ICD-10 Diagnosis Documentation Tips – Pathology

ICD-10 Neoplasm Coding (general):
- Specific anatomical site (including laterality)
- Whether primary or secondary site
- Behavior of the neoplasm
- Cell type or subtype
- Reason for admission (very important to document)

Note: there is a new anatomic category available for coders, if a lesion overlaps two or more contiguous designated sites (see “Breast” below)
- Such malignancies can only be coded correctly if the physician identifies that lesion is overlapping multiple sites

Reason for Code Expansion in ICD-10:
- Pathophysiologic specificity
  - Example: malignant neoplasms of liver/intrahepatic bile ducts
    - Liver cell carcinoma, hepatoblastoma, angiosarcoma of liver (Kupffer cell sarcoma), other sarcomas of liver, ...
  - Example: Hemolytic anemias: ICD-10 subtypes: anemia due to enzyme disorders, thallasemia, sickle-cell disorders, other hereditary hemolytic anemias, acquired
- Anatomic specificity
  - Example: Breast
    - Nipple and areola, central portion, upper-inner, lower-inner, upper-outer, lower-outer, axillary tail, overlapping sites
- Sex: male or female (breast)
- Laterality: applies to many diagnoses
Lymphomas: 353 diagnosis codes for lymphomas alone
- **Type:** Hodgkins, follicular, non-follicular, T/NK-cell, etc.
- **Histology:** Nodular sclerosis, mixed cellularity, lymphocyte-rich, etc.
- **Anatomic site:** intra-thoracic lymph nodes, spleen, intrapelvic, etc.

Malignant Neoplasm of Esophagus: anatomic description
- **ICD-9 terms**
  - “Cervical, thoracic and abdominal”; esophagus eliminated
- **ICD-10 terminology**
  - Upper third, middle third, lower third, **overlapping sites**

### ICD-10 [INPATIENT] Procedural Coding Tips – Pathology

**Root operation** – the intent of your procedure (common examples)
- **Drainage** – paracentesis, aspiration, etc.
- **Excision [Biopsy]**

**Body part** – the specific body part (or subsection thereof) addressed in an procedure (chest tube place in R pleural space)

**Approach** – open, percutaneous

**Device** – describe any device(s) left in the patient at the conclusion of the procedure

**Qualifier** – if aspiration is “diagnostic”, document.