



An underwater photograph of a diver in a blue wetsuit and yellow fins, upside down, swimming over a vibrant coral reef. The water is clear blue, and sunlight filters down from the surface. A large, dark fish is visible near the diver. On the left side, there are two overlapping rectangular shapes: a light blue one on top and a yellow one below it, both tilted diagonally.

# Deep Dive Into Diagnoses Session 3

Neoplasms Part 2





# Agenda

## Neoplasms in Population Health

- Healthy People 2030
- UDS Measures

## Risk Adjustment Considerations

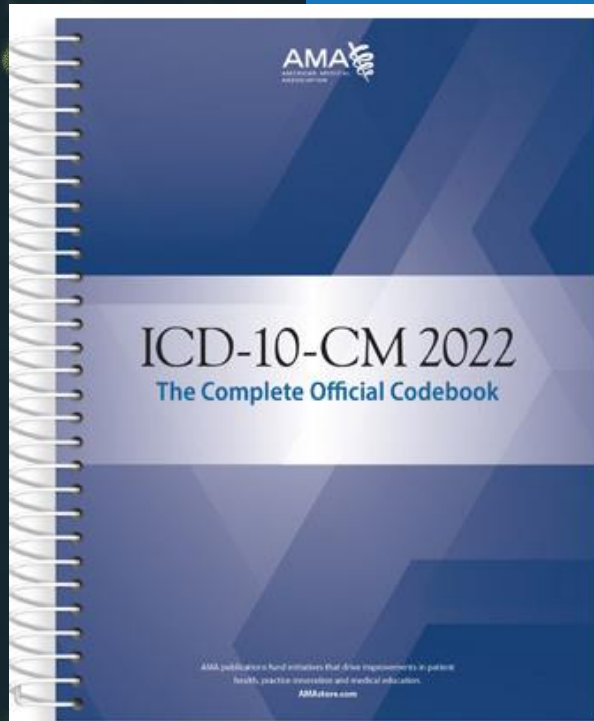
- Problem Lists
- Attribution Lists

## Application in the FQHC

- Strategies for Excellent Data Capture



# Coding Tools



**AHA Coding Clinic®**  
for ICD-10-CM and ICD-10-PCS  
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**Number 1**

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Coding advice or code assignments contained in this issue effective with discharges March

downloaded from www.CodingClinicAdvisor.com

**ICD-10-CM Neoplasm Table**

	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain	Unspecified Behavior
<p><b>Note:</b> The list below gives the code number for neoplasms by anatomical site. For each site there are six possible code numbers according to whether the neoplasm in question is malignant, benign, in situ, of uncertain behavior, or of unspecified nature. The description of the neoplasm will often indicate which of the six columns is appropriate; e.g., malignant melanoma of the skin, benign fibroadenoma of breast, carcinoma in situ of cervix uteri. Where such descriptors are not present, the remainder of the index should be consulted where guidance is given to the appropriate column for each morphological (histological) variety listed; e.g., Mesonephroma - see Neoplasm, malignant; Embryoma (see also Neoplasm, uncertain behavior); Disease, Bowen's - see Neoplasm, skin, in situ. However, the guidance in the index can be overridden if one of the descriptors mentioned above is present; e.g., malignant adenoma of colon is coded to C18.9 and not to D12.6 as the adjective "malignant" overrides the index entry "Adenoma (see also Neoplasm, benign)." Codes listed with a dash -, following the code have a required 5th character for laterality. The tabular list must be reviewed for the complete code.</p>						
<b>breast</b> (connective tissue) (glandular tissue)						

**ICD-10-CM Neoplasm Table**

	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain	Unspecified Behavior
<b>breast</b> (connective tissue) (glandular tissue) (soft parts)						
areola	C50.9	C79.81	D05.-	D24.-	D48.6	D49.3
axillary tail	C50.0-2	C79.81	D05.-	D24.-	D48.6	D49.3
central portion	C50.6-7	C79.81	D05.-	D24.-	D48.6	D49.3
inner	C50.8-9	C79.81	D05.-	D24.-	D48.6	D49.3
lower-inner quadrant	C50.3-4	C79.81	D05.-	D24.-	D48.6	D49.3
lower-outer quadrant	C50.5-6	C79.81	D05.-	D24.-	D48.6	D49.3
lower	C50.8-9	C79.81	D05.-	D24.-	D48.6	D49.3
mastectomy site (skin) - see also Neoplasm, breast, skin	C44.501	C79.2	-	-	-	-
specified as breast tissue	C50.8-9	C79.81	-	-	-	-
midline	C50.8-9	C79.81	D05.-	D24.-	D48.6	D49.3
nipple	C50.0-2	C79.81	D05.-	D24.-	D48.6	D49.3
outer	C50.8-9	C79.81	D05.-	D24.-	D48.6	D49.3
overlapping lesion	C50.8-9	-	-	-	-	-
skin	C44.501	C79.2	D04.5	D23.5	D48.5	D49.2
basal cell carcinoma	C44.511	-	-	-	-	-
specified type NEC	C44.591	-	-	-	-	-
squamous cell carcinoma	C44.521	-	-	-	-	-
tail (axillary)	C50.6-7	C79.81	D05.-	D24.-	D48.6	D49.3
upper-inner quadrant	C50.2-3	C79.81	D05.-	D24.-	D48.6	D49.3
upper-outer quadrant	C50.4-5	C79.81	D05.-	D24.-	D48.6	D49.3
upper	C50.8-9	C79.81	D05.-	D24.-	D48.6	D49.3
<b>broad ligament</b> [of uterus]						

# Which Chapter 2 Condition Groups Risk Adjust?

Breast, Prostate, Other Cancers and Tumors

Coagulation Defects and Other Specified Hematological Disorders

Colorectal, Bladder and other Cancers

Disorders of Immunity (D61, D80, D89)

Fibrosis of Lung and Other Chronic Disorders (D84)

Lung and other Severe Cancers

Lymphoma and Other Cancers

Metastatic Cancer and Acute Leukemia

Myasthenia Gravis/Myoneural Disorders, Inflammatory and Toxic Neuropathy (D86.82)

Other Significant Endocrine and Metabolic Disorders

Severe Hematological Disorders (D57, D59, D60, D61)

# Current UDS Impact for Neoplasms

All about prevention!

## Patient Characteristics Summary



	Look-Alikes	Program Awardees
<b>Total Patients *</b>	<b>679,010</b>	<b>28,590,897</b>
<b>Percent Known Poverty Level</b>		
% Patients at or Below 100% of Federal Poverty Guideline (included in above)	63.15 %	67.95 %
% Patients at or Below 200% of Federal Poverty Guideline	88.02 %	90.62 %
<b>Percent Known Insurance Status</b>		
% None/Uninsured Patients	12.22 %	21.82 %
% Medicaid/CHIP Patients	53.21 %	46.87 %
% Medicare Patients	12.51 %	10.40 %
<b>Percent Known Ethnicity</b>		
% Hispanic/Latino Patients	31.12 %	36.78 %
% Non-Hispanic White Patients	43.43 %	41.72 %
<b>Percent Known Race **</b>		
% Black/African American Patients	23.76 %	21.26 %
% Asian Patients	8.33 %	4.05 %
% Native Hawaiian/Other Pacific Islander Patients	0.47 %	1.03 %
% American Indian/Alaska Native Patients	0.96 %	1.46 %
% More than one race Patients	2.94 %	3.08 %

# UDS Measure for Cervical Cancer Screening

Cervical Cancer Screening (Line 11),  
CMS124v8

## Measure Description

Percentage of women 21\*–64 years of age who were screened for cervical cancer using **either** of the following criteria:

- Women age 21\*–64 who had cervical cytology performed every 3 years
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

Calculate as follows:

**Denominator (Universe):** Columns A and B

- Women 23 through 64 years of age with a *medical* visit during the measurement period

*Note: Include women with birthdate on or after January 2, 1955, and birthdate on or before January 1, 1997.*

*Note: \*Use 23 as the initial age to include in assessment. See Specification Guidance for further detail.*

Cervical Cancer Screening is tracked because women who receive Pap tests are more likely to be treated earlier and are less likely to suffer adverse outcomes from HPV and cervical cancer.

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23–64 years of age who were screened for cervical cancer			

# Breast Cancer Screening

Breast Cancer Screening (Line 11a),  
CMS125v8

## Measure Description

Percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period

Calculate as follows:

**Denominator (Universe):** Columns A and B

- Women 51\* through 73 years of age with a *medical* visit during the measurement period

*Note: Include women with birthdate on or after January 2, 1946, and birthdate on or before January 1, 1969.*

*Note: \*Use 51 as the initial age to include in assessment. See UDS Reporting Considerations for further detail.*

**Numerator:** Column C

- Women with one or more mammograms during the 27 months prior to the end of the measurement period

Breast Cancer screenings are tracked through UDS because women who receive screenings for cancer are more likely to be treated earlier and are less likely to have severe negative outcomes.

Line	Breast Cancer Screening	Total Female Patients Aged 51 through 73 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Mammogram (c)
11a	MEASURE: Percentage of women 51–73 years of age who had a mammogram to screen for breast cancer			



# UDS Measure for Colorectal Cancer Screening

Colorectal Cancer Screening (Line 19),  
CMS130v8

## Measure Description

Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer

Calculate as follows:

**Denominator (Universe):** Columns A and B

- Patients 50 through 74 years of age with a *medical* visit during the measurement period

*Note: Include patients with birthdate on or after January 2, 1945, and birthdate on or before January 1, 1970.*

**Numerator:** Column C

- Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any *one* of the following criteria:

Colorectal Cancer Screening are a tracked UDS measure because Adults who receive appropriate colorectal screenings are more likely to be treated early and less likely to suffer adverse outcomes, including premature death.

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 74 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer(c)
19	MEASURE: Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer			



## Healthy People 2030

Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first 4 decades.





# Healthy People 2030 Measures: Cancer

Goal: Reduce new cases of cancer and cancer-related illness, disability, and death.



# Skin Cancer

## Healthy People 2030

Skin cancer is the most diagnosed type of cancer in the United States — but most cases of skin cancer are preventable. Sunburn, especially early in life, can increase the risk of skin cancer. Community-wide programs and educational, environmental, and policy interventions can help increase behaviors that prevent sunburn in 9th- through 12th-graders.



Reduce the proportion of students in grades 9 through 12 who report sunburn — C-10

## Data

Objective Overview

Data

Data Methodology and  
Measurement

Evidence-Based Resources

Status: Baseline only ⓘ



Most Recent Data:  
**DNC** percent (2019)



Target:  
**52.2** percent

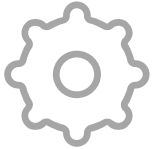


Desired Direction:  
**Decrease desired**



Baseline:  
**57.2** percent of students in grades 9 through 12 reported sunburn in the past 12 months in 2017

# Healthy People 2030 Oral Cancer



Oral and pharyngeal cancers affect areas like the lips, cheeks, gums, throat, and tongue. When these cancers are diagnosed early, they're easier to treat — but most people with oral and pharyngeal cancers aren't diagnosed in the earliest stage. Screening for these cancers at every dental visit can lead to earlier diagnosis, especially in people at higher risk because of alcohol or tobacco use and certain types of viral infections.

## Increase the proportion of oral and pharyngeal cancers detected at the earliest stage — OH-07

### Objective Overview

Data

Data Methodology and  
Measurement

Status: Baseline only ⓘ

[Learn more about our data release schedule](#)



Most Recent Data:  
**29.5** percent (2016)



Target:  
**34.2** percent



Desired Direction:  
**Increase desired**



Baseline:  
**29.5** percent of oral and pharyngeal cancers were detected at the earliest stage (Stage 1 localized) in 2016

# Healthy People 2030

## Breast Cancer

Finding breast cancer early can help prevent breast cancer deaths in women. When women don't get screened, more women with breast cancer may be diagnosed at a later stage and die of the disease. Increasing breast cancer screening rates is key to reducing breast cancer deaths.

### Increase the proportion of females who get screened for breast cancer — C-05

#### Objective Overview

#### Data

#### Data Methodology and Measurement

Status: Baseline only (⋯)

[Learn more about our data release schedule](#)



Most Recent Data:  
**72.8** percent (2018)



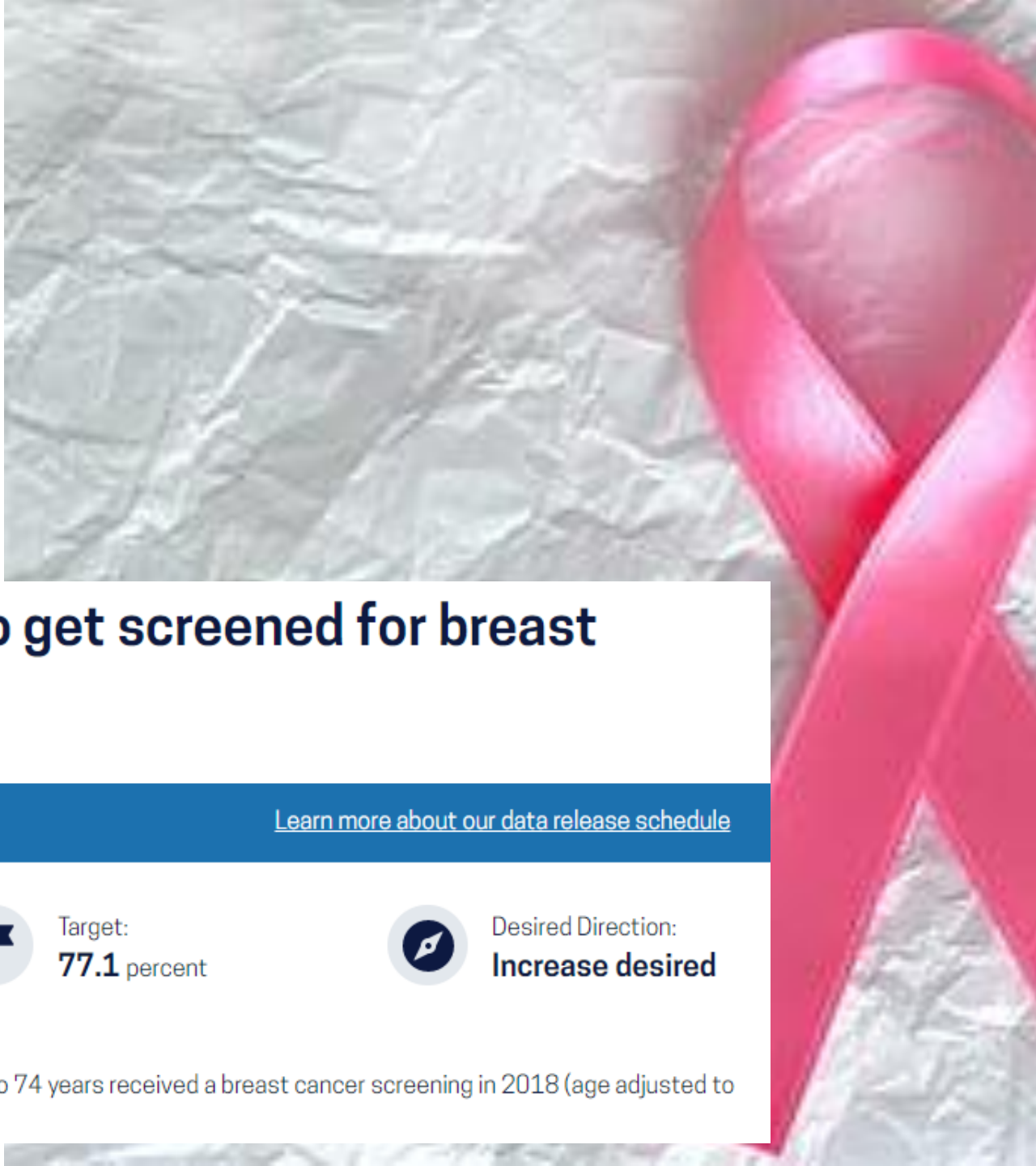
Target:  
**77.1** percent



Desired Direction:  
**Increase desired**



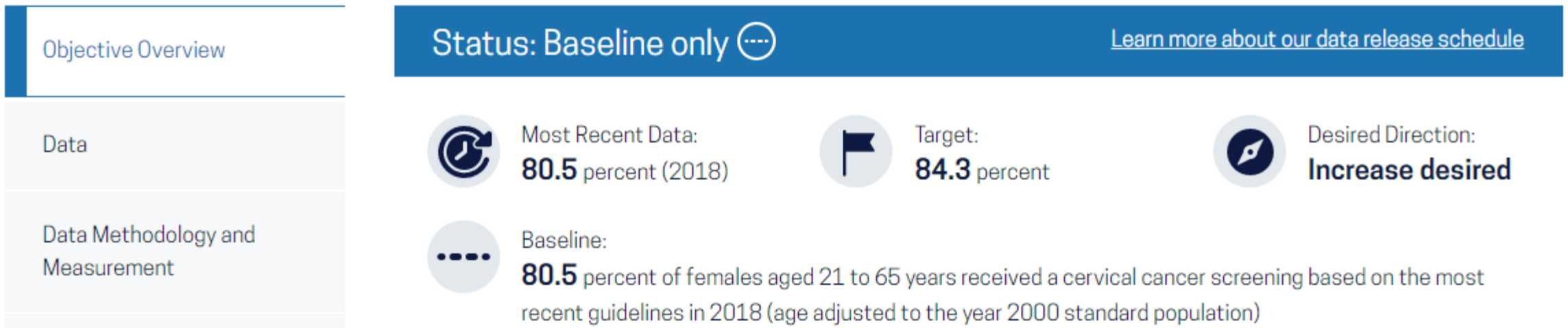
Baseline:  
**72.8** percent of females aged 50 to 74 years received a breast cancer screening in 2018 (age adjusted to the year 2000 standard population)





# Healthy People 2030 Cervical Cancer

## Increase the proportion of females who get screened for cervical cancer — C-09



Since the Pap test was introduced, women are both less likely to get cervical cancer and less likely to die from it. But in recent years, the number of women getting screened for cervical cancer has actually decreased — and some groups are less likely than others to get screened. Strategies to increase cervical cancer screening rates include interventions that target both patients and providers.

# Healthy People 2030 Colon Cancer

Colorectal cancer is one of the most common causes of cancer deaths in the United States, and rates of colorectal cancer are higher in minority populations. Different screening methods can find colorectal cancer early and help prevent deaths. Interventions involving at least 2 approaches to colorectal cancer screening can help more adults get recommended screenings.

## Increase the proportion of adults who get screened for colorectal cancer — C-07



Objective Overview

Data

Data Methodology and Measurement

Status: Baseline only

[Learn more about our data release schedule](#)



Most Recent Data:  
**65.2** percent (2018)



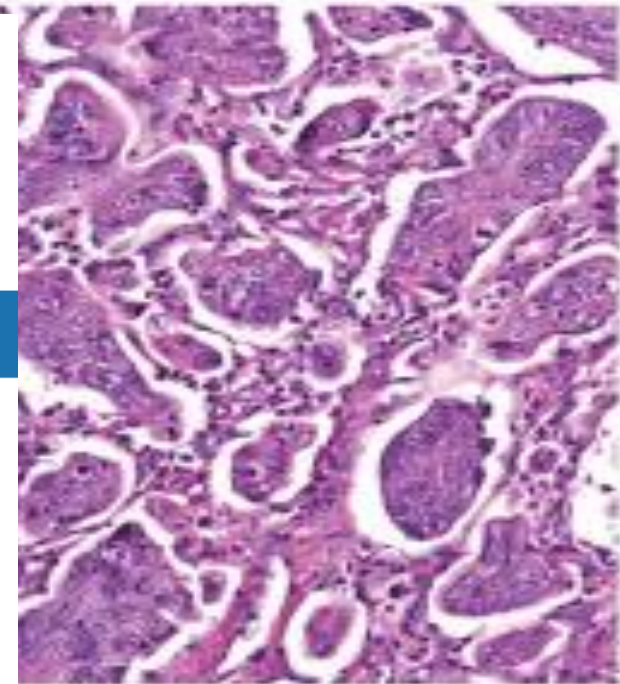
Target:  
**74.4** percent



Desired Direction:  
**Increase desired**



Baseline:  
**65.2** percent of adults aged 50 to 75 years received a colorectal cancer screening based on the most recent guidelines in 2018 (age adjusted to the year 2000 standard population)



# Healthy People 2030 Lung Cancer

Lung cancer screening can help prevent deaths from lung cancer in people at high risk — mostly current and former smokers. But screening rates in this population remain very low. Increasing knowledge about screening recommendations — among both health care providers and people at risk for lung cancer — can help prevent deaths. Increasing knowledge about tobacco initiation and cessation can also help prevent lung cancer deaths.

## Increase the proportion of adults who get screened for lung cancer — C-03

### Objective Overview

Data

Data Methodology and Measurement

Status: Baseline only

[Learn more about our data release schedule](#)



Most Recent Data:  
**4.5** percent (2015)



Target:  
**7.5** percent



Desired Direction:  
**Increase desired**



Baseline:  
**4.5** percent of adults aged 55 to 80 years received a lung cancer screening based on the most recent guidelines in 2015 (age adjusted to the year 2000 standard population)



## Scenario #1

A patient was diagnosed with operable adenocarcinoma of the pancreas tail.

**C25.2 Malignant neoplasm of tail of pancreas**

# Scenario #1 Q&A

- Correct coding for this scenario:
- Does any condition here risk adjust, and if so, do we have needed specificity?
- Does any condition here impact UDS quality measures?
  - If yes, is there a performance measure we can use to track progress?
- Does any condition here have a Healthy People 2030 measure associated?
  - If so, are we contributing to success?

## Scenario #2

Jack returns to the dermatologist's office after a biopsy of a mole on his back. He is diagnosed with malignant melanoma of the back.

**C43.59 Malignant melanoma of other part of trunk**



## Scenario #2 Q&A

- Correct coding for this scenario:
- Does any condition here risk adjust, and if so, do we have needed specificity?
- Does any condition here impact UDS quality measures?
  - If yes, is there a performance measure we can use to track progress?
- Does any condition here have a Healthy People 2030 measure associated?
  - If so, are we contributing to success?

## Scenario 3

70-year-old May presents with a history of basal cell carcinoma of the right thigh two years ago. She complains of 2 months of crusting on the right nasal tip. Patient with a long history of sun exposure with multiple bad sunburns. Biopsy reveals new basal cell carcinoma of the nasal tip. The patient will undergo Mohs surgery.

C44.311 Basal cell carcinoma of skin of nose

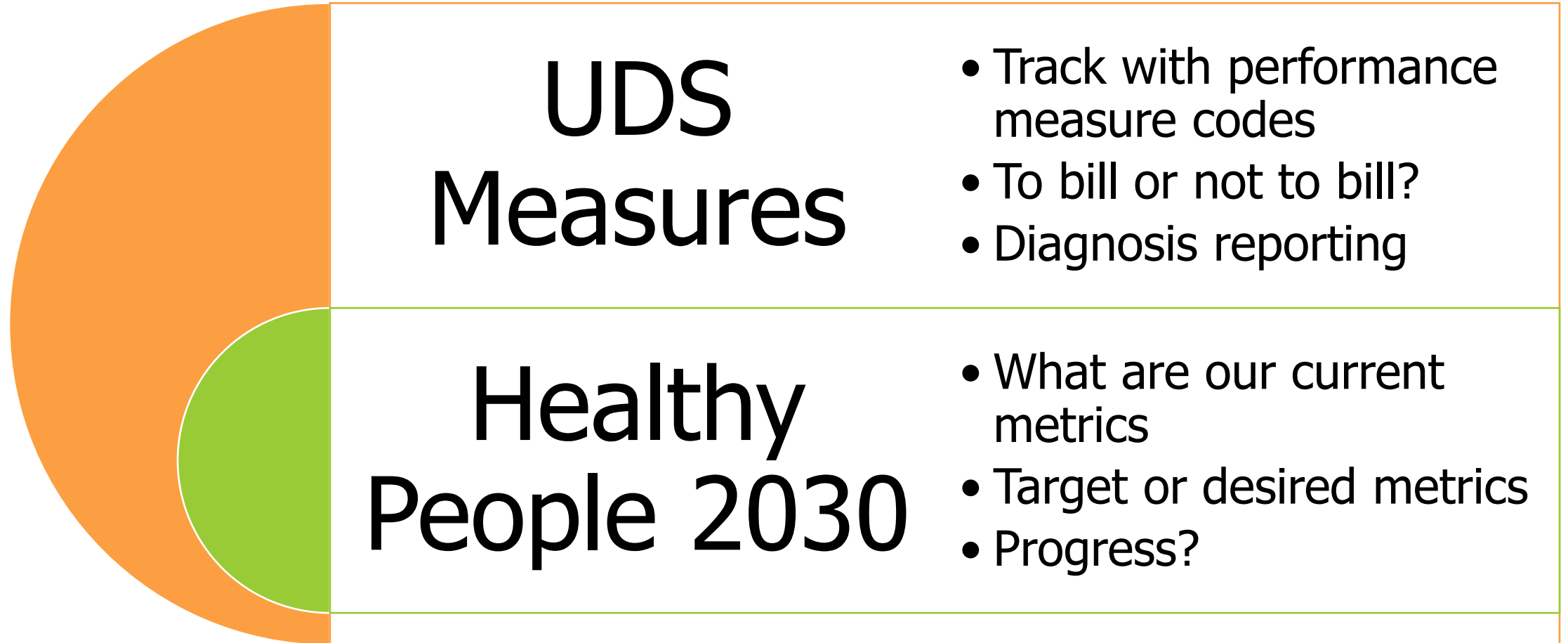
Z85.828 Personal history of other malignant neoplasm of skin

## Scenario #3 Q&A

- Correct coding for this scenario:
- Does any condition here risk adjust, and if so, do we have needed specificity?
- Does any condition here impact UDS quality measures?
  - If yes, is there a performance measure we can use to track progress?
- Does any condition here have a Healthy People 2030 measure associated?
  - If so, are we contributing to success?



# Strategies For Excellent Data Capture



# Risk Adjustment Strategies



Problem  
List Clean-  
up

Pts with  
multiple  
chronic  
illnesses?

Next week's  
schedule?

Team approach

- Coder policy
- Clinician approval of changes

# Risk Adjustment Strategies

- All last year's claims from all places of service
- Do you know diagnosis reporting rules?
- Does everyone else know diagnosis reporting rules?
- You are held accountable for others' bad habits

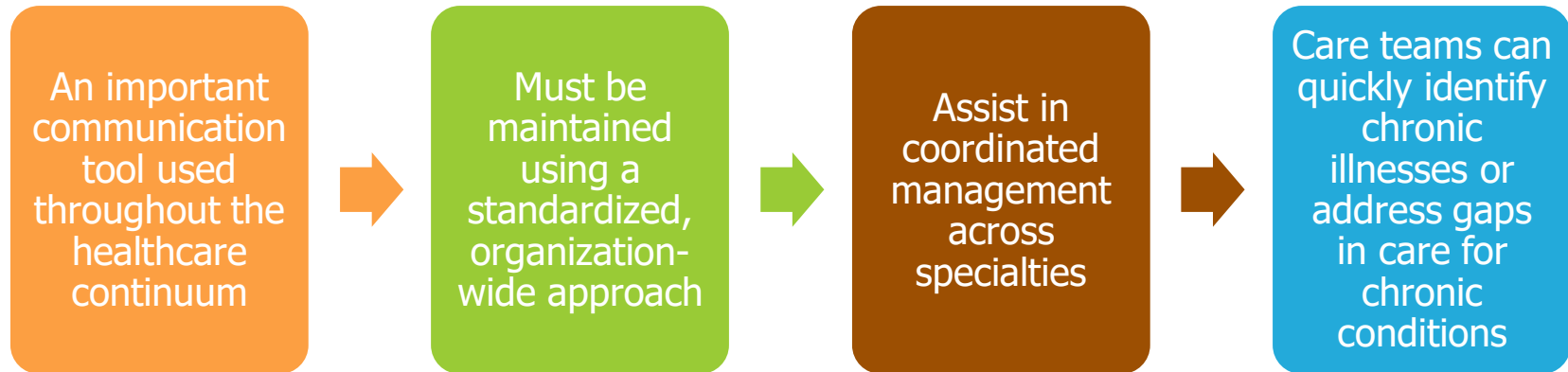
Attribution  
List Analysis





# The Problem List

*A Well-maintained Problem List Serves Many Roles*



# Problem List Maintenance

## Poorly Maintained Problem List

Multiple variations of a single disease process (excluding DM, etc.)

Unspecified conditions remain

Specificity doesn't match documentation

## Well Maintained Problem List

Excellent communication tool

Aids specificity in A/P

Helps identify pts who may benefit from Care Mgmt

Assists with Attribution List reconciliation

# What Can a Coder Do?

## It's Not My Problem.....List

Analyze for  
presumable causal  
relationships

Watch for excluded  
conditions (e.g.,  
E11.9 and a  
complication)

Compare stats and  
ask – especially  
when highly  
suggestive of  
greater specificity

Have other  
specialists weighed  
in? (MDD, CKD,  
etc.)

Provide if/then  
coding – make the  
right information  
readily available



# Prevention Screenings

PREVENTIVE SERVICES			
Typical Preventive Exams		Code	Screening for Developmental Disorders in Childhood
General adult med exam (Annual Exam)		Z00.00	autism Z13.41
without abnormal findings			for global developmental delays (milestones) Z13.42
with abnormal findings		Z00.01	for other developmental delays Z13.49
code also the abnormal finding		code also	
Completed Pap with above, code also		Z12.4	
Routine "GYN only" exam (with/wo Pap)		Z01.419	
without abnormal findings			
with abnormal findings		Z01.411	
code also the abnormal finding		code also	
WCC without abnormal findings		Z00.129	
WCC with abnormal findings		Z00.121	
code also the abnormal finding		code also	
Newborn Ck, 1-7 days old (e.g., wt/color)		Z00.110	
if abnormalities, assign additional code(s)		code also	
Newborn Ck, 8-28 days old (e.g., wt/color)		Z00.111	
if abnormalities, assign additional code(s)		code also	
Special Reasons Dx Codes			
Sports		Z02.5	
Immigration, naturalization		Z02.89	
School admission		Z02.0	
Pre-employment		Z02.1	
Recruitment to armed forces		Z02.3	
Issue of other med certificate		Z02.79	
Paternity		Z02.81	
Adoption		Z02.82	
Blood-alcohol & blood-drug		Z02.83	
Medicare Preventive Visit and Service Diagnoses			
Welcome to MCare Visit		Z00.00	
Medicare Annual Wellness Visit			
Obesity counselling (Code also obesity & BMI)		Z71.3	
Screening; mammogram for breast CA		Z12.31	
cardiovascular disorder		Z13.6	
diabetes		Z13.1	
eye and/or ear disorder		Z13.5	
HIV		Z11.4	
HPV		Z11.51	
sexually transmitted infection		Z11.3	
prostate malignancy (could be exam or PSA)		Z12.5	
Special Exams: Eyes/Vision and Ears/Hearing			
Eyes/vision, w/o abnormal findings		Z01.00	
with abnormal findings (code findings)		Z01.01	
follow failed screen w/o abnormal findings		Z01.020	
follow failed screen w/abnormal findings (code findings)		Z01.021	
Screening for glaucoma		Z13.5	
Ears/hearing, without abnormal findings		Z01.10	
with other abnormal finding (code findings)		Z01.118	
following failed hearing screen		Z01.110	
Immunization Dxs			
One Dx code for any number of Immunizations.		Z23	
Underimmunized (as a diagnosis)		Z28.3	
Personal History of Cancer			
Breast		Z85.3	
Cervix uteri		Z85.41	
Other parts of uterus		Z85.42	
Colon		Z85.038	
Prostate		Z85.46	
Bladder		Z85.51	
Family History of			
Breast cancer		Z80.3	
Colon cancer		Z80.0	
Colonic polyps		Z83.71	
Diabetes		Z83.3	
Cardiovascular disease		Z82.49	
Screening Dx's: Paps			
Routine cervical pap smear			
Mcare screening pap; cervical; low risk, q2 yrs		Z12.4	
high risk, q1yr (code also - spec risk factors Z91.89)			
vaginal (if applicable code also - absence of uterus)		Z12.72	
Pap to confirm normal after abnormal		Z01.42	
Female Screening - Miscellaneous			
Breast - ordering mammogram today		Z12.31	
Chlamydial infection screening		Z11.8	
HPV Human papilloma virus		Z11.51	
High risk sexual behavior (heterosexual)		Z72.51	

# Screening Diagnosis Codes

Many choices in ICD-10-CM

## 5) Screening

Screening is the testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease (e.g., screening mammogram).

The testing of a person to rule out or confirm a suspected diagnosis because the patient has some sign or symptom is a diagnostic examination, not a screening. In these cases, the sign or symptom is used to explain the reason for the test.

A screening code may be a first-listed code if the reason for the visit is specifically the screening exam. It may also be used as an additional code if the screening is done during an office visit for other health problems. A screening code is not necessary if the screening is inherent to a routine examination, such as a pap smear done during a routine pelvic examination.

<b>Other Screening Studies</b>	
<b>Pregnancy test today - negative</b>	<b>Z32.02</b>
Positive results today	Z32.01
Results cannot be confirmed today	Z32.00
Anemia (iron deficient)	Z13.0
Cardiovascular disorders	Z13.6
Developmental disorders in childhood	Z13.4
Diabetes	Z13.1
Poisoning (chemical / heavy metal-lead)	Z13.88
HIV	Z11.4
Lipoid disorders	Z13.220
Osteoporosis	Z13.820
Routine cervical Pap smear	Z12.4
Respiratory TB	Z11.1
Latent TB	Z11.7
Sexually Transmitted Infection	Z11.3
Thyroid disorders	Z13.29

# Our References, Your Resources

- US Preventive Services Task Force <https://www.uspreventiveservicestaskforce.org>
- State Medicaid & Other Manuals (check frequently)
- AHA Coding Clinics <https://www.codingclinicadvisor.com>
- American Academy of Family Physicians [www.aafp.org](http://www.aafp.org)
- American Academy of Pediatrics [www.aap.org](http://www.aap.org)
- CPT 2022 Professional Edition [www.ama-assn.org](http://www.ama-assn.org)
- Principles of CPT Coding, 9<sup>th</sup> Edition [www.ama-assn.org](http://www.ama-assn.org)



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