 4R lymph nodes; B) RM lung lobectomy

Index: Carcinoid -- see Tumor, carcinoid. Tumor, carcinoid, malignant, lung C7A.090
Tabular List: C7A.090 – Malignant carcinoid tumor of the bronchus and lung
Discussion: Should ‘benign’ be considered instead of ‘malignant’? Perhaps we should check with the responsible pathologist, especially regarding the implications of the ‘positive for carcinoma’ lymph node finding.
Neoplasm Coding in ICD-10-CM

Neoplasm coding case study (cont.)

Clinical Diagnosis: dysphagia
Pathologic Diagnosis: A) metastatic adenocarcinoma, poorly differentiated; B) mesothelial inclusion cyst
Specimen(s) Received: A) liver biopsy; B) mesenteric nodule biopsy

Index: [Hint: This is metastatic adenocarcinoma, so don’t start with Adenocarcinoma.] Neoplasm Table: Liver, malignant secondary C78.7
Tabular List: C78.7 – Secondary malignant neoplasm of liver and intrahepatic bile duct
Discussion: Would you code for the soft tissue inclusion cyst (specimen ‘B’) too? Would you research the EMR to determine where the cancer originated?
Neoplasm Coding in ICD-10-CM

❖ Neoplasm coding case study (cont.)

Clinical Diagnosis: History of lung ca; now with PET lesion LLL; rule out adenocarcinoma

Pathologic Diagnosis: A) metastatic non-small cell lung carcinoma, favor adenocarcinoma; B) non-small cell lung carcinoma, favor adenocarcinoma

Specimen(s) Received: A) lymph node; B) lung LL biopsy

Index: Adenocarcinoma (see also Neoplasm, malignant, by site) Neoplasm Table: Lung, lower lobe C34.3-

Tabular List: C34.32 – Malignant neoplasm of lower lobe, left bronchus or lung

Discussion: There is no ‘non-small cell’ listing in the Index. Should you code for the metastatic cancer of the lymph node too?
Pathology Coding with ICD-10-CM

Pathology ICD diagnosis coding aides

- Crib sheets
  - Pro: Efficient; effective depending on scope; can be specialty specific (e.g., dermatopathology, clinical pathology, hematopathology)
  - Con: Too many NOS codes; possible miss of important note or instruction
  - Appendix 4 in *Pathology Service Coding Handbook*
  - Recommended: Create your own based on actual medical report history (e.g., 20% of diagnoses that cover 80% of your cases)
**Pathology Coding with ICD-10-CM**

**Pap Tests**

R87.610 Atypical squamous cells of undetermined significance on cytologic smear of cervix (ASC-US)

R87.611 Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix (ASC-H)

R87.612 Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)

R87.613 High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL)

R87.614 Cytologic evidence of malignancy on smear of cervix

R87.615 Unsatisfactory cytologic smear of cervix

R87.616 Satisfactory cervical smear but lacking transformation zone

R87.618 Other abnormal cytological findings on specimens from cervix uteri

R87.619 Unspecified abnormal cytological findings in specimens from cervix uteri
Pathology Coding with ICD-10-CM

- Steps to correct ICD-10-CM coding
  - Steps to correct coding under ICD-10-CM basically identical to ICD-9-CM
  - More complete clinical and pathologic information highly desirable
  - More nuances and risks (e.g., ‘use additional code’ & fewer generic ‘path exam’ codes)
  - Crib sheets or other coding aides a must
  - Specific ICD-10-CM issues to be worked out (e.g., squamous cell carcinoma; pleomorphic adenoma)
ICD-9 to ICD-10 Crosswalk Examples

**Breast**

- **Ductal carcinoma in situ, central portion (female)**
  - ICD-9 = 233.0
  - ICD-10 = D05.11 (Rt) or D05.12 (Lt)

- **Infiltrating ductal carcinoma, central portion (female)**
  - ICD-9 = 174.1
  - ICD-10 = C50.111 (Rt) or C50.112 (Lt)

- **Fibrocystic change**
  - ICD-9 = 610.1
  - ICD-10 = N60.11 (Rt) or N60.12 (Lt)
ICD-9 to ICD-10 Crosswalk Examples

- **Lymph node**
  - Enlarged
    - ICD-9 = 785.6
    - ICD-10 = R59.0 (local) or R59.1 (general) or R59.9 (NS)
  - Chronic lymphadenitis
    - ICD-9 = 289.1
    - ICD-10 = I88.1
  - Acute lymphadenitis
    - ICD-9 = 683
    - ICD-10 = L04.x [x = 0 head/neck; 1 trunk; 2 upper limb; 3 lower limb; 8 other site; 9 unspecified]
ICD-9 to ICD-10 Crosswalk Examples

- **Stomach**
  - **Gastritis, acute, without bleeding**
    - ICD-9 = 535.00
    - ICD-10 = K29.00
  - **Gastritis, chronic, without bleeding**
    - ICD-9 = 535.10
    - ICD-10 = K29.30 (chronic superficial) or K29.40 (chronic atrophic) or K29.40 (unspecified chronic)
  - **Gastritis, unspecified, without bleeding**
    - ICD-9 = 535.50
    - ICD-10 = K29.70
ICD-9 to ICD-10 Crosswalk Examples

- Colon polyp
  - Adenomatous/dysplastic
    ICD-9 = 211.3
    ICD-10 = D12.x [x = 0 cecum; 2 ascending; 3 transverse; 4 descending; 5 sigmoid; 6 site not specified; 7 RS junction]
  - Hyperplastic or polyp not further classified
    ICD-9 = 211.3
    ICD-10 = K63.5
  - Inflammatory colon polyp
    ICD-9 = (not accommodated; see colitis in general)
    ICD-10 = K51.40 (without complication) or K51.41x (with complication such as bleeding, obstruction, abscess, etc.)
actinic keratosis (702.0)  
basil cell carcinoma (173.xy) [xy = 01 lip; 11 eyelid;  
21 ear & external auditory canal; 31 other &  
unspecified parts of face; 41 scalp or neck; 51  
trunk (except scrotum); 61 upper limb (include  
shoulder); 71 lower limb (include hip); 81 other  
specified site; 91 site unspecified]  
blue nevus (216.x) [see 4th digit list at ‘melanoma’]  
cicatrix (709.2)  
colloid milium (709.3)  
cyst (706.2)  
dermatitis (692.9)  
epidermal cyst (706.2)  
epidermal inclusion cyst (706.2)  
epidermal inclusion cyst of eyelid (374.84)  
epidermoid inclusion cyst (706.2)  
fibrosis (709.2)  
hemangioma (228.01)  
hyperkeratosis (701.1)  
irritated [inflamed] seborrheic keratosis (702.11)  
intradermal nevus (216.x) [see 4th digit list at  
‘melanoma’]  
invasive squamous cell carcinoma (173.xy) [see 4th &  
5th digit list at ‘squamous cell carcinoma’]  
junctional nevus (216.x) [see 4th digit list at  
‘melanoma’]  
juvenile lentigo (709.09)  
keloid scar (701.4)  
lentigo (709.09)  
melanoma (172.x) [x = 0 lip (except vermilion  
border); 1 eyelid; 2 ear & external auditory canal; 3  
other & unspecified parts of face; 4 scalp or neck; 5  
trunk (except scrotum); 6 upper limb (include  
shoulder); 7 lower limb (include hip); 8 other  
specified site; 9 site unspecified]  
melanoma in situ (172.x) [see 4th digit list at  
‘melanoma’]  
milium (706.2)  
milium of eyelid (374.84)  
morphea (701.0)  
nevus (216.x) [see 4th digit list at ‘melanoma’]  
parakeratosis (690.8)  
pigmented nevus (216.x) [see 4th digit list at  
‘melanoma’]  
rosacea (695.3)  
scar [except keloid] (709.2)  
sebaceous cyst (706.2)  
seborrheic keratosis (702.19)  
squamous cell carcinoma (173.xy) [xy = 02 lip; 12  
eyelid; 22 ear & external auditory canal; 32 other  
& unspecified parts of face; 42 scalp or neck; 52  
trunk (except scrotum); 62 upper limb (include  
shoulder); 72 lower limb (include hip); 82 other  
specified site; 92 site unspecified]  
squamous papilloma (216.x) [see 4th digit list at  
‘melanoma’]  
toxoplasmosis (130.7)  
ulceration (707.9)
APF ICD-10-CM Crib Sheet for Skin

actinic keratosis (L57.0)
basal cell carcinoma (see skin neoplasm/nevus supplement)
blue nevus (see skin neoplasm/nevus supplement)
cicatrix (L90.5)
colloid miliurn (L57.8)
condyloma acuminatum (A63.0)
cyst of eyelid, unspecified Rt/Lt (H02.829)
cyst, skin, epidermal/epidermoid (L72.0)
cyst, skin, epidermal/epidermoid inclusion (L72.0)
cyst, skin, follicular NEC (L72.8)
cyst, skin, pilar (L72.11)
cyst, skin, proliferating (L72.12)
cyst, skin, sebaceous (L72.3)
cyst, skin, NOS (L72.9)
dermatitis, contact (L25.8)
dermatitis, infective (L30.3)
dermatitis, seborrheic (L21.8)
dermatitis, spongiform (L25.8)
dermatitis NOS (L30.9)
dysplasia/dysplastic, except nevus (L98.8)
dysplastic nevus (see skin neoplasm/nevus supplement)
fibrolipoma (see ‘neoplasm, benign’ at Soft Tissue)
fibrosis (L90.5)
hemangioma (D18.01)
hyperkeratosis (L85.8)
hyperplasia (L85.8)
intradermal nevus (see skin neoplasm/nevus supplement)
invase squamous cell carcinoma (see skin neoplasm/nevus supplement)

junctional nevus (see skin neoplasm/nevus supplement)
juvenile lentigo (L81.4)
keloid scar (L91.0)
lentigo (L81.4)
liopofibroma (see ‘neoplasm, benign’ at Soft Tissue)
lipoma (see ‘neoplasm, benign’ at Soft Tissue)
melanoma (see skin neoplasm/nevus supplement)
melanoma in situ (see skin neoplasm/nevus supplement)
miliurn (L72.0)
miliurn of eyelid, unspecified Rt/Lt (H02.829)
morphea (L94.0)
nevus (see skin neoplasm/nevus supplement)
parakeratosis (L41.0)
pigmented nevus (see skin neoplasm/nevus supplement)
psoriasis (L40.8)
rosacea (L71.9)
scar [except keloid] (L90.5)
scleroderma, localized (L94.0)
seborrheic keratosis, irritated/inflamed (L82.0)
seborrheic keratosis NEC (L82.1)
squamous cell carcinoma (see skin neoplasm/nevus supplement)
squamous papilloma (see skin neoplasm/nevus supplement)
toxoplamosis (B58.89)
tereration (L98.419 buttock; L98.429 back; L98.499 other site)
verruca plantaris (B07.0)
verruca vulgaris (B07.8)
# APF ICD-10-CM Crib Sheet for Skin

## Neoplasm & Nevus of Skin (Revised April 1, 2015)

<table>
<thead>
<tr>
<th>Skin Location</th>
<th>Basal Cell</th>
<th>Melanoma</th>
<th>Merkel Cell</th>
<th>Squamous Cell</th>
<th>Other specified</th>
<th>Unspecified</th>
<th>Melanoma</th>
<th>Other</th>
<th>Nevus$^1$</th>
<th>Benign$^2$</th>
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<tbody>
<tr>
<td>Lip</td>
<td>C44.01</td>
<td>C43.0</td>
<td>C4A.0</td>
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<td>D03.0</td>
<td>D04.0</td>
<td>D22.0</td>
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<td>Eyelid (unspecified)</td>
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<td>C43.10</td>
<td>C4A.10</td>
<td>C44.121</td>
<td>C44.191</td>
<td>C44.101</td>
<td>D03.10</td>
<td>D04.10</td>
<td>D22.10</td>
<td>D23.10</td>
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<tr>
<td>- Right eyelid</td>
<td>C44.112</td>
<td>C43.11</td>
<td>C4A.11</td>
<td>C44.122</td>
<td>C44.192</td>
<td>C44.102</td>
<td>D03.11</td>
<td>D04.11</td>
<td>D22.11</td>
<td>D23.11</td>
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<tr>
<td>- Left eyelid</td>
<td>C44.119</td>
<td>C43.12</td>
<td>C4A.12</td>
<td>C44.129</td>
<td>C44.199</td>
<td>C44.109</td>
<td>D03.12</td>
<td>D04.12</td>
<td>D22.12</td>
<td>D23.12</td>
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<td>Ear &amp; external canal (unspecified)</td>
<td>C44.211</td>
<td>C43.20</td>
<td>C4A.20</td>
<td>C44.221</td>
<td>C44.291</td>
<td>C44.201</td>
<td>D03.20</td>
<td>D04.20</td>
<td>D22.20</td>
<td>D23.20</td>
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<tr>
<td>- Right ear</td>
<td>C44.212</td>
<td>C43.21</td>
<td>C4A.21</td>
<td>C44.222</td>
<td>C44.292</td>
<td>C44.202</td>
<td>D03.21</td>
<td>D04.21</td>
<td>D22.21</td>
<td>D23.21</td>
</tr>
<tr>
<td>- Left ear</td>
<td>C44.219</td>
<td>C43.22</td>
<td>C4A.22</td>
<td>C44.229</td>
<td>C44.299</td>
<td>C44.209</td>
<td>D03.22</td>
<td>D04.22</td>
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<td>Face (unspecified)</td>
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<td>C43.30</td>
<td>C4A.30</td>
<td>C44.320</td>
<td>C44.390</td>
<td>C44.300</td>
<td>D03.30</td>
<td>D04.30</td>
<td>D22.30</td>
<td>D23.30</td>
</tr>
<tr>
<td>- Nose</td>
<td>C44.311</td>
<td>C43.31</td>
<td>C4A.31</td>
<td>C44.321</td>
<td>C44.391</td>
<td>C44.301</td>
<td>D03.39</td>
<td>D04.39</td>
<td>D22.39</td>
<td>D23.39</td>
</tr>
<tr>
<td>- Other specified part of face</td>
<td>C44.319</td>
<td>C43.39</td>
<td>C4A.39</td>
<td>C44.329</td>
<td>C44.399</td>
<td>C44.309</td>
<td>D03.39</td>
<td>D04.39</td>
<td>D22.39</td>
<td>D23.39</td>
</tr>
<tr>
<td>Scalp &amp; neck</td>
<td>C44.41</td>
<td>C43.4</td>
<td>C4A.4</td>
<td>C44.42</td>
<td>C44.49</td>
<td>C44.40</td>
<td>D03.4</td>
<td>D04.4</td>
<td>D22.4</td>
<td>D23.4</td>
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<tr>
<td>Trunk</td>
<td>C44.510</td>
<td>C43.51</td>
<td>C4A.51</td>
<td>C44.520</td>
<td>C44.590</td>
<td>C44.500</td>
<td>D03.51</td>
<td>D04.5</td>
<td>D22.5</td>
<td>D23.5</td>
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<tr>
<td>- Anus (skin of)</td>
<td>C44.511</td>
<td>C43.52</td>
<td>C4A.52</td>
<td>C44.521</td>
<td>C44.591</td>
<td>C44.501</td>
<td>D03.52</td>
<td>D04.5</td>
<td>D22.5</td>
<td>D23.5</td>
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<tr>
<td>- Breast (skin of)</td>
<td>C44.519</td>
<td>C43.59</td>
<td>C4A.59</td>
<td>C44.529</td>
<td>C44.599</td>
<td>C44.509</td>
<td>D03.59</td>
<td>D04.5</td>
<td>D22.5</td>
<td>D23.5</td>
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<tr>
<td>- Other part of trunk</td>
<td>C44.611</td>
<td>C43.60</td>
<td>C4A.60</td>
<td>C44.621</td>
<td>C44.691</td>
<td>C44.601</td>
<td>D03.60</td>
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<tr>
<td>Upper limb or shoulder (unspecified)</td>
<td>C44.612</td>
<td>C43.61</td>
<td>C4A.61</td>
<td>C44.622</td>
<td>C44.692</td>
<td>C44.602</td>
<td>D03.61</td>
<td>D04.61</td>
<td>D22.61</td>
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<td>- Right side</td>
<td>C44.619</td>
<td>C43.62</td>
<td>C4A.62</td>
<td>C44.629</td>
<td>C44.699</td>
<td>C44.609</td>
<td>D03.62</td>
<td>D04.62</td>
<td>D22.62</td>
<td>D23.62</td>
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<tr>
<td>- Left side</td>
<td>C44.711</td>
<td>C43.70</td>
<td>C4A.70</td>
<td>C44.721</td>
<td>C44.791</td>
<td>C44.701</td>
<td>D03.70</td>
<td>D04.70</td>
<td>D22.70</td>
<td>D23.70</td>
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<tr>
<td>Lower limb or hip (unspecified)</td>
<td>C44.712</td>
<td>C43.71</td>
<td>C4A.71</td>
<td>C44.722</td>
<td>C44.792</td>
<td>C44.702</td>
<td>D03.71</td>
<td>D04.71</td>
<td>D22.71</td>
<td>D23.71</td>
</tr>
<tr>
<td>- Right side</td>
<td>C44.719</td>
<td>C43.72</td>
<td>C4A.72</td>
<td>C44.729</td>
<td>C44.799</td>
<td>C44.709</td>
<td>D03.72</td>
<td>D04.72</td>
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<td>D23.72</td>
</tr>
<tr>
<td>- Left side</td>
<td>C44.81</td>
<td>C43.8</td>
<td>C4A.8</td>
<td>C44.82</td>
<td>C44.89</td>
<td>C44.80</td>
<td>D03.8</td>
<td>D04.8</td>
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<td></td>
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<tr>
<td>Overlapping skin sites</td>
<td>C44.91</td>
<td>C43.9</td>
<td>C4A.9</td>
<td>C44.92</td>
<td>C44.99</td>
<td>C44.90</td>
<td>D03.9</td>
<td>D04.9</td>
<td>D22.9</td>
<td>D23.9</td>
</tr>
</tbody>
</table>

1/ Includes atypical nevus, blue hairy pigmented nevus, nevus NOS
2/ Includes benign neoplasm of hair follicles, sebaceous glands and sweat glands. Excludes lipoma of skin and skin without histopathological change.
Pathology Coding with ICD-10-CM

- Steps to correct ICD-10-CM coding
  - Steps to correct coding under ICD-10-CM basically identical to ICD-9-CM
  - More complete clinical and pathologic information highly desirable
  - More nuances
  - Clinical examples follow
Clinical Diagnosis: 61 y/o male, history of Hashimoto’s thyroiditis, with right thyroid nodules
Pathologic Diagnosis: Negative for malignancy; consistent with lymphocytic (Hashimoto’s) thyroiditis
Specimen(s) Received: Thyroid, right inferior nodule, biopsy

Index: Thyroiditis, Hashimoto’s E06.3
Tabular List: E06.3 – Autoimmune thyroiditis (Hashimoto’s thyroiditis)
Discussion: Does it bother you to code for “consistent with”? 
Clinical Diagnosis: none given
Pathologic Diagnosis: L thyroid: Hurthle cell neoplasm
Specimen(s) Received: left neck mass FNA biopsy

Index: Hurthle cell, tumor D34
Tabular List: D34 – Benign neoplasm of thyroid gland
Discussion: Benign versus malignant classification depends on specific pathologic diagnosis.
Clinical Diagnosis: diverticulitis; r/o cancer
Pathologic Diagnosis: diverticulosis and diverticulitis
Specimen(s) Received: left colon

Index: Diverticulitis, intestine, large K57.32 and Diverticulosis, large intestine K57.30
Tabular List: K57.30 – Diverticulosis of large intestine without perforation or abscess without bleeding and K57.32 - Diverticulitis of large intestine without perforation or abscess without bleeding
Pathology Coding with ICD-10-CM

Clinical Diagnosis: anemia; thrombocytopenia
Pathologic Diagnosis: reduced red cell count confirmed
Specimen(s) Received: peripheral smear

Index: Anemia D64.9 and Thrombocytopenia D69.6
Tabular List: D64.9 – Anemia, unspecified and D69.6 – Thrombocytopenia, unspecified
Pathology Coding with ICD-10-CM

Clinical Diagnosis: none provided
Pathologic Diagnosis: irritated compound nevus
Specimen(s) Received: skin, right shin, biopsy

Index: Nevus, skin, lower limb D22.7-
Tabular List: D22.71 – Melanocytic nevi of right lower limb, including hip
Clinical Diagnosis: postmenopausal bleeding
Pathologic Diagnosis: shedding weakly proliferative endometrium; minute fragments; negative for hyperplasia or malignancy
Specimen(s) Received: endometrium biopsy

Index: not helpful
Tabular List: (see crib sheet)
Crib Sheet: N95.0 – Postmenopausal bleeding
Clinical Diagnosis: ASCUS pap
Pathologic Diagnosis: A) low-grade squamous intraepithelial lesion (CIN 1); mild dysplasia; B) endocervix w/o diagnostic abnormality
Specimen(s) Received: A) cervix biopsy; B) ECC

Index: Dysplasia, cervix, mild N87.0 [can’t get to CIN via ‘squamous’ or ‘lesion’ or ‘intraepithelial’ or ‘cervical’]
Tabular List: N87.0 – Mild cervical dysplasia (cervical intraepithelial neoplasia I [CIN I])
Fastest: See crib sheet
Note: No attempt made to code for ‘B’ as ASCUS would apply and that’s less specific than N87.0
Practical Conversion Considerations

- Source documents from referring physicians
  - Update your requisitions/screens for ICD-10-CM
  - Translating ICD-9-CM codes from referring physicians
    - Permitted translation: One-to-one crosswalk between ‘9’ and ’10’ (e.g., 795.01 to R87.610 for ASCUS)
    - Translation not permitted: ICD-9 crosswalks to multiple ICD-10-CM codes, and difference is significant
  - Referring physician education sessions and ICD coding aides
  - Pathologist interaction with referring physicians (important role for pathologists during conversion)
Practical Conversion Considerations

❖ Billing office preparation
  ➢ Creation/adoPTION of crib sheet(s)
    ✔ General pathology (e.g., APF version)
    ✔ Specialty specific (e.g., derm, hem, cyto)
  ➢ Update PQRS worksheets (eg, Handbook Appendix 16)
  ➢ Download ICD-10-CM based LCDs (Local Coverage Determinations) from your MAC website
  ➢ Decide how to handle “use additional code” instructions for tobacco use, alcohol use, environmental exposure, etc.
Practical Conversion Considerations

❖ Pathologist responsibility for “null” diagnoses: Ensure presence of codable clinical history/diagnosis
  ➢ No malignancy seen [also, no histopathologic change]
  ➢ Normocellular bone marrow for age
  ➢ Benign colonic mucosa [also, benign prostatic tissue]
  ➢ Atypical cells present
  ➢ Increased polyclonal plasma cells
  ➢ Left shifted neutrophils
  ➢ Segment of small intestine
  ➢ Clinically, orthopedic hardware [also, breast implant]
Practical Conversion Considerations

- Pathologist responsibility “most accurate diagnosis”
  - Right vs. left when applicable
  - Site within organ when applicable (e.g., breast, colon, bladder, lung/bronchus)
  - Degree of atypia (mild, moderate, severe)
  - Complication when available (e.g., inflammatory polyp of colon: rectal bleeding, obstruction, abscess, etc.)
  - Acute vs. chronic when applicable
  - Subtype when applicable (e.g., 47 different ICD-10-CM codes for “anemia”, excluding fetal anemia)

- Objective: minimal reporting of “unspecified” codes
ICD-10 Code Implementation

ICD-10-CM Practical Guidance for Pathologists and Labs

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Thank you for your attention!

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