ICD-10-CM Preview

Chapter 2: Neoplasms
Category: C00–D49
Official Coding Guidelines: Section 1.C.2, p. 22

Chapter 2: Neoplasms (C00–D49)

- C00–C75 Malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, hematopoietic and related tissue
- C00–C14 Lip, oral cavity and pharynx
- C15–C26 Digestive organs
- C30–C39 Respiratory and intrathoracic organs
- C40–C41 Bone and articular cartilage
- C43–C44 Skin
- C45–C49 Mesothelial and soft tissue
Chapter 2: Neoplasms

- C50  Breast
- C51–C58  Female genital organs
- C60–C63  Male genital organs
- C64–C68  Urinary tract
- C69–C72  Eye, brain and other parts of central nervous system
- C73–C75  Thyroid and other endocrine glands

- C43–C44  Skin
- C76–C80  Malignant neoplasms of ill-defined, secondary and unspecified sites
- C81–C96  Malignant neoplasms of lymphoid, hematopoietic & related tissue
- D00–D09  In situ neoplasms
- D10–D36  Benign neoplasms
- D37–D48  Neoplasms of uncertain behavior
- D49  Neoplasms of unspecified behavior
Changes

- A number of block and category title changes were made in chapter 2 of ICD-10-CM, for example
- Added, deleted, combined, or moved to another section or chapter.
- Expanded and consolidated
  - C50, Malignant neoplasm of breast.
- C07 through C10 – Code also any
  - Exposure to environmental tobacco smoke (Z58.83)
  - Exposure to tobacco smoke in the perinatal period (P96.6)
  - Occupational exposure to environmental tobacco smoke (Z57.31)

Section 1.C.2 Chapter 2 Neoplasms Coding Guidelines

- General Guidelines
  - A. Treatment directed at the malignancy
  - B. Treatment of secondary site
  - C. Coding and sequencing of complications
    1. Anemia associated with malignancy
    2. Anemia associated with chemotherapy, immunotherapy, and radiation therapy
    3. Management of dehydration due to malignancy
    4. Treatment of a complication resulting from a surgical procedure
  - D. Primary malignancy previously resected.
Section 1.C.2 Chapter 2 Neoplasms Coding Guidelines

- E. Admissions/Encounters involving chemotherapy, immunotherapy, and radiation therapy
  1. Episode of care involves surgical removal of neoplasm
  2. Patient admission/encounter solely for administration of chem0-, immuno- and radiation therapy
  3. Patient admitted for radiation, chemo- or immunotherapy and develops complications
- Admission/encounter to determine extent of malignancy

- G. Symptoms, signs, & abnormal findings listed in Chapter 18 associated with neoplasms
- H. Admission/encounter for pain control/management
- I. Malignancy in two or more noncontiguous sites
- J. Disseminated malignant neoplasm unspecified
- K. Malignant Neoplasm without specification of site
Section 1.C.2 Chapter 2 Neoplasms Coding Guidelines

L. Sequencing of neoplasm codes
   1. Encounter for treatment of primary malignancy
   2. Encounter for treatment of secondary malignancy
   3. Malignant neoplasm in a pregnant patient
   4. Encounter for complication associated with a neoplasm
      • Exception anemia
   5. Complication from surgical procedure for treatment of neoplasm
   6. Pathologic fracture due to a neoplasm

M. Current malignancy versus personal history of malignancy
   Leukemia in remission versus personal history of leukemia
   Aftercare following surgery for neoplasm
   Follow-up care for completed treatment of a malignancy
   Prophylactic organ removal for prevention of malignancy
   Malignant neoplasm associated with transplant complication (C80.2)
#1: Adenocarcinoma of prostate

- A 65 year-old male admitted through the ER with severe abdominal pain, nausea, vomiting, dysuria, and hematuria. The GI work-up reveals metastatic cancer to the sigmoid colon from the prostate. Due to the patient's state of health, the doctor decides to schedule a partial colectomy for a later date.
- Final diagnosis: Adenocarcinoma of the prostate with metastasis to the sigmoid colon
- Procedures: Robotic assisted radical prostatectomy with resection of right inguinal lymph nodes including surrounding tissue
- Codes:
Robotic Assisted Prostatectomy

Step 1: Procedure Index. Look up

Prostatectomy
- see Excision, Prostate 0VB0
- see Resection, Prostate 0VT0

0VT00ZZ

<table>
<thead>
<tr>
<th>Section</th>
<th>0 Medical and Surgical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body System</td>
<td>V Male Reproductive System</td>
</tr>
<tr>
<td>Operation</td>
<td>T Resection: Cutting out or off, without replacement, all of a body part</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td></td>
<td>4 Percutaneous Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Via Natural or Artificial Opening</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 Via Natural or Artificial Opening Endoscopic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Robotic Assistance

Robotic Assisted Procedure
- Extremity 8EOY
- Upper 8E0X
- Head and Neck Region 8E09
- Trunk Region 8E0W
- Other 8EOH

<table>
<thead>
<tr>
<th>Section</th>
<th>8 Other Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body System</td>
<td>E Physiological Systems and Anatomical Regions</td>
</tr>
<tr>
<td>Operation</td>
<td>0 Other Procedures: Methodologies which attempt to remediate or cure a disorder or disease</td>
</tr>
</tbody>
</table>
### Chapter 2 Neoplasms C00-D49

#### Section 8 Other Procedures

<table>
<thead>
<tr>
<th>Body Region</th>
<th>Approach</th>
<th>Method</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous System</td>
<td>X External</td>
<td>Y Other Method</td>
<td>7 Examination</td>
</tr>
<tr>
<td>Female Reproductive System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circulatory System</td>
<td>3 Percutaneous</td>
<td>D Near Infrared Spectroscopy</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>Head and Neck Region</td>
<td>0 Open</td>
<td>C Robotic Assisted Procedure</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>Trunk Region</td>
<td>3 Percutaneous</td>
<td>7 Via Natural or Artificial Opening</td>
<td></td>
</tr>
<tr>
<td>Head and Neck Region</td>
<td>4 Percutaneous Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trunk Region</td>
<td>7 Via Natural or Artificial Opening</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Resection R. Inguinal lymph node

- **Lymphadenectomy**
  - see Excision, Lymphatic and Hemic Systems 07B
  - see Resection, Lymphatic and Hemic Systems 07T

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphatic, Head</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Right Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Left Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Right Upper Extremity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Left Upper Extremity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Right Axillary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Left Axillary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Thorax</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Internal Mammary, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Internal Mammary, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Mesenteric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Pelvis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Aortic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Right Lower Extremity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic, Left Lower Extremity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H Lymphatic, Right Inguinal</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>J Lymphatic, Left Inguinal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Thoracic Aorta</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I Cisterna Chyli</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M Thymus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P Spleen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 8 of 22
#2. 7 Adenocarcinoma of breast

- The patient is a 56 year-old, Hispanic woman who has had history of breast cancer times two in her right breast. She recently found a palpable mass in his lower right breast superior to the previous lumpectomy site. She states this mass is not tender and it is relatively immobile. She has only recently noticed it over the past week, but thinks that it may even be changing in size since noticing it. Post biopsy and pathology report, it was determined to be a recurring primary malignancy.
- PMH: ER negative (ER−)
- Final diagnosis: Right breast adenocarcinoma
- Procedures: Incisional right lower lumpectomy with axillary sentinel lymph node dissection for biopsy.

ICD-10-CM Diagnoses
1. C50911 Malignant neoplasm of unspecified site of right female breast
2. Z171 Estrogen receptor negative status [ER-]
3. Z85.3 Personal History of Malignant Neoplasm of Breast

ICD-10-PCS Procedures
1. 0HBT02Z Excision of right breast, open approach
2. 07B50ZX Excision of right axillary lymphatic, open approach, diagnostic
Estrogen Receptor Negative

- ER− Index Term
- Status
  --estrogen receptor
  -----negative Z17.0
- History of Breast Cancer
  ◦ History, personal, malignant neoplasm, breast

Procedure:
  ◦ Difference between excision & resection

Incisional R. lower lumpectomy

- Step 1. Look up in Procedure Index
- Lumpectomy:
  --See Excision
  --See Resection
- Excision:
  --Breast
  -----Bilateral
  -----Left
  -----Right [0HBT]
  -----Supernumerary
Admission for Antineoplastic chemotherapy following right oophorectomy on previous admission for carcinoma of the right ovary.

Insertion of vascular access device into the subclavian vein for chemotherapy (not immunotherapy); initial course of chemotherapy infused.

What is PDX?
What is/are secondary diagnosis?
What are procedure codes?

Z51.11, C56.0, Z90.721
Vascular Access Device: See Insertion
Chemotherapy, Infusion for cancer see Introduction
Insertion of VAD into Subclavian Artery
The 55 year-old male patient was previously diagnosed with colon cancer and presents to the ER with fainting and syncope. Patient is given IV solu-medrol, but after repeated blood pressure readings that were orthostatic despite fluid boluses and hemoglobin of 8.4, the patient was admitted with iron deficiency anemia. Work-up reveals anemia due to colon cancer. Patient was transfused with 3 units of packed red blood cells (PRBC).

Final diagnosis: Blood loss anemia due to malignant colon cancer

Procedures performed: 8 units of PRBCs, IV administration
**Chapter 2 Neoplasms C00-D49**

**Cypress College Webinar Series 14**

**Page 14 of 22**

### ICD-10-CM Diagnoses
1. C189  Malignant neoplasm of colon, unspecified
2. D630  Anemia in neoplastic disease

### ICD-10-CM Morphology Codes
1. M8000/3  Neoplasm, malignant

### ICD-10-PCS Procedures
1. 30233N1  Transfusion of nonautologous red blood cells into peripheral vein, percutaneous approach

---

### PRBCs in Vein: 30233N1

<table>
<thead>
<tr>
<th>Section</th>
<th>Body System</th>
<th>Operation</th>
<th>Administration</th>
<th>Approach</th>
<th>Substance</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Peripheral Vein</td>
<td>0 Open</td>
<td>Blood Products</td>
<td>Open</td>
<td>A Stem Cells, Embryonic</td>
<td>2 No Qualifier</td>
</tr>
</tbody>
</table>

- G Bone Marrow
- H Whole Blood
- J Serum Albumin
- K Frozen Plasma
- L Fresh Plasma
- M Plasma Cryoprecipitate
- N Red Blood Cells
- P Frozen Red Cells
- Q White Cells
- R Platelets
- S Globulin
- T Fibrinogen
- V Antithrombin Factors
- W Factor IX
- X Stem Cells, Cord Blood
- Y Stem Cells, Hematopoietic

---

**Back to Top**
2. Chapter 2: Neoplasms (C00-D49)

General guidelines
Chapter 2 of the ICD-10-CM contains the codes for most benign and all malignant neoplasms. Certain benign neoplasms, such as prostatic adenomas, may be found in the specific body system chapters. To properly code a neoplasm it is necessary to determine from the record if the neoplasm is benign, in-situ, malignant, or of uncertain histologic behavior. If malignant, any secondary (metastatic) sites should also be determined.

The neoplasm table in the Alphabetic Index should be referenced first. However, if the histological term is documented, that term should be referenced first, rather than going immediately to the Neoplasm Table, in order to determine which column in the Neoplasm Table is appropriate. For example, if the documentation indicates “adenoma,” refer to the term in the Alphabetic Index to review the entries under this term and the instructional note to “see also neoplasm, by site, benign.” The table provides the proper code based on the type of neoplasm and the site. It is important to select the proper column in the table that corresponds to the type of neoplasm. The Tabular should then be referenced to verify that the correct code has been selected from the table and that a more specific site code does not exist.

See Section I.C.21. Factors influencing health status and contact with health services, Status, for information regarding Z15.0, codes for genetic susceptibility to cancer.

a. Treatment directed at the malignancy
If the treatment is directed at the malignancy, designate the malignancy as the principal diagnosis.

The only exception to this guideline is if a patient admission/encounter is solely for the administration of chemotherapy, immunotherapy or radiation therapy, assign the appropriate Z51.-- code as the first-listed or principal diagnosis, and the diagnosis or problem for which the service is being performed as a secondary diagnosis.

b. Treatment of secondary site
When a patient is admitted because of a primary neoplasm with metastasis and treatment is directed toward the secondary site only, the secondary neoplasm is designated as the principal diagnosis even though the primary malignancy is still present.

c. Coding and sequencing of complications
Coding and sequencing of complications associated with the malignancies or with the therapy thereof are subject to the following guidelines:
1) Anemia associated with malignancy
When admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by code D63.0, Anemia in neoplastic disease).

2) Anemia associated with chemotherapy, immunotherapy and radiation therapy
When the admission/encounter is for management of an anemia associated with an adverse effect of chemotherapy, immunotherapy or radiotherapy and the only treatment is for the anemia, the appropriate adverse effect code should be sequenced first, followed by the appropriate codes for the anemia and neoplasm.

3) Management of dehydration due to the malignancy
When the admission/encounter is for management of dehydration due to the malignancy or the therapy, or a combination of both, and only the dehydration is being treated (intravenous rehydration), the dehydration is sequenced first, followed by the code(s) for the malignancy.

4) Treatment of a complication resulting from a surgical procedure
When the admission/encounter is for treatment of a complication resulting from a surgical procedure, designate the complication as the principal or first-listed diagnosis if treatment is directed at resolving the complication.

d. Primary malignancy previously excised
When a primary malignancy has been previously excised or eradicated from its site and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy, a code from category Z85, Personal history of primary and secondary malignant neoplasm, should be used to indicate the former site of the malignancy. Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site. The secondary site may be the principal or first-listed with the Z85 code used as a secondary code.
e. Admissions/Encounters involving chemotherapy, immunotherapy and radiation therapy

1) Episode of care involves surgical removal of neoplasm
When an episode of care involves the surgical removal of a neoplasm, primary or secondary site, followed by adjunct chemotherapy or radiation treatment during the same episode of care, the neoplasm code should be assigned as principal or first-listed diagnosis, using codes in the C00-D49 series or where appropriate in the C83-C90 series.

2) Patient admission/encounter solely for administration of chemotherapy, immunotherapy and radiation therapy
If a patient admission/encounter is solely for the administration of chemotherapy, immunotherapy or radiation therapy assign code Z51.0, Encounter for antineoplastic radiation therapy, or Z51.11, Encounter for antineoplastic chemotherapy, or Z51.12, Encounter for antineoplastic immunotherapy as the first-listed or principal diagnosis. If a patient receives more than one of these therapies during the same admission more than one of these codes may be assigned, in any sequence.

The malignancy for which the therapy is being administered should be assigned as a secondary diagnosis.

3) Patient admitted for radiation therapy, chemotherapy or immunotherapy and develops complications
When a patient is admitted for the purpose of radiotherapy, immunotherapy or chemotherapy and develops complications such as uncontrolled nausea and vomiting or dehydration, the principal or first-listed diagnosis is Z51.0, Encounter for antineoplastic radiation therapy, or Z51.11, Encounter for antineoplastic chemotherapy, or Z51.12, Encounter for antineoplastic immunotherapy followed by any codes for the complications.

f. Admission/encounter to determine extent of malignancy
When the reason for admission/encounter is to determine the extent of the malignancy, or for a procedure such as paracentesis or thoracentesis, the primary malignancy or appropriate metastatic site is designated as the principal or first-listed diagnosis, even though chemotherapy or radiotherapy is administered.
g. Symptoms, signs, and abnormal findings listed in Chapter 18 associated with neoplasms
Symptoms, signs, and ill-defined conditions listed in Chapter 18 characteristic of, or associated with, an existing primary or secondary site malignancy cannot be used to replace the malignancy as principal or first-listed diagnosis, regardless of the number of admissions or encounters for treatment and care of the neoplasm.
See section I.C.21. Factors influencing health status and contact with health services, Encounter for prophylactic organ removal.

h. Admission/encounter for pain control/management
See Section I.C.6. for information on coding admission/encounter for pain control/management.

i. Malignancy in two or more noncontiguous sites
A patient may have more than one malignant tumor in the same organ. These tumors may represent different primaries or metastatic disease, depending on the site. Should the documentation be unclear, the provider should be queried as to the status of each tumor so that the correct codes can be assigned.

j. Disseminated malignant neoplasm, unspecified
Code C80.0, Disseminated malignant neoplasm, unspecified, is for use only in those cases where the patient has advanced metastatic disease and no known primary or secondary sites are specified. It should not be used in place of assigning codes for the primary site and all known secondary sites.

k. Malignant neoplasm without specification of site
Code C80.1, Malignant neoplasm, unspecified, equates to Cancer, unspecified. This code should only be used when no determination can be made as to the primary site of a malignancy. This code should rarely be used in the inpatient setting.

l. Sequencing of neoplasm codes
1) Encounter for treatment of primary malignancy
If the reason for the encounter is for treatment of a primary malignancy, assign the malignancy as the principal/first listed diagnosis. The primary site is to be sequenced first, followed by any metastatic sites.

2) Encounter for treatment of secondary malignancy
When an encounter is for a primary malignancy with metastasis and treatment is directed toward the metastatic
(secondary) site(s) only, the metastatic site(s) is designated as the principal/first listed diagnosis. The primary malignancy is coded as an additional code.

3) **Malignant neoplasm in a pregnant patient**

   Codes from chapter 15, Pregnancy, childbirth, and the puerperium, are always sequenced first on a medical record. A code from subcategory O94.1-, Malignant neoplasm complicating pregnancy, childbirth, and the puerperium, should be used first, followed by the appropriate code from Chapter 2 to indicate the type of neoplasm.

4) **Encounter for complication associated with a neoplasm**

   When an encounter is for management of a complication associated with a neoplasm, such as dehydration, and the treatment is only for the complication, the complication is coded first, followed by the appropriate code(s) for the neoplasm.

   **The exception to this guideline is anemia. When the admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by code D63.0, Anemia in neoplastic disease.**

5) **Complication from surgical procedure for treatment of a neoplasm**

   When an encounter is for treatment of a complication resulting from a surgical procedure performed for the treatment of the neoplasm, designate the complication as the principal/first listed diagnosis. See guideline regarding the coding of a current malignancy versus personal history to determine if the code for the neoplasm should also be assigned.

6) **Pathologic fracture due to a neoplasm**

   When an encounter is for a pathological fracture due to a neoplasm, if the focus of treatment is the fracture, a code from subcategory M84.5, Pathological fracture in neoplastic disease, should be sequenced first, followed by the code for the neoplasm.

   If the focus of treatment is the neoplasm with an associated pathological fracture, the neoplasm code should be sequenced
m. **Current malignancy versus personal history of malignancy**
   When a primary malignancy has been excised but further treatment, such as an additional surgery for the malignancy, radiation therapy or chemotherapy is directed to that site, the primary malignancy code should be used until treatment is completed.

   When a primary malignancy has been previously excised or eradicated from its site, there is no further treatment (of the malignancy) directed to that site, and there is no evidence of any existing primary malignancy, a code from category Z85, Personal history of primary and secondary malignant neoplasm, should be used to indicate the former site of the malignancy.

   See Section I.C.21. Factors influencing health status and contact with health services, History (of)

n. **Leukemia in remission versus personal history of leukemia**
   The categories for leukemia, and category C90, Multiple myeloma, have codes for in remission. There are also codes Z85.6, Personal history of leukemia, and Z85.79, Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues. If the documentation is unclear, as to whether the patient is in remission, the provider should be queried.

   See Section I.C.21. Factors influencing health status and contact with health services, History (of)

o. **Aftercare following surgery for neoplasm**
   See Section I.C.21. Factors influencing health status and contact with health services, Aftercare

p. **Follow-up care for completed treatment of a malignancy**
   See Section I.C.21. Factors influencing health status and contact with health services, Follow-up

q. **Prophylactic organ removal for prevention of malignancy**
   See Section I.C. 21, Factors influencing health status and contact with health services, Prophylactic organ removal
r. Malignant neoplasm associated with transplanted organ
A malignant neoplasm of a transplanted organ should be coded as a transplant complication. Assign first the appropriate code from category T86.-, Complications of transplanted organ, followed by code C80.2, Malignant neoplasm associated with transplanted organ. Use an additional code for the specific malignancy.

3. Chapter 3: Disease of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)

Reserved for future guideline expansion

4. Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)

a. Diabetes mellitus

The diabetes mellitus codes are combination codes that include the type of DM, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08 – E13 as needed to identify all of the associated conditions that the patient has.

1) Type of diabetes

The age of a patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason type 1 diabetes mellitus is also referred to as juvenile diabetes.

2) Type of diabetes mellitus not documented

If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

3) Diabetes mellitus and the use of insulin

If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11, Type 2 diabetes mellitus, should be assigned for type 2 patients who routinely use insulin, code Z79.4, Long-term (current) use of insulin, should also be assigned to indicate that the patient uses insulin. Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient’s blood sugar under control during an encounter.
pain. The provider’s documentation should be used to guide use of these codes.

5) Neoplasm Related Pain

Code G89.3 is assigned to pain documented as being related, associated or due to cancer, primary or secondary malignancy, or tumor. This code is assigned regardless of whether the pain is acute or chronic.

This code may be assigned as the principal or first-listed code when the stated reason for the admission/encounter is documented as pain control/pain management. The underlying neoplasm should be reported as an additional diagnosis.

When the reason for the admission/encounter is management of the neoplasm and the pain associated with the neoplasm is also documented, code G89.3 may be assigned as an additional diagnosis. It is not necessary to assign an additional code for the site of the pain.

*See Section I.C.2 for instructions on the sequencing of neoplasms for all other stated reasons for the admission/encounter (except for pain control/pain management).*

6) Chronic pain syndrome

Central pain syndrome (G89.0) and chronic pain syndrome (G89.4) are different than the term “chronic pain,” and therefore codes should only be used when the provider has specifically documented this condition.

*See Section I.C.5. Pain disorders related to psychological factors*

7. **Chapter 7: Diseases of Eye and Adnexa (H00-H59)**
   
   Reserved for future guideline expansion

8. **Chapter 8: Diseases of Ear and Mastoid Process (H60-H95)**
   
   Reserved for future guideline expansion