ICD-10 Diagnosis Documentation Tips – Breast Surgery

**Infections:**
- State first location and type
- Indicate organism if known

**Malignant Neoplasm of Breast:**
- Describe anatomic location
  - Nipple and areola, central portion, upper-inner, lower-inner, upperouter, lower-outer, axillary tail, **overlapping sites**
  - Secondary axis: male or female
  - Tertiary axis: **laterality**

**Non-malignant Disorders of Breast:**
- New codes for specific documentation of:
  - Induration of breast
  - Nipple discharge
  - Retraction of nipple

**Congenital Malformations of Breast:**
- Six new subtypes with discrete codes
  - Congenital absence of breast with absent nipple
  - Accessory breast
  - Absent nipple
  - Accessory nipple
  - Other congenital malformations of breast
  - Unspecified congenital malformation of breast
ICD-10 [INPATIENT] Procedural Coding Tips – Breast Surgery

Characters:
- Section – almost always medical/surgical, don’t need to state
- Body system – should be self-evident from the description
- Root operation – describes the intent of the procedure
  - Resection – removal of all of a body part
  - Excision – removal of a portion of a body part
- Body part – describe with anatomic specificity, laterality
  - Breast, right
  - Breast, left
  - Breast, bilateral
  - Nipple, left
  - Supernumerary breast
- Approach – open, percutaneous (biopsies)
- Device
  - Describe as specifically as possible any device left in the patient
- Qualifier – If diagnostic procedure be sure to state so

Lymphadenectomy:
- Key documentation tip: (the entire lymphatic chain is the body part)
  - document resection for removal of the entire lymphatic chain
  - document excision for partial removal of the entire lymphatic chain

Reconstructive Breast Surgery:
- Be sure to describe tissue: TRAM flap, latissimus dorsi flap, etc.
- Be sure to describe devices: i.e.; synthetic substitutes