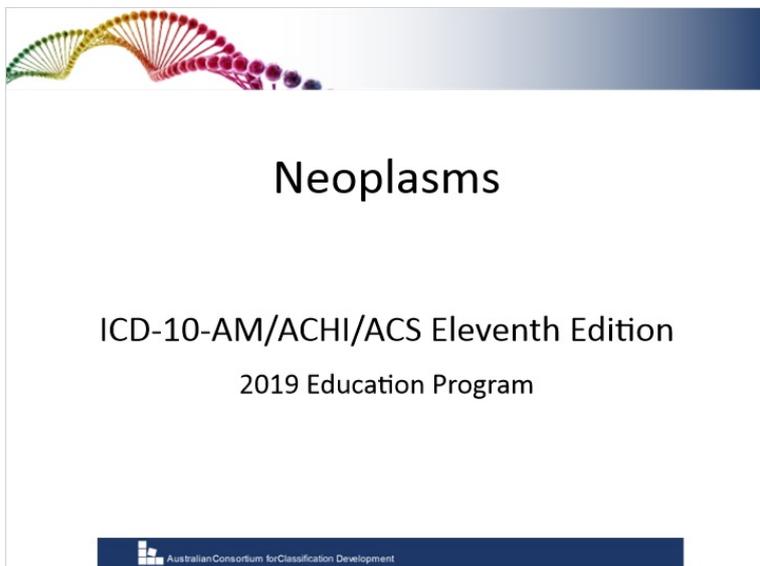


ICD-10-AM/ACHI/ACS
Eleventh Edition
EDUCATION PROGRAM 2019

 Australian Consortium for Classification Development



Neoplasms

ICD-10-AM/ACHI/ACS Eleventh Edition
2019 Education Program

 Australian Consortium for Classification Development



Neoplasms

Background

The changes to ICD-10-AM Chapter 2 *Neoplasms*, ACHI and the ACS have occurred as a result of public submissions and coding queries that were received.

- Advancements in delivery methods and products available for pharmacotherapy for multiple conditions have prompted some of these changes. This includes products such as Albumex, prothrombin X, and the administration of non blood product such as Haemaccel.
- ACCD also identified the need for a new ACHI code for the removal of a brachytherapy applicator of the prostate.
- The guidelines for oral/transmucosal pharmacotherapy for the treatment of malignant neoplasms, and antineoplastic pharmacotherapy in multi-day episodes of care were reviewed.



Neoplasms

Changes to: Australian Coding Standards



Neoplasms

The following Australian Coding Standards have been revised:

- ACS 0044 *Chemotherapy*
- ACS 0222 *Lymphoma*
- ACS 0229 *Radiotherapy*
- ACS 0233 *Morphology*
- ACS 0234 *Contiguous Sites*
- ACS 0236 *Neoplasm Coding and Sequencing*

The following Australian Coding Standard has been retired:

- ACS 0218 *Lymphangitis Carcinomatosa*



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Neoplasms

ACS 0044 *Chemotherapy*

- ACS title amended to *Pharmacotherapy*

- Code title changes

Z54.2 Convalescence following
pharmacotherapy
Convalescence following chemotherapy

Z92.6 Personal history of pharmacotherapy for
neoplastic disease

- Transmucosal and oral routes of administration has also been added to the ACS



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Neoplasms

Example 1:

A 31 year old lady presented with symptoms of abdominal pain and vomiting for one month along with a persistent dry cough and breathlessness.

High resolution CT revealed perionchovascular thickening of the subpleural interstitium with marked pleural effusion due to lymphangitis carcinomatosa associated with adenocarcinoma of unknown primary origin.



Neoplasms

Example 1 continued:

Assign:

- C78.0 *Secondary malignant neoplasm of lung*
- M8140/6 *Adenocarcinoma, metastatic NOS*
- C80.0 *Malignant neoplasm, primary site unknown, so stated*
- M8140/3 *Adenocarcinoma NOS*



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ACS 0234 Contiguous sites

ACS 0234 *Contiguous sites* has been amended to clarify that if a malignant neoplasm from a primary site spreads, this should be considered to be an expansion of the primary neoplasm and should not be classified as a separate primary or secondary neoplasm.





Neoplasms

Contiguous site of the Breast – Breast Quadrants

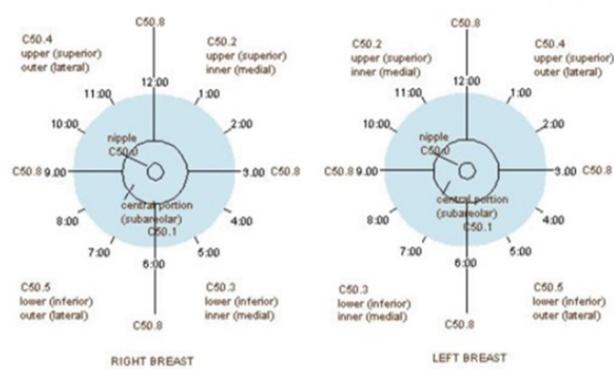


Image Source: SEER Training Website





Neoplasms

Example 2:

A patient is admitted for excision of lesion of right breast at 6 o'clock. The lesion was excised under GA. The histopathology report revealed papillary carcinoma of the breast.

Assign:

C50.8	<i>Overlapping lesion of breast</i>
M8050/3	<i>Papillary carcinoma, primary</i>
31500-00 [1744]	<i>Excision of lesion of breast</i>
92514-99 [1910]	<i>General anaesthesia ASA 99</i>



Neoplasms

ACS 0236 Neoplasm Coding and Sequencing

- 'malignancy' replaced with 'neoplasm'
- 'chemotherapy' replaced with 'pharmacotherapy'
- For metastases of primary neoplasm, assign a code for the metastatic site with appropriate morphology code, and a code for the primary neoplasm with its morphology
- Cross references added: ACS 0052 *Same-day endoscopy*, ACS 0237 *Recurrence of malignancy*, ACS 1204 *Plastic surgery* and ACS 2114 *Prophylactic surgery*
- The sequencing of primary and secondary neoplasm codes remain dependent on the treatment performed at each episode of care. Assign the principal diagnosis as per the criteria in ACS 0001 *Principal diagnosis*.



Neoplasms

Changes to ICD-10-AM

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Neoplasms

<p>ICD-10-AM Tabular List</p> <p>N90 Other noninflammatory disorders of vulva and perineum</p> <p><i>Excludes:</i> benign neoplasm of vulva (D28.0) carcinoma in situ of vulva (D07.1) current obstetric trauma (O70.-, O71.7-O71.8) inflammation of vulva (N76.-)</p> <p>N90.3 Dysplasia of vulva, unspecified Vulval intraepithelial neoplasia (VIN):</p> <ul style="list-style-type: none"> • pagetoid type • unclassified type <p><i>Use additional code (B97.7) to identify HPV (human papillomavirus), if applicable</i></p> <p><i>Excludes:</i> benign neoplasm of vulva (D28.0) carcinoma in situ of vulva (D07.1)</p>	<p>ICD-10-AM Alphabetic Index</p> <p>Dysplasia</p> <ul style="list-style-type: none"> - vulva NEC N90.3 - - mild (M8077/0) D28.0 - - moderate (M8077/2) D07.1 - - severe NEC (M8077/2) D07.1
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Neoplasms

Example 3:

A 23 year old female is admitted for biopsy of a suspicious lesion of vulva, under LA. Biopsy result reveals a high grade squamous (cell) intraepithelial lesion (HSIL), associated with Human Papillomavirus (HPV).

Assign:

D07.1 *Carcinoma in situ of vulva*
B97.7 *Papillomavirus as the cause of diseases classified to other chapters*
M8077/2 *Squamous intraepithelial neoplasia, high grade*
35615-00 [1291] *Biopsy of vulva*



Neoplasms

Atypical Small Acinar Proliferation (ASAP) of the prostate is now classified as D40.0 from lead term 'proliferation'

Proliferation of primary cutaneous CD30-positive T-cells (M9718/3) C86.6
[- atypical small acinar prostate \(ASAP\) \(M8550/1\) D40.0](#)
[- primary cutaneous CD30-positive T-cells \(M9718/3\) C86.6](#)



Neoplasms

Example 4:

64 year old male admitted for TRUS biopsy of the prostate, under sedation. Histopathology returned a result of “atypical small acinar proliferation”.

Assign:

D40.0	<i>Neoplasm of uncertain or unknown behaviour, prostate</i>
M8550/1	<i>Acinar cell tumour</i>
37218-00 [1163]	<i>Needle biopsy of prostate or seminal vesicle</i>
92515-99 [1910]	<i>Sedation, ASA 99</i>



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Changes to ACHI



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Neoplasms

Transarterial chemoembolisation (TACE)

TACE has been added to the Alphabetic Index.

Assign:

- 35321-05 [768] *Transcatheter embolisation of blood vessels, abdomen*
- 35317-02 [741] *Peripheral arterial or venous catheterisation with administration of other therapeutic agent*



Neoplasms

Example 5:

A 65 year old man was admitted for transarterial chemoembolisation (TACE) following diagnosis of a hepatocellular carcinoma. Therapeutic embolisation was performed with mixed lipiodol (20 mL) and doxorubicin (40 mg), followed by gelfoam pieces and cephalosporin at both hepatic arteries.

Assign Codes:

- C22.0 *Liver cell carcinoma*
M8170/3 *Hepatocellular carcinoma*
35321-05 [768] *Transcatheter embolisation of blood vessels, abdomen*
35317-02 [741] *Peripheral arterial or venous catheterisation with administration of other therapeutic agent*



Neoplasms

T-cell therapy
(also known as Chimeric Antigen Receptor (CAR) therapy)

Stage 1
For collection of T-cells via apheresis, assign:

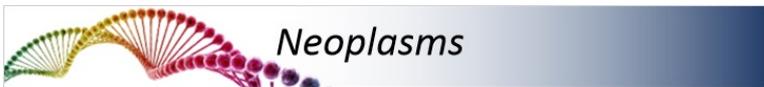
Apheresis

- therapeutic
- therapeutic leukopheresis 13750-01 [1892]

Stage 2
For infusion of the reengineered CAR T-cells (T-cell therapy), assign:

Administration

- type of agent
- white cells (donor leukocytes) 13706-04 [1893]



Neoplasms

Prothrombin X

Administration

- type of agent
- prothrombin X 92061-00 [1893]

Albumex®

Administration

- type of agent
- albumin (Albumex) 92062-00 [1893]





Neoplasms

Haemacel®

Administration

- type of agent
- Haemacel 96166-19 [1920]

Non-essential modifiers have been added to 13942-02 [1922] to allow code assignment for connection or disconnection of a continuous ambulatory drug device delivery (CADD) system:

- device
- drug delivery (CADD) ([connection](#)) ([disconnection](#)) (external infusion pump) [NEC 13942-02 \[1922\]](#)
- with loading of device 96209 [1920]
- - vascular access 13939-02 [1922]
- drug delivery device (CADD) ([connection](#)) ([disconnection](#)) (external infusion pump) [NEC 13942-02 \[1922\]](#)



Further information

For further detailed information regarding this revision please refer to the Reference to Changes Document provided in this Education Package.



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