ICD-10-CM Clinical Documentation Improvement Desk Reference

2013
First Edition
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ISBN 978-1-62254-063-1

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## Chapter 2: Neoplasms

### Translation Table

<table>
<thead>
<tr>
<th>ICD-9-CM Terminology</th>
<th>Category</th>
<th>ICD-10-CM Terminology</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant neoplasm of other specified sites (of site)</td>
<td>Various</td>
<td>Malignant neoplasm of overlapping sites (of site)</td>
<td>Various</td>
</tr>
<tr>
<td>Malignant neoplasm of liver primary</td>
<td>155</td>
<td>Liver cell carcinoma</td>
<td>C22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hepatoblastoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Angiosarcoma of liver</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other sarcoma of liver</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other specified carcinomas of liver</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Malignant neoplasm of liver, primary, unspecified as to type</td>
<td></td>
</tr>
<tr>
<td>Malignant neoplasm of (female) breast (anatomic site/quadrant)</td>
<td>174</td>
<td>Malignant neoplasm of (female) breast (anatomic site/quadrant): Laterality included:</td>
<td>C50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Right</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unspecified</td>
<td></td>
</tr>
<tr>
<td>Malignant neoplasm of (male) breast:</td>
<td>175</td>
<td>Malignant neoplasm of male breast (aligned with female anatomic site classifications and laterality:</td>
<td>C50</td>
</tr>
<tr>
<td>Nipple and areola</td>
<td></td>
<td>Central portion</td>
<td></td>
</tr>
<tr>
<td>Other &amp; unspecified sites</td>
<td></td>
<td>Quadrant</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Axillary tail</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Overlapping sites</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Right/Left/Unspecified</td>
<td></td>
</tr>
<tr>
<td>Other malignant neoplasm of unspecified site</td>
<td>199</td>
<td>Mesothelioma, unspecified</td>
<td>C45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Malignant(primary) neoplasm, unspecified</td>
<td>C80</td>
</tr>
<tr>
<td>Reticulosarcoma</td>
<td>200</td>
<td>Diffuse large B-cell lymphoma</td>
<td>C83</td>
</tr>
<tr>
<td>Lymphosarcoma</td>
<td>200</td>
<td>Lymphoblastic lymphoma</td>
<td>C83</td>
</tr>
<tr>
<td>Marginal zone lymphoma</td>
<td>200</td>
<td>Other non-follicular lymphoma</td>
<td>C83</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extranodal marginal zone B-cell lymphoma of mucosa associated lymphatic tissue</td>
<td>C88</td>
</tr>
<tr>
<td>Hodgkin’s disease:</td>
<td>201</td>
<td>Hodgkin lymphoma:</td>
<td>C81</td>
</tr>
<tr>
<td>Lymphocytic</td>
<td></td>
<td>Nodular lymphocyte predominant</td>
<td></td>
</tr>
<tr>
<td>Lymphocytic-histocytic</td>
<td></td>
<td>Nodular sclerosis</td>
<td></td>
</tr>
<tr>
<td>Mixed cellularity</td>
<td></td>
<td>Mixed cellularity</td>
<td></td>
</tr>
<tr>
<td>Nodular sclerosis</td>
<td></td>
<td>Mixed cellularity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lymphocyte-depleted</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lymphocyte-rich</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other/unspecified</td>
<td></td>
</tr>
<tr>
<td>Nodular lymphoma</td>
<td>202</td>
<td>Follicular lymphoma (specify grade/site)</td>
<td>C82</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cutaneous follicle center lymphoma (specify grade/site)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other/unspecified follicular lymphoma</td>
<td></td>
</tr>
</tbody>
</table>
Note: There is a great deal more granularity and detail in the chapter for neoplasms in ICD-10-CM. Much of the detail is related to code differentiation based on sex, laterality, and site-specific body part designations. In addition, each category also includes a code for malignant neoplasm of overlapping sites, ensuring more accurate classification of that particular type of neoplasm.

<table>
<thead>
<tr>
<th>ICD-9-CM Terminology</th>
<th>Category</th>
<th>ICD-10-CM Terminology</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant histiocytosis</td>
<td>202</td>
<td>Histocytic sarcoma</td>
<td>C96</td>
</tr>
<tr>
<td>Leukemic reticuloendotheliosis</td>
<td>202</td>
<td>Hairy cell leukemia</td>
<td>C91</td>
</tr>
<tr>
<td>Letterer-Siwe disease</td>
<td>202</td>
<td>Malignant mast cell tumor</td>
<td>C96</td>
</tr>
<tr>
<td>Low grade myelodysplastic syndrome lesions</td>
<td>238</td>
<td>Refractory anemia (by type):</td>
<td>D46</td>
</tr>
<tr>
<td></td>
<td></td>
<td>w/ or w/o ring sideroblasts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>w/ excess of blasts (1/unspecified)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refractory cytopenia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>w/multilineage dysplasia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refractory w/ multilineage dysplasia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>and ring sideroblasts</td>
<td></td>
</tr>
</tbody>
</table>
## Malignant Neoplasm of Liver and Intrahepatic Bile Ducts

### Code Axes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C22.0</td>
<td>Liver cell carcinoma</td>
</tr>
<tr>
<td>C22.1</td>
<td>Intrahepatic bile duct carcinoma</td>
</tr>
<tr>
<td>C22.2</td>
<td>Hepatoblastoma</td>
</tr>
<tr>
<td>C22.3</td>
<td>Angiosarcoma of liver</td>
</tr>
<tr>
<td>C22.4</td>
<td>Other sarcomas of liver</td>
</tr>
<tr>
<td>C22.7</td>
<td>Other specified carcinomas of liver</td>
</tr>
<tr>
<td>C22.8</td>
<td>Malignant neoplasm of liver, primary, unspecified as to type</td>
</tr>
<tr>
<td>C22.9</td>
<td>Malignant neoplasm of liver, not specified as primary or secondary</td>
</tr>
</tbody>
</table>

### Translation

#### Liver cell carcinoma (C22.0)

**Clinical TIP**

Liver cell carcinoma is a primary tumor and is the most common type of malignancy involving the liver. There are two main causes: one is due to a viral hepatitis B or C infection, and the other is due to hepatic cirrhosis, most commonly caused by alcoholism. The tumor involves the hepatocyte cells, which comprise approximately 80 percent of the liver. Prognosis is typically poor with this type of malignancy.

**Key Terms**

Key terms found in the documentation for liver cell carcinoma may include:

- Hepatocellular carcinoma
- Hepatoma
- Malignant hepatoma
- Primary liver carcinoma
- Primary liver cell carcinoma
- HCC

**Hospital Note**

All codes in the category for malignant neoplasm of liver and intrahepatic bile ducts are designated as complication/comorbidity (CC) conditions, reflecting a high severity level.
**Physician Note**
Because there appears to be a direct correlation to the increased incidence of HCC and alcohol abuse, alcohol dependence, hepatitis B and hepatitis C these conditions should be documented when present and reported separately using the appropriate code.

**Intrahepatic bile duct carcinoma (C22.1)**

**Clinical Tip**
A malignancy that invades bile ducts within the liver is called an intrahepatic bile duct carcinoma; only about 10 percent of all bile duct carcinomas are intrahepatic. Prognosis depends on location of the tumor and the extent of spread, or stage.

**Key Terms**
Key terms found in the documentation for intrahepatic bile duct carcinoma may include:
- Cholangiocarcinoma
- Intracholangiocarcinoma
- Adenocarcinoma of intrahepatic bile duct

**Hospital Note**
All codes in the category for malignant neoplasm of liver and intrahepatic bile ducts are designated as complication/comorbidity (CC) conditions, reflecting a high severity level.

**Physician Note**
Careful review of the medical record documentation is required to prevent incorrect classification. When documentation indicates terms such as extrahepatic or hepatic duct, the condition is more than likely classified elsewhere.

**Hepatoblastoma (C22.2)**

**Clinical Tip**
Hepatoblastoma is a rare liver malignancy that typically affects infants and small children, usually no more than three years of age. The tumor originates from immature liver precursor cells, most often involving the right liver lobe. Several genetic conditions can increase a patient's risk for developing hepatoblastoma, including Beckwith-Wiedemann syndrome, hemihypertrophy, and familial adenomatous polyposis.

**Hospital Note**
All codes in the category for malignant neoplasm of liver and intrahepatic bile ducts are designated as complication/comorbidity (CC) conditions, reflecting a high severity level.

---

**I-10 ALERT**
Do not confuse intrahepatic and extrahepatic bile duct malignancies; the latter is indexed to code C24.0 and includes those neoplasms in other biliary ducts, the common bile duct, cystic duct, or hepatic duct.

**I-10 ALERT**
In ICD-9-CM, both hepatocellular (liver cell) carcinomas and hepatoblastomas were indexed and classified to the same code (155.0). In ICD-10-CM, they each have a separate subclassification: C22.0 for liver cell carcinoma and C22.2 for hepatoblastoma. This should be kept in mind when using mapping processes and reviewing longitudinal clinical data.
Angiosarcoma of liver (C22.3)

Clinical Tip
A liver angiosarcoma is a tumor that arises from the endothelial cells that line the walls of the blood vessels. The portal vein or central and sublobular veins are often involved. The causes of angiosarcoma include toxic exposure to thorium dioxide (Thorotrast), vinyl chloride and arsenic, which may have occurred thirty or more years previously.

Key Terms
Key terms found in the documentation for angiosarcoma of liver may include:
- Kupffer cell sarcoma
- Hemangioendothelioma
- Hepatic angiosarcoma

Hospital Note
All codes in the category for malignant neoplasm of liver and intrahepatic bile ducts are designated as complication/comorbidity (CC) conditions, reflecting a high severity level.

Other sarcomas of liver (C22.4)

Clinical Tip
Besides angiosarcoma of the liver (classified above), there are several other forms of liver sarcomas, which include those listed below. Symptoms, treatment, and prognosis depend upon the stage and progression of the tumor at the time of diagnosis.

Key Terms
Key terms found in the documentation for other sarcomas of liver may include:
- Malignant histiocytoma
- Undifferentiated liver sarcoma
- Undifferentiated embryonal sarcoma of the liver
- Primary hepatic sarcoma
- Leiomyosarcoma
- Epithelioid hemangioendothelioma
- Fibrosarcoma
- Malignant fibrous histiocytoma

Hospital Note
All codes in the category for malignant neoplasm of liver and intrahepatic bile ducts are designated as complication/comorbidity (CC) conditions, reflecting a high severity level.
Malignant neoplasm of liver, primary, unspecified as to type (C22.8) and Malignant neoplasm of liver, not specified as primary or secondary (C22.9)

**Clinical Tip**
Secondary liver carcinoma has metastasized from another primary cancer, such as that of the colon, breast, pancreas, stomach, or lung. It occurs much more frequently than primary liver carcinoma. Primary liver cancer (hepatocellular carcinoma) tends to occur in livers damaged by alcoholic cirrhosis, birth defects, or chronic infection with diseases such as hepatitis B and C, or hemochromatosis.

**Hospital Note**
All codes in the category for malignant neoplasm of liver and intrahepatic bile ducts are designated as complication/comorbidity (CC) conditions, reflecting a high severity level.

Symbols

I-10 ALERT
Codes C22.8 and C22.9 represent residual subcategories for liver tumors that are not well defined. If the malignancy is documented as primary but no type is specified, code C22.8 should be reported. If no indication of primary or secondary tumor is documented, code C22.9 must be reported, although it is preferable that the attending physician be queried as to specific type.