2017 ICD-10-CM Oncology Update

Listening Session

September 13, 2016

Coding Strategies® provides exceptional consulting and educational services designed to improve compliance and ensure appropriate reimbursement for the financial health of your business.
ICD-10-CM Updates

Effective October 1, 2016 the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) will add or update approximately 1,943 diagnosis codes in the ICD-10-CM coding classification. This large number of new codes is due to the partial freeze on updates prior to the October 1, 2015 implementation of the code set. While cancer centers and oncologists will probably not use all of the new codes, following are the key revisions, updates and new codes that will potentially impact oncology claims.

There are also updates to the 2017 ICD-10-CM Official Guidelines for Coding and Reporting that impact medical record documentation, code selection and sequencing. Adherence to the Guidelines when assigning ICD-10-CM diagnosis codes is required under HIPAA in all healthcare settings.

*Journal of AHIMA* – July 2014

The CPT® code determines how much you are paid, but it is the diagnosis code that determines “if” you get paid. [http://journal.ahima.org/2014/07/01/july-2014/](http://journal.ahima.org/2014/07/01/july-2014/)

*Journal of AHIMA*

Almost all reported data are derived from coded data that are based on clinical documentation. Therefore, what is adequately documented, and then subsequently coded, is critical to both hospitals and physicians. Accurate codes reflect the care provided and associate that with costs. [https://newsletters.ahima.org/newsletters/ICDTen/2015/November/ICDTEN_Nov15CDI.html?utm_source=Real%20Magnet&utm_medium=Email&utm_term=ICDTEN_November2015&utm_content=Using%20ICD-10%20As%20A%20Catalyst%20For%20CDI%20Positive%20Claims%20Data%20So%20Far&utm_campaign=ICD-Ten](https://newsletters.ahima.org/newsletters/ICDTen/2015/November/ICDTEN_Nov15CDI.html?utm_source=Real%20Magnet&utm_medium=Email&utm_term=ICDTEN_November2015&utm_content=Using%20ICD-10%20As%20A%20Catalyst%20For%20CDI%20Positive%20Claims%20Data%20So%20Far&utm_campaign=ICD-Ten)

*Helping Physicians Succeed in an ICD-10 World*


Government payers, insurers, hospitals, health systems, medical groups and others will use ICD-10’s granular data to determine accurate and fair physician compensation and reimbursement for goods and services. [http://www.healthstream.com/resources/white-papers/white-papers/2014/12/10/helping-physicians-succeed-in-an-icd-10-world-white-paper](http://www.healthstream.com/resources/white-papers/white-papers/2014/12/10/helping-physicians-succeed-in-an-icd-10-world-white-paper)
**Diagnosis Coding is Vital to Fair Compensation**

Medical groups are signing contracts that adjust payment for a contract year based on quality measures, outcomes, utilization and the acuity of care for a patient population. The payor measures acuity of care by reviewing the patient’s age, gender and medical conditions. Where does the payor get the list of medical conditions? Diagnosis codes on claims!


**HHS Payment Goals**

- To help drive the health care system towards greater value-based purchasing — **rather than continuing to reward volume regardless of quality of care delivered** ... Alternative payment models include models such as Accountable Care Organizations (ACOs), bundled payments, and advanced primary care medical homes...

- Specifically they want to:
  - move 30% of Medicare payments into alternative payment models by the end of 2016 and 50% by the end of 2018,
  - move 85% of Medicare payments to a model tied to quality or value by 2016, and 90% by 2018.

- Alternative payment models include:
  - models such as Accountable Care Organizations (ACOs), bundled payments, and advanced primary care medical homes


**MACRA**

**Merit-Based Incentive Program (MIPS)**

- Physician Quality Reporting System (PQRS)
- Value-Based Payment Modifier (VBM)
- Clinical Practice Improvement
- Meaningful use of certified EHR technology

**Alternative Payment Models (APMs)**

- From 2019-2024, some providers receive a lump-sum payment
- Increased transparency of physician-focused payment models
- Starting in 2026, offer some providers higher annual payments


**APM Criteria**

Coordinating care; improving quality, reducing costs.
2013 MPFS Final Rule

Additionally, we have had representatives of specialty groups such as radiation oncologists volunteer to work with us to create a bundled payment for their services. If we were to engage in a bundling project for radiation therapy, we would want to do more than provide a single episode payment for a normal course of radiation therapy that aggregates the sum of the individual treatments. Radiation therapy has many common side effects that can vary based on the type of cancer the patient has and how it is being treated. Common side effects associated with radiation therapy include fatigue, skin problems, eating problems, blood count changes, emotional issues such as depression, etc.

If we were to engage in a bundling project that includes radiation therapy, we would be interested in exploring whether it could also include treating and managing the side effects that result from radiation therapy in addition to the radiation therapy itself. Such an episode-based payment would allow Medicare to pay for the full course of the typical radiation therapy as well as the many medical services the patient may be receiving to treat side effects.


Patient Access & Medicare Protection Act 2015

1. RVUs for codes G6001 – G6015 will be frozen at 2016 level.
2. CMS is prohibited from classifying these temporary codes as “misvalued” for calendar years 2017 & 2018.
3. CMS is directed to submit a report to Congress on the development of an Alternative Payment Model or episode-of-care payment methodology for radiation therapy services delivered in the nonfacility setting.

https://www.congress.gov/bill/114th-congress/senate-bill/2425/text?q=%7B%22search%22%3A%5B%22%5C%22s2425%5C%22%5D%7D&resultIndex=1

Oncology Medical Homes

- Part capitation, part FFS, part quality/efficiency payments

Cancer Registries

- Hospital-based registries
- Population-based registries
  - Use ICD-9-CM to assist in their case-finding
  - Registries accredited by the Commission on Cancer (CoC) collect comorbidities and complications using ICD-9-CM codes
  - Ex: lung cancer patients with COPD or emphysema, prostate cancer patients with BPH or hematuria

Authoritative Coding Guidance

- American Hospital Association (AHA)
- Official Coding Guidelines & Coding Clinic
GUIDELINE UPDATES

While there are many changes to the Official Guidelines, following are key updates that will impact oncology physicians, practices and hospitals:

Section 1.A.12.a: An exception to the Excludes1 definition is the circumstance when the two conditions are unrelated to each other. If it is not clear whether the two conditions involving an Excludes1 note are related or not, query the provider.

Section 1.A.15: The word “with” should be interpreted to mean “associated with” or “due to” when it appears in a code title, the Alphabetic Index, or an instructional note in the Tabular List. The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated. For conditions not specifically linked by these relational terms in the classification, provider documentation must link the conditions in order to code them as related.

Section 1.A.19: The assignment of a diagnosis code is based on the provider’s diagnostic statement that the condition exists. The provider’s statement that the patient has a particular condition is sufficient. Code assignment is not based on clinical criteria used by the provider to establish the diagnosis.

Section 1.B.13: When a patient has a bilateral condition and each side is treated during separate encounters, assign the “bilateral” code (as the condition still exists on both sides), including for the encounter to treat the first side. For the second encounter for treatment after one side has previously been treated and the condition no longer exists on that side, assign the appropriate unilateral code for the side where the condition still exists (e.g., cataract surgery performed on each eye in separate encounters). The bilateral code would not be assigned for the subsequent encounter, as the patient no longer has the condition in the previously treated site. If the treatment on the first side did not completely resolve the condition, then the bilateral code would still be appropriate.

Section 1.C.1.f.1: Code only a confirmed diagnosis of Zika virus (A92.5, Zika virus disease) as documented by the provider. This is an exception to the hospital inpatient guideline Section II.H. In this context, “confirmation” does not require documentation of the type of test performed; the physician’s diagnostic statement that the condition is confirmed is sufficient. If the provider documents “suspected,” “possible” or “probable” Zika, do not assign code A92.5. Assign a code(s) explaining the reason for the encounter (such as fever, rash or joint pain) or Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

Section 1.C.19.3.5.b: If the intent of the poisoning is unknown or unspecified, code the intent as accidental intent. The undetermined intent is only for use if the documentation in the record specifies that the intent cannot be determined.
NEOPLASM CODE UPDATES

Notes throughout Chapter 2 of the ICD-10-CM manual to report an additional code for “history of tobacco use (Z87.891)” have now been changed to read “history of tobacco dependence (Z87.891)” which reflects the actual code description. This same verbiage change has been made across all chapters of ICD-10-CM.

A gastrointestinal stromal tumor (GIST) is an uncommon type of GI tract malignancy. GIST tumors are different from other types of malignancies because they start in different cells, sometimes require different treatment and may have a different prognosis. At the request of Novartis, new subcategory C49.A- (Gastrointestinal stromal tumor) has been created, and the Neoplasm Table and Index have been updated accordingly.

C49 Malignant neoplasm of other connective and soft tissue
  C49.A Gastrointestinal stromal tumor
    C49.A0 Gastrointestinal stromal tumor, unspecified site
    C49.A1 Gastrointestinal stromal tumor of esophagus
    C49.A2 Gastrointestinal stromal tumor of stomach
    C49.A3 Gastrointestinal stromal tumor of small intestine
    C49.A4 Gastrointestinal stromal tumor of large intestine
    C49.A5 Gastrointestinal stromal tumor of rectum
    C49.A9 Gastrointestinal stromal tumor of other sites

There is also an Excludes2 Note for GIST under the regular GI malignancy codes (C15-C26) in the Tabular List. Remember that ICD-10-CM has two types of Excludes Notes:

- An Excludes1 code should never be used along with the code above the Excludes1 note, unless the two conditions are unrelated.
- An Excludes2 condition is not part of the condition above the Excludes2 note, but a coder may assign an additional code (if applicable) for it in addition to a code for the condition that appears above the Excludes2 note.

There is a new note under the category code for pancreatic cancer (C25) and the specific code for secondary digestive malignancy (C78.89) to also report exocrine pancreatic insufficiency (new code K86.81). Exocrine pancreatic insufficiency is inadequate production of pancreatic digestive enzymes such as amylase and lipase, and it may be associated with cancer, cystic fibrosis, pancreatitis, and other disorders.

C25 Malignant neoplasm of pancreas
  Code also exocrine pancreatic insufficiency (K86.81)

C78.89 Secondary malignant neoplasm of other digestive organs
  Code also exocrine pancreatic insufficiency (K86.81)

There is a new note under prostate cancer (code C61) to use additional codes for hormone sensitivity status (new codes Z19.1-Z19.2) and/or rising PSA following treatment (new code R97.21).

C61 Malignant neoplasm of prostate
  Use Additional code to identify:
    hormone sensitivity status (Z19.1-Z19.2)
    rising PSA following treatment for malignant neoplasm of prostate (R97.21)

Two new codes have been created to indicate whether a malignant neoplasm is sensitive to hormones:

Hormone sensitivity malignancy status (Z19)
  Code first malignant neoplasm – see Table of Neoplasms, by site, malignant
    Z19.1 Hormone sensitive malignancy status
    Z19.2 Hormone resistant malignancy status
    Castrate resistant prostate malignancy status
These codes were created to track hormone-resistant (castrate-resistant) prostate cancer, but they may be reported with any malignant neoplasm. A note in the Tabular List indicates the neoplasm should be coded first, so these Z-codes will never be the first-listed diagnosis code. In addition, the code for elevated PSA has been replaced with two new codes:

Abnormal tumor markers (R97)

R97 Abnormal tumor markers
  R97.2 Elevated prostate specific antigen [PSA]
  R97.20 Elevated prostate specific antigen [PSA]
  R97.21 Rising PSA following treatment for malignant neoplasm of prostate

In category C81 (Hodgkin lymphoma), the term “classical” has been deleted from all code definitions and added as an inclusion term for the category. For example, new code descriptors for Nodular Sclerosis are:

C81 Hodgkin lymphoma
  C81.1 Nodular sclerosis Hodgkin lymphoma
    Nodular sclerosis classical Hodgkin lymphoma
    C81.10 Nodular sclerosis Hodgkin lymphoma, unspecified site
    C81.11 Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
    C81.12 Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
    C81.13 Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
    C81.14 Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
    C81.15 Nodular sclerosis Hodgkin lymphoma, lymph nodes inguinal region, lower limb
    C81.16 Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
    C81.17 Nodular sclerosis Hodgkin lymphoma, spleen
    C81.18 Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
    C81.19 Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites

Code D01.3 (Carcinoma in situ of anus and anal canal) has new inclusion terms for anal intraepithelial neoplasia III and severe dysplasia of anus, as well as a new Excludes1 note for AIN I and II.

D01 Carcinoma in situ of other and unspecified digestive organs
  D01.3 Carcinoma in situ of anus and anal canal
    Anal intraepithelial neoplasia III [AIN III]
    Severe dysplasia of anus
    Excludes1: anal intraepithelial neoplasia I and II [AIN I and AIN II] (K62.82)

A new Excludes1 note under D07.5 (Carcinoma in situ of prostate) for prostatic intraepithelial neoplasia II. ICD-10-CM code N42.31 is also a new code, defined as Prostatic intraepithelial neoplasia, including PIN, PIN I and PIN II.

D07 Carcinoma in situ of other and unspecified genital organs
  D07.5 Carcinoma in situ of prostate
    Excludes1: dysplasia (mild) (moderate) of prostate (N42.3-)
    prostatic intraepithelial neoplasia II [PIN II] (N42.3-)

There is a new code (D47.Z2) for Castleman disease, a type of lymphoproliferative disorder, with a Code Also note for herpesvirus 8 infection and an Excludes2 note for Kaposi’s sarcoma.

D47 Other neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
  D47.Z Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
  D47.Z2 Castleman disease
    Code also if applicable human herpesvirus 8 infection (B10.89)
    Excludes2: Kaposi’s sarcoma (C46-)
Subcategory D49.5 (Neoplasm of unspecified behavior of other genitourinary organs) has been expanded to include specific codes for the kidneys and other genitourinary organs.

D49 Neoplasms of unspecified behavior
  D49.5 Neoplasm of unspecified behavior of other genitourinary organs
     D49.51 Neoplasm of unspecified behavior of kidney
        D49.511 Neoplasm of unspecified behavior of right kidney
        D49.512 Neoplasm of unspecified behavior of left kidney
        D49.519 Neoplasm of unspecified behavior of unspecified kidney
  D49.59 Neoplasm of unspecified behavior of other genitourinary organ

ENDOCRINE CODE UPDATES
Subcategory Z79.8 reports other long-term drug therapy. The following new code reports the use of oral hypoglycemic or oral antidiabetic drugs:

Z79 Long term (current) drug therapy
  Z79.8 Other long term (current) drug therapy
     Z79.84 Long term (current) use of oral hypoglycemic drugs
        Long term (current) use of oral antidiabetic drugs
     Excludes2: long term (current) use of insulin (Z79.4)

There is a new note under the code for volume depletion to use additional code for electrolyte or acid-base disorders.

E86 Volume depletion
  Use Additional code(s) for any associated disorders of electrolyte and acid-base balance (E87.-)

The codes in category E87 include conditions such as hyperosmolality, hypernatremia, hypo-osmolality, hyponatremia, acidosis, alkalosis, hyperkalemia, hypokalemia, fluid overload, transfusion-related circulatory overload (TACO), hyperchloremia, hypochloremia and other fluid overload.

MENTAL & BEHAVIORAL CODE UPDATES
The DSM diagnosis “alcohol use disorder” (AUD) has been added to the inclusion terms in category F10. The notes indicate to code mild AUD as alcohol abuse and moderate or severe AUD as alcohol dependence. The same change has been made for drug abuse and dependence; for example, mild opioid use disorder is coded as opioid abuse and moderate is coded as opioid dependence. Sample codes with notes include:

F10.14 Alcohol abuse with alcohol-induced mood disorder
   Alcohol use disorder, mild, with alcohol-induced bipolar or related disorder
   Alcohol use disorder, mild, with alcohol-induced depressive disorder

F10.24 Alcohol dependence with alcohol-induced mood disorder
   Alcohol use disorder, moderate, with alcohol-induced bipolar or related disorder
   Alcohol use disorder, moderate, with alcohol-induced depressive disorder
   Alcohol use disorder, severe, with alcohol-induced bipolar or related disorder
   Alcohol use disorder, severe, with alcohol-induced depressive disorder

There are new inclusion terms under subcategory F17.2 (Nicotine dependence) for tobacco use disorder, but all forms of TUD (mild, moderate, or severe) are coded as dependence. For example:

F17.200 Nicotine dependence, unspecified, uncomplicated
   Tobacco use disorder, mild
   Tobacco use disorder, moderate
   Tobacco use disorder, severe
DIGESTIVE CODE UPDATES
New codes have been added for drug-induced constipation (K59.03) with a note to report the correct code to identify the drug responsible for this condition.

K59 Other functional intestinal disorders
  K59.0 Constipation
    K59.03 Drug induced constipation
      Use Additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

GENITOURINARY CODE UPDATES
Category N40 (Enlarged prostate) has been renamed to “Benign prostatic hyperplasia,” which is the term that is more commonly used in the United States.

N40 Benign prostatic hyperplasia
  Includes: enlarged prostate
    N40.0 Benign prostatic hyperplasia without lower urinary tract symptoms
    N40.1 Benign prostatic hyperplasia with lower urinary tract symptoms

The code for dysplasia of prostate (N42.3) has been split into three new codes:

N42 Other and unspecified disorders of prostate
  N42.3 Dysplasia of prostate
    N42.30 Unspecified dysplasia of prostate
    N42.31 Prostatic intraepithelial neoplasia
      PIN
        Prostatic intraepithelial neoplasia I (PIN I)
        Prostatic intraepithelial neoplasia II (PIN II)
      Excludes1: prostatic intraepithelial neoplasia III (PIN III) (D07.5)
    N42.32 Atypical small acinar proliferation of prostate
    N42.39 Other dysplasia of prostate

New codes have been established for specific reporting of testicular pain and scrotal pain:

N50.8 Other specified disorders of male genital organs
  N50.81 Testicular pain
    N50.811 Right testicular pain
    N50.812 Left testicular pain
    N50.819 Testicular pain, unspecified
  N50.82 Scrotal pain
  N50.89 Other specified disorders of the male genital organs
    Atrophy of scrotum, seminal vesicle, spermatc cord, tunica vaginalis and vas deferens
    Chylocele, tunica vaginalis (nonfilarial) NOS
    Edema of scrotum, seminal vesicle, spermatc cord, tunica vaginalis and vas deferens
    Hypertrophy of scrotum, seminal vesicle, spermatc cord, tunica vaginalis and vas deferens
    Stricture of spermatc cord, tunica vaginalis, and vas deferens
    Ulcer of scrotum, seminal vesicle, spermatc cord, testis, tunica vaginalis and vas deferens
    Urethrosrotal fistula

New codes have been added in subcategory N52.3- for erectile dysfunction following radiation therapy and other ablative treatments of the prostate.
N52 Male erectile dysfunction
   N52.3 Postprocedural erectile dysfunction
      N52.35 Erectile dysfunction following radiation therapy
      N52.36 Erectile dysfunction following interstitial seed therapy
      N52.37 Erectile dysfunction following prostate ablative therapy
         Erectile dysfunction following cryotherapy
         Erectile dysfunction following other prostate ablative therapies
         Erectile dysfunction following ultrasound ablative therapies
      N52.39 Other and unspecified postprocedural erectile dysfunction

The code for inflammatory disorders of the breast (N61) has been replaced with specific codes for mastitis without abscess and abscess of breast and nipple.

N61 Inflammatory disorders of breast
   N61.0 Mastitis without abscess
      Infective mastitis (acute) (nonpuerperal) (subacute)
      Mastitis (acute) (nonpuerperal) (subacute) NOS
      Cellulitis (acute) (nonpuerperal) (subacute) of breast NOS
      Cellulitis (acute) (nonpuerperal) (subacute) of nipple NOS
   N61.1 Abscess of the breast and nipple
      Abscess (acute) (chronic) (nonpuerperal) of areola
      Abscess (acute) (chronic) (nonpuerperal) of breast
      Carbuncle of breast
      Mastitis with abscess

SIGNS & SYMPTOM CODE UPDATES

Three new codes have been added for voiding difficulties, including the need to immediately re-void, position-dependent voiding and other voiding difficulties.

R39 Other and unspecified symptoms and signs involving the genitourinary system
   R39.1 Other difficulties with micturition
      R39.19 Other difficulties with micturition
         R39.191 Need to immediately re-void
         R39.192 Position dependent micturition
         R39.198 Other difficulties with micturition

A new code has been created for prediabetes, in which blood sugar is higher than normal but not high enough to qualify as diabetes.

R73 Elevated blood glucose level
   R73.0 Abnormal glucose
      R73.03 Prediabetes
         Latent diabetes
      R73.09 Other abnormal glucose

ICD-10-CM initially classified bacteriuria as urinary tract infection (N39.0), but a new code has been created:

R82 Other and unspecified abnormal findings in urine
   R82.7 Abnormal findings on microbiological examination of urine
      Positive culture findings of urine
   R82.71 Bacteriuria
R82.79 Other abnormal findings on microbiological examination of urine
Positive culture findings of urine

Category R93 (Abnormal findings on diagnostic imaging of other body structures) has been expanded to include codes for abnormal findings involving renal pelvis, ureter, bladder, kidney and other urinary organs.

R93 Abnormal findings on diagnostic imaging of other body structures
  R93.4 Abnormal findings on diagnostic imaging of urinary organs
    Excludes2: hypertrophy of kidney (N28.81)
    R93.41 Abnormal radiologic findings on diagnostic imaging of renal pelvis, ureter, or bladder
      Filling defect of bladder found on diagnostic imaging
      Filling defect of renal pelvis found on diagnostic imaging
      Filling defect of ureter found on diagnostic imaging
    R93.42 Abnormal radiologic findings on diagnostic imaging of kidney
      R93.421 Abnormal radiologic findings on diagnostic imaging of right kidney
      R93.422 Abnormal radiologic findings on diagnostic imaging of left kidney
      R93.429 Abnormal radiologic findings on diagnostic imaging of unspecified kidney
    R93.49 Abnormal radiologic findings on diagnostic imaging of other urinary organs

COMPLICATION CODE UPDATES

Notes have been added in subcategory T80.21 (Infection due to central venous catheter) to indicate that these codes should also be used for infection due to pulmonary artery (Swan-Ganz) catheters.

T80.2 Infections following infusion, transfusion and therapeutic injection
  Excludes2: postprocedural infections (T81.4-)
    T80.21 Infection due to central venous catheter
      Infection due to pulmonary artery catheter (Swan-Ganz catheter)
    T80.211 Bloodstream infection due to central venous catheter
      Bloodstream infection due to pulmonary artery catheter
    T80.212 Local infection due to central venous catheter
      Local infection due to pulmonary artery catheter
    T80.218 Other infection due to central venous catheter
      Other infection due to pulmonary artery catheter
    T80.219 Unspecified infection due to central venous catheter
      Unspecified infection due to pulmonary artery catheter
Z CODE UPDATES

In addition to Z-codes listed in other sections of this article, a new category (Z29) has been established for "Encounter for other prophylactic measures," such as administration of palivizumab (Synargis) to prevent respiratory syncytial virus infection in premature infants.

Z29 Encounter for other prophylactic measures

Excludes 1: desensitization to allergens (Z51.6)

prophylactic surgery (Z40.-)

Z29.1 Encounter for prophylactic immunotherapy

Encounter for administration of immunoglobulin

Z29.11 Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV)

Z29.12 Encounter for prophylactic antivenin

Z29.13 Encounter for prophylactic Rho(D) immune globulin

Z29.14 Encounter for prophylactic rabies immune globin

Z29.3 Encounter for prophylactic fluoride administration

Z29.8 Encounter for other specified prophylactic measures

Z29.9 Encounter for prophylactic measures, unspecified

Inclusion terms have been added to codes describing a personal history of in-situ neoplasm for CIN III, VAIN III (vagina), and VIN III (vulva).

Z86.0 Personal history of in-situ and benign neoplasms and neoplasms of uncertain behavior

Z86.00 Personal history of in-situ neoplasm

Conditions classifiable to D00-D09

Z86.001 Personal history of in-situ neoplasm of cervix uteri

Personal history of cervical intraepithelial neoplasia III [CIN III]

Z86.008 Personal history of in-situ neoplasm of other site

Personal history of vaginal intraepithelial neoplasia III [VAIN III]

Personal history of vulvar intraepithelial neoplasia III [VIN III]
Last, throughout the classification, many Excludes1 notes have been changed to Excludes2 notes, and at least one Excludes2 note (category Y62) has been changed to Excludes1. It will therefore be important to double-check each note when using the new edition for the first time.

The Official Guidelines for Coding and Reporting, Addenda, code lists and other files are available at:
http://www.cdc.gov/nchs/icd/icd10cm.htm

CMS: ICD-10, Next Steps for Providers Assessment & Maintenance Tool Kit

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