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Deep Dive Into Diagnoses Session 3

Neoplasms Part 2



Agenda

Neoplasms in Population Health

- Healthy People 2030
- UDS Measures

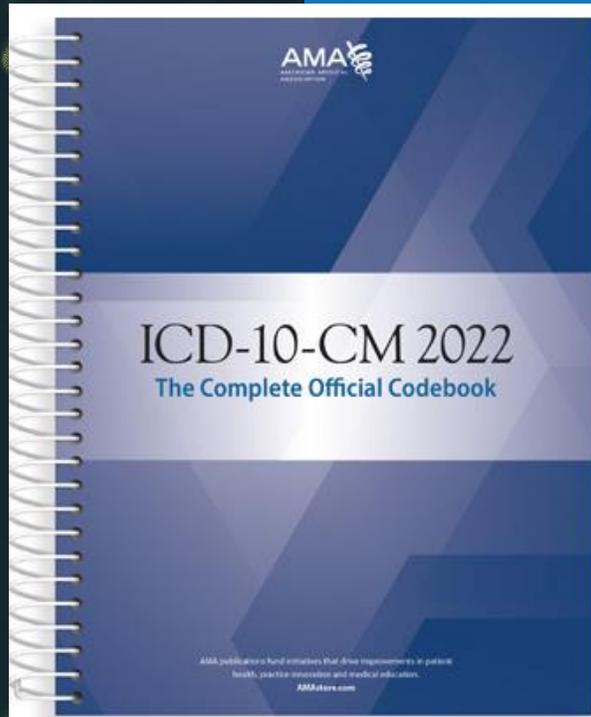
Risk Adjustment Considerations

- Problem Lists
- Attribution Lists

Application in the FQHC

- Strategies for Excellent Data Capture

Coding Tools



downloaded from www.CodingClinicAdvisor.com

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

ICD-10-CM Neoplasm Table

	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain	Unspecified Behavior
Note: 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 questions 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.						
breast (connective tissue) (granular tissue)						

ICD-10-CM Neoplasm Table

	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain	Unspecified Behavior
breast (connective tissue) (granular tissue) (soft parts)						
areola	C50.9 ☑	C79.81	D05.- ☑	D24.- ☑	D48.6 ☑	D49.3
axillary tail	C50.6- ☑	C79.81	D05.- ☑	D24.- ☑	D48.6- ☑	D49.3
central portion	C50.1- ☑	C79.81	D05.- ☑	D24.- ☑	D48.6- ☑	D49.3
inner	C50.8- ☑	C79.81	D05.- ☑	D24.- ☑	D48.6- ☑	D49.3
lower-inner quadrant	C50.3- ☑	C79.81	D05.- ☑	D24.- ☑	D48.6- ☑	D49.3
lower-outer quadrant	C50.5- ☑	C79.81	D05.- ☑	D24.- ☑	D48.6- ☑	D49.3
lower	C50.8- ☑	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- ☑	C79.81	-	-	-	-
midline	C50.8- ☑	C79.81	D05.- ☑	D24.- ☑	D48.6- ☑	D49.3
nipple	C50.0- ☑	C79.81	D05.- ☑	D24.- ☑	D48.6- ☑	D49.3
outer	C50.8- ☑	C79.81	D05.- ☑	D24.- ☑	D48.6- ☑	D49.3
overlapping lesion	C50.8- ☑	-	-	-	-	-
skin	C44.501	C79.2	D04.5	D23.5	D48.5	D49.2
basal cell carcinoma	C44.511	-	-	-	-	-
specified type	C44.591	-	-	-	-	-
squamous cell carcinoma	C44.521	-	-	-	-	-
tail (axillary)	C50.6- ☑	C79.81	D05.- ☑	D24.- ☑	D48.6- ☑	D49.3
upper-inner quadrant	C50.2- ☑	C79.81	D05.- ☑	D24.- ☑	D48.6- ☑	D49.3
upper-outer quadrant	C50.4- ☑	C79.81	D05.- ☑	D24.- ☑	D48.6- ☑	D49.3
upper	C50.8- ☑	C79.81	D05.- ☑	D24.- ☑	D48.6- ☑	D49.3
broad ligament (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
Total Patients *	679,010	28,590,897
Percent Known Poverty Level		
% 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 %
Percent Known Insurance Status		
% None/Uninsured Patients	12.22 %	21.82 %
% Medicaid/CHIP Patients	53.21 %	46.87 %
% Medicare Patients	12.51 %	10.40 %
Percent Known Ethnicity		
% Hispanic/Latino Patients	31.12 %	36.78 %
% Non-Hispanic White Patients	43.43 %	41.72 %
Percent Known Race **		
% 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

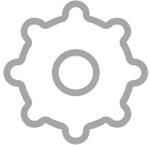


Desired Direction:
Decrease desired



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

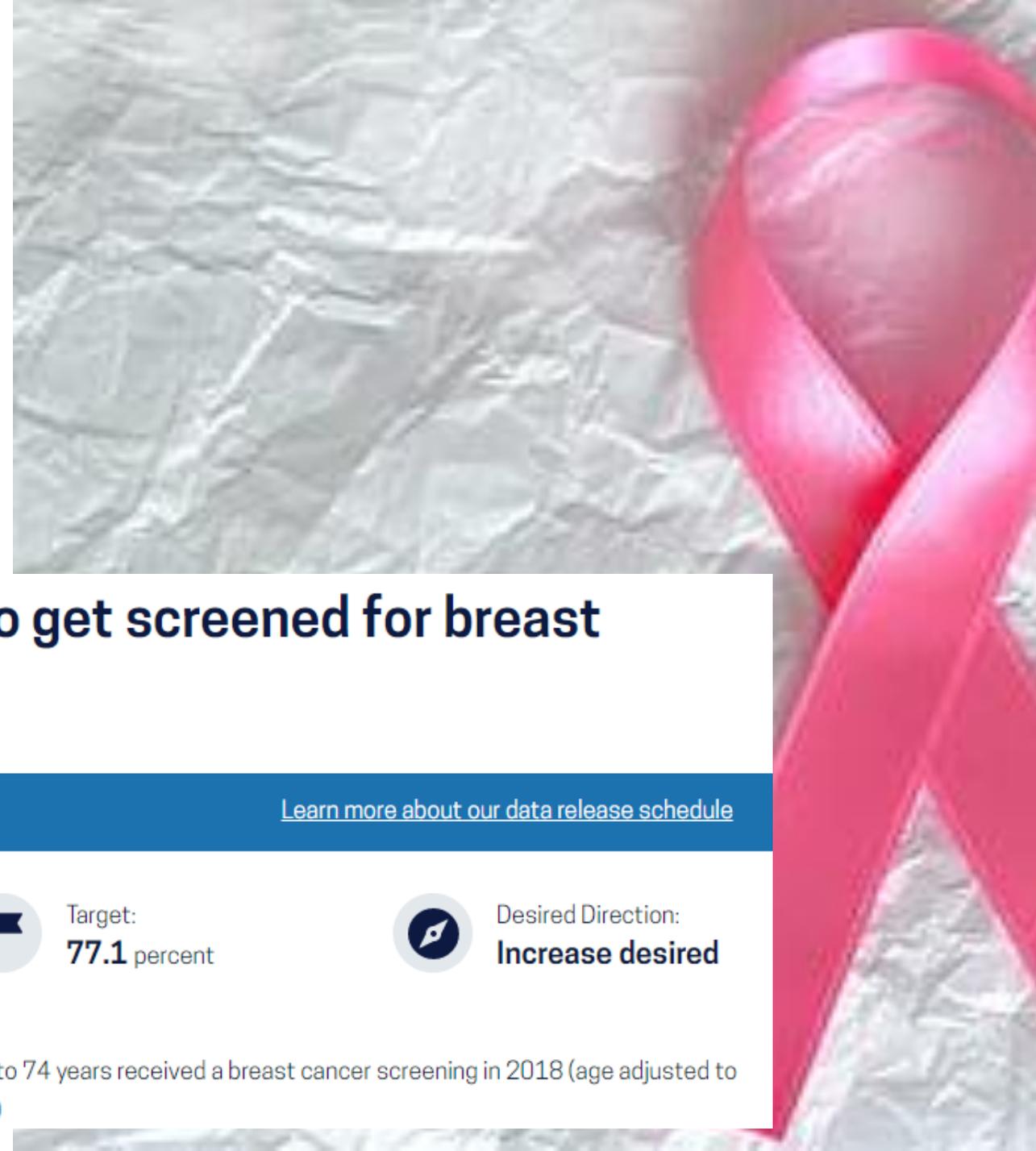


Baseline:
29.5 percent of oral and pharyngeal cancers were detected at the earliest stage (Stage 1 localized) in 2016

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



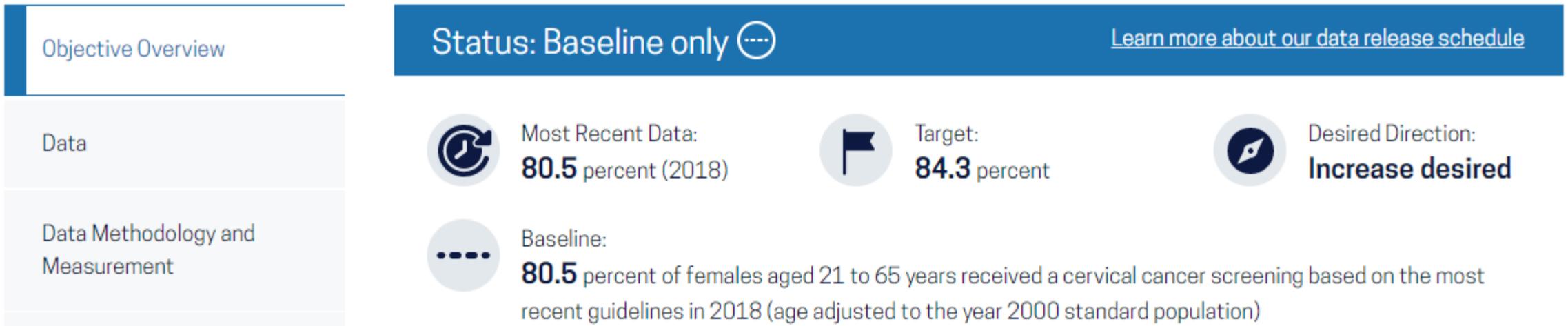
Desired Direction:
Increase desired



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)



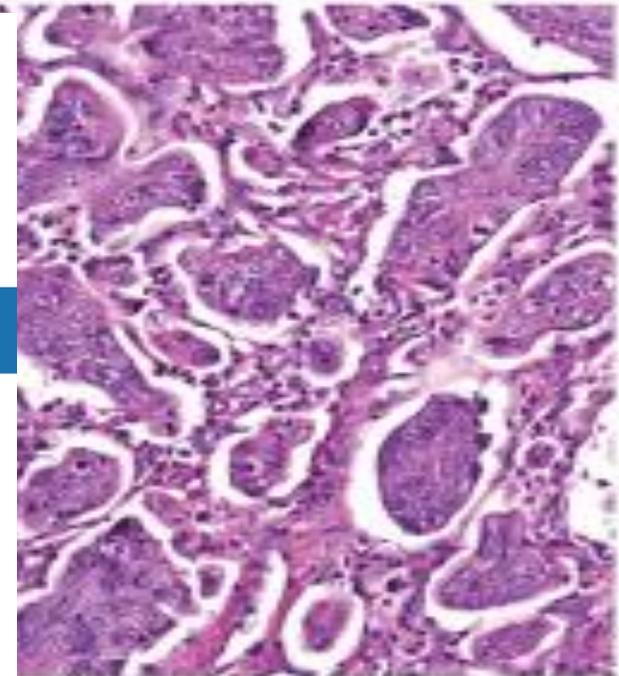
Target:
74.4 percent



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.

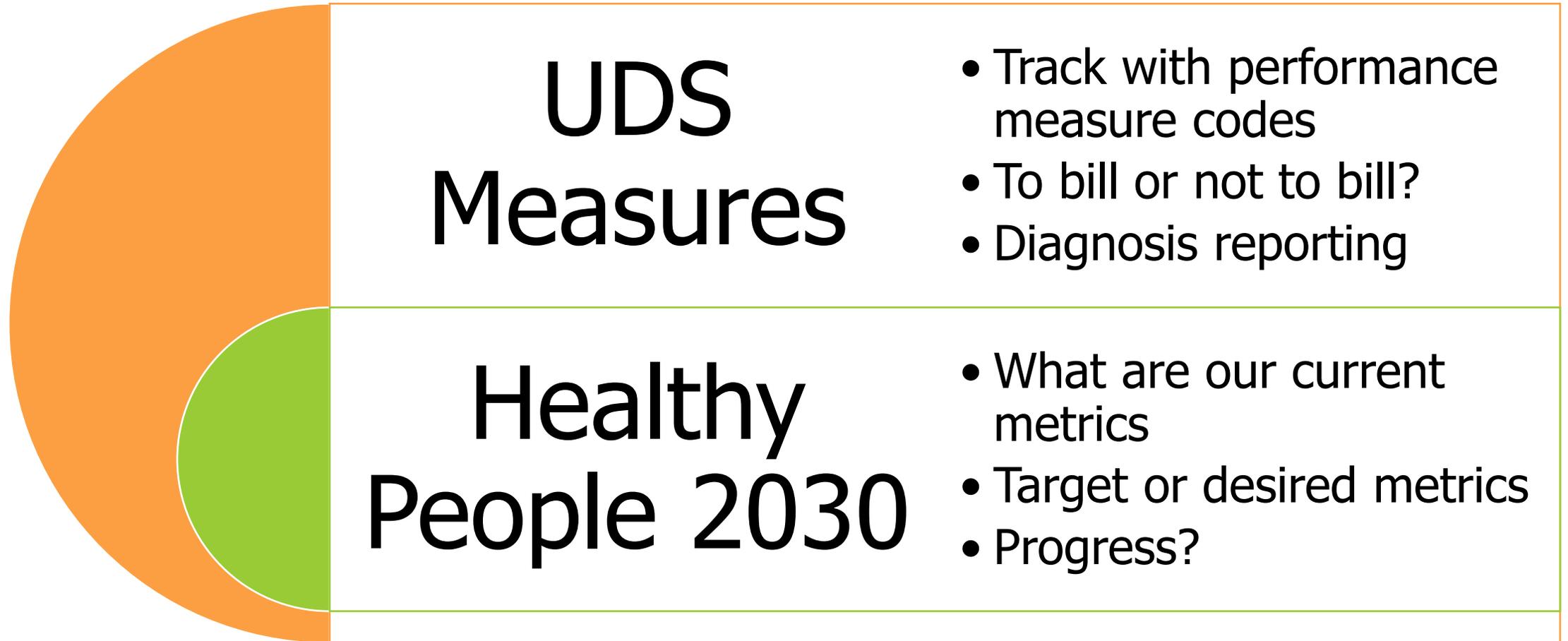
C44.311 Basal cell carcinoma of skin of nose

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

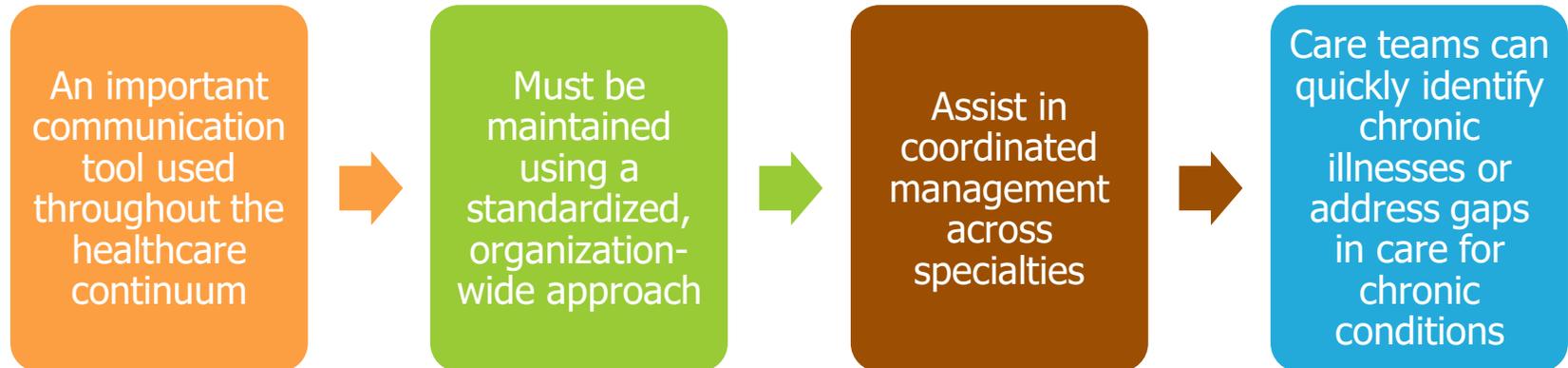
- All last year's claims from all places of service
- Do you know diagnosis reporting rules?
- Does everyone else know diagnosis reporting rules?
- You are held accountable for others' bad habits

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	Screening for Mental Health and Behavioral Disorders
without abnormal findings		depression Z13.31
with abnormal findings	Z01.411	maternal depression Z13.32
code also the abnormal finding	code also	other mental health and behavioral disorders Z13.39
WCC without abnormal findings	Z00.129	
WCC with abnormal findings	Z00.121	Other Screening Studies
code also the abnormal finding	code also	Pregnancy test today - negative Z32.02
Newborn Ck, 1-7 days old (e.g., wt/color)	Z00.110	Positive results today Z32.01
if abnormalities, assign additional code(s)	code also	Results cannot be confirmed today Z32.00
Newborn Ck, 8-28 days old (e.g., wt/color)	Z00.111	Anemia (iron deficient) Z13.0
if abnormalities, assign additional code(s)	code also	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
		Immunization Dx's
		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

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 Dx's
One Dx code for any number of Immunizations.	Z23	
Underimmunized (as a diagnosis)	Z28.3	

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.

Other Screening Studies	
Pregnancy test today - negative	Z32.02
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
- American Academy of Pediatrics www.aap.org
- CPT 2022 Professional Edition www.ama-assn.org
- Principles of CPT Coding, 9th Edition www.ama-assn.org

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