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Chapter 2: Neoplasms

Mapping Tables

**Malignant Neoplasm of Liver and Intrahepatic Bile Ducts**

<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 liver primary</td>
<td>155</td>
<td>Malignant neoplasm of liver primary</td>
<td>C22</td>
</tr>
<tr>
<td>[Diagnoses specify type:] Liver cell carcinoma Hepatoblastoma Angiosarcoma of liver Other sarcoma of liver Other specified carcinomas of liver Malignant neoplasm of liver, primary, unspecified as to type</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Malignant Neoplasm of Breast**

<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 (female) breast (anatomic site/quadrant)</td>
<td>174</td>
<td>Malignant neoplasm of (female) breast (anatomic site/quadrant): Laterality included: Right Left Unspecified</td>
<td>C50</td>
</tr>
<tr>
<td>Malignant neoplasm of (male) breast: Nipple and areola Other &amp; unspecified sites</td>
<td>175</td>
<td>Malignant neoplasm of male breast (aligned with female anatomic site classifications and laterality: Central portion Quadrant Axillary tail Overlapping sites Right/Left/Unspecified</td>
<td>C50</td>
</tr>
<tr>
<td>Carcinoma in situ of breast</td>
<td>233</td>
<td>Carcinoma in situ of breast</td>
<td>D05</td>
</tr>
</tbody>
</table>

**Malignant Neoplasm of Unspecified Site**

<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, primary, secondary, disseminated</td>
<td>199</td>
<td>Malignant neoplasm, primary, secondary, disseminated</td>
<td>C79, C80</td>
</tr>
<tr>
<td>Carcinoma in situ, unspecified</td>
<td>234</td>
<td>Carcinoma in situ, unspecified</td>
<td>D09</td>
</tr>
<tr>
<td>Other malignant neoplasm of unspecified site</td>
<td>199</td>
<td>Malignant (primary) neoplasm, unspecified</td>
<td>C80</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.
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.

Cholangiocarcinoma with hepatocellular carcinoma, combined, is found in code C22.0. Liver cholangiocarcinoma is found in code C22.1.

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

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

**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.

**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

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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 histiocyto

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 (C78.7) 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.
Malignant Neoplasm of Breast

Note: Each of the subcategories listed below for malignant neoplasm of breast are subdivided based on the following components: sex (female versus male), and laterality (right, left, unspecified).

Code Axes

Malignant neoplasm of nipple and areola (C50.0--)
Malignant neoplasm of central portion of breast (C50.1--)
Malignant neoplasm of upper-inner quadrant of breast (C50.2--)
Malignant neoplasm of lower-inner quadrant of breast (C50.3--)
Malignant neoplasm of upper-outer quadrant of breast (C50.4--)
Malignant neoplasm of lower-outer quadrant of breast (C50.5--)
Malignant neoplasm of axillary tail of breast (C50.6--)
Malignant neoplasm of overlapping sites of breast (C50.8--)
Malignant neoplasm of unspecified site of breast (C50.9--)
Lobular carcinoma in situ of breast (D05.0--)
Intraductal carcinoma in situ of breast (D05.1--)
Other specified type of carcinoma in situ of breast (D05.8--)
Unspecified type of carcinoma in situ of breast (D05.9--)

Key Terms

Key terms found in the documentation for malignant neoplasm of the breast may include:

- Invasive ductal carcinoma (IDC) of breast
- Tubular carcinoma of breast
- Medullary carcinoma of breast
- Mucinous carcinoma of breast
- Colloid carcinoma of breast
- Invasive papillary carcinoma of the breast
- Invasive cribriform carcinoma of the breast
- Invasive lobular carcinoma of the breast
- Infiltrating lobular carcinoma of the breast
- Inflammatory breast cancer (IBC)
- Paget’s disease of the breast
- Paget’s disease of the nipple
- Malignant phyllodes tumors of the breast
- Triple Negative Breast Cancer

The number of specific codes for malignant neoplasm of breast has increased from 11 in ICD-9-CM to 54 in ICD-10-CM. These codes include sex and laterality indicators and also more specific and all-inclusive body sites. An additional code should be assigned for estrogen receptor status, if available. In addition, there are 12 codes related to carcinoma in situ of breast, still considered to be a malignancy, but the tumor cells are noninvasive and have not spread to any surrounding tissue at the time of diagnosis.

Documentation of risk factors should be included in the current record.

- Family history of breast history
- Estrogen receptor status
- Genetic susceptibility to malignant neoplasm of breast (BRCA1, BRCA2)
- Personal history of breast cancer
- Personal history of postmenopausal hormone replacement status
- Personal history of radiation therapy
- Postmenopausal status
- Obesity
Key terms found in the documentation for carcinoma in situ of the breast may include:

- Lobular carcinoma in situ (LCIS)
- Ductal carcinoma in situ (DCIS)

**Hospital Note**

In the subcategories for neoplasms of the breast, there are no codes that are designated as complication/comorbidities (CC/MCC) conditions. Ensure that all related conditions are coded appropriately, particularly if metastatic carcinoma of the breast is documented and refers to a malignancy that metastasized from another primary tumor; refer to code C79.81 Secondary malignant neoplasm of breast, which is a CC condition.

**Physician Note**

Prior authorization of treatment is often dependent upon the type of carcinoma, therefore, careful attention to the medical record documentation including pathology reports is crucial.

The provider is responsible for confirming the findings of pathology and radiology reports within their documentation for inpatient records.

The provider should document admissions for screening mammogram or routine mammogram, including risk factors for the patient. If the patient is having a mammogram due to symptoms, report the symptoms as the reason for the encounter.
Malignant Neoplasm of Unspecified Site

Code Axes

Secondary malignant neoplasm of unspecified site (C79.9)
Disseminated malignant neoplasm, unspecified (C80.0)
Malignant (primary) neoplasm, unspecified (C80.1)
Carcinoma in situ, unspecified (D09.9)

Secondary malignant neoplasm of unspecified site (C79.9)

Clinical Tip
This condition may be documented as metastatic cancer or metastatic disease, with no further specification. The diagnosis refers to the site to which the primary tumor has spread. In most cases, the site of metastasis should be known, particularly if treatment has been provided. The most common sites of cancer metastasis are the lungs, bones, and liver. Metastatic cancer cells have the same attributes and are similar, if not identical, to the cancer cells of the primary tumor, regardless of differing body sites. If a primary site is not found, clinicians know by the cell type that the tumor is metastatic.

Key Terms
Key terms found in the documentation for secondary malignant neoplasm of unspecified site may include:

Metastatic cancer
Metastatic disease

Physician Note
Ensure that all related conditions are coded, particularly neoplasms of other site or pathological fracture.

Disseminated malignant neoplasm, unspecified (C80.0)

Clinical Tip
A disseminated malignant neoplasm is defined as one that has widely metastasized and has spread throughout the body. Besides local invasion, whereby the tumor infiltrates and destroys tissues surrounding the original site, there are other ways that a tumor can metastasize:

Lymphangitic system or lymph nodes;
Hematogenous: through the blood vessels;
Direct seeding: such as spread to the peritoneum from other abdominal sources.
Key Terms
Key terms found in the documentation for disseminated malignant neoplasm may include:

- Carcinomatosis
- Generalized cancer, unspecified site
- Generalized malignancy, unspecified site

Physician Note
Ensure that all related conditions are coded, particularly neoplasms of other sites or pathological fracture.

Malignant (primary) neoplasm, unspecified (C80.1)

Clinical Tip
If a patient is diagnosed with metastatic neoplasm and the primary site cannot be determined due to cancer cells too small to be detected or to regression of the disease, the patient is said to have a cancer of unknown primary origin (CUPO).

Key Terms
Key terms found in the documentation for malignant (primary) neoplasm, unspecified may include:

- Cancer NOS
- Cancer unspecified site (primary)
- Carcinoma unspecified site (primary)
- Malignancy unspecified site (primary)

Hospital Note
The code for malignant (primary) neoplasm, unspecified is not designated as a complication/comorbidity (MCC/CC) condition.

Physician Note
Ensure that all related conditions are coded, particularly neoplasms of other sites or pathological fracture.

Carcinoma in situ, unspecified (D09.9)

Clinical Tip
Carcinoma in-situ (CIS) cells do not penetrate the tissue barriers around them and are not considered invasive. Although CIS cells are growing in the characteristic disorganized way that identifies the tumor as a cancer, they do not have the ability to metastasize or have not gained access to the blood or lymph stream to spread to other parts of the body. Although not immediately life threatening, CIS cases should be treated (typically via surgical removal) because they can transform into invasive malignant tumors if left untreated.
Key Terms
Key terms found in the documentation for carcinoma in situ, unspecified may include:

- Bowen's disease
- Erythroplasia
- Grade III intraepithelial neoplasia
- Queyrat's erythroplasia

Hospital Note
The code for carcinoma in situ, unspecified is not designated as a complication/comorbidity (MCC/CC) condition.

Physician Note
Review the clinical documentation to ensure that all related conditions are coded, particularly neoplasms of other sites or pathological fracture.

Clinical Tip
Pulmonary lymphangitic spread refers to the small lymph vessels within the lungs and does not mean lymph node metastasis. When documented, it would be reported as metastasis to the lung (C78.0-).