



Women's Health

Breast Carcinoma – The Hard Way

C50 - Malignant neoplasm of breast

C50.0 – Malignant neoplasm of nipple and areola

C50.01 - Malignant neoplasm of nipple and areola, female

C50.011 - Malignant neoplasm of nipple and areola, right female breast

C50.012 - Malignant neoplasm of nipple and areola, left female breast

C50.019 - Malignant neoplasm of nipple and areola, unspecified female breast

C50.02 - Malignant neoplasm of nipple and areola, male

C50.021 - Malignant neoplasm of nipple and areola, right male breast

C50.022 - Malignant neoplasm of nipple and areola, left male breast

C50.029 - Malignant neoplasm of nipple and areola, unspecified male breast

C50.1 – Malignant neoplasm of central portion of breast

C50.11 - Malignant neoplasm of central portion of breast, female

C50.111 - Malignant neoplasm of central portion of right female breast

C50.112 - Malignant neoplasm of central portion of left female breast

C50.119 - Malignant neoplasm of central portion of unspecified female breast

C50.12 - Malignant neoplasm of central portion of breast, male

C50.121 - Malignant neoplasm of central portion of right male breast

C50.122 - Malignant neoplasm of central portion of left male breast

C50.129 - Malignant neoplasm of central portion of unspecified male breast

C50.2 – Malignant neoplasm of upper-inner quadrant of breast

C50.21 - Malignant neoplasm of upper-inner quadrant of breast, female

C50.211 - Malignant neoplasm of upper-inner quadrant of right female breast

C50.212 - Malignant neoplasm of upper-inner quadrant of left female breast

C50.219 - Malignant neoplasm of upper-inner quadrant of unspecified female breast

C50.22 - Malignant neoplasm of upper-inner quadrant of breast, male

C50.221 - Malignant neoplasm of upper-inner quadrant of right male breast

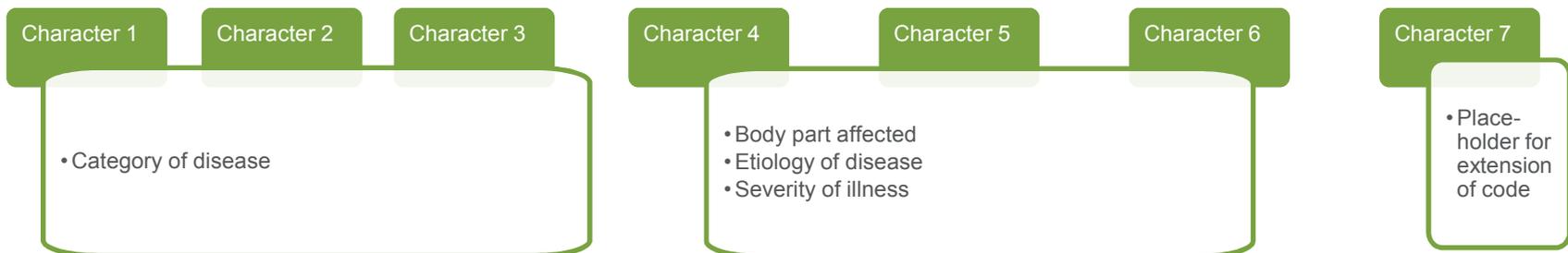
C50.222 - Malignant neoplasm of upper-inner quadrant of left male breast

C50.229 - Malignant neoplasm of upper-inner quadrant of unspecified male breast

Similarly for C50.3- (lower-inner quadrant), C50.4- (upper-outer quadrant), C50.5- (lower-outer quadrant), C50.6- (axillary tail), C50.8- (overlapping sites), C50.9- (unspecified site)

ICD 10 – CM

- Diagnosis classification system developed by the Centers for Disease Control and Prevention for use in all U.S. health care treatment settings
- ICD 10 CM codes can have 3, 4, 5, 6 or 7 characters (alphanumeric)



S20.221A	S20- Superficial injury to thorax	2 – Contusion	2 – Back wall of thorax	1- Right	A- Initial encounter
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A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures

Acuity- acute, chronic, intermittent

Severity- mild, moderate, severe

Etiology- trauma, diabetes, renal failure, exercise or infection induced

Location- where is it- be specific about which joint, chest, femur, posterior thorax

Laterality- which side is it? Left, right, both?

Detail: Present on admission status, associated symptoms (hypoxia, loss of consciousness), additional medical diagnoses, initial versus subsequent encounter

If you like mnemonics

Any: Acuity

Small: Severity

Error: Etiology

Loses: Location

Large: Laterality

Dollars: Detail- Present on admission status, associated symptoms, additional medical diagnoses, initial versus subsequent encounter

Case Study – Hysterectomy

Rachel is a 34 year old female with 3 children and no intention of having anymore. She has suffered from menorrhagia and dysmenorrhea since her early teens and diagnosed with Leiomyomatous uterus at age 29. In the last few months, she has complained of pain consistently with intercourse, difficulty emptying her bladder, and spotting between periods.

A total laparoscopic hysterectomy was performed as a right paratubal cyst was identified. Additionally, endometriosis was identified in the peritoneum during laparoscopic inspection.

Example - Hysterectomy

ACUITY chronic

SEVERITY severe menorrhagia

ETIOLOGY due to leiomyoma of uterus

LOCATION uterus

LATERALITY N/A

DETAILS Complicated by right paratubal cyst and endometriosis, subsequent visit

**ALL PUT
TOGETHER**

1. Chronic severe menorrhagia
2. Leiomyoma of uterus
3. Right paratubal cyst
4. Endometriosis
5. Acute on chronic blood loss anemia

Case Study – D&C/Uterine Fibroid

Tina is a 36 year old female with a history of tubal ligation, uterine fibroids, adenomyosis, multiple visits to emergency room with severe vaginal bleeding, and low hematocrit requiring blood transfusion.

A dilatation and curettage was performed and confirmed the above diagnoses, and ruled out adenocarcinoma of the endometrium

Example - D&C/Uterine Fibroid

ACUITY chronic; acute bleeding

SEVERITY severe menorrhagia

ETIOLOGY adenomyosis of uterus

LOCATION uterus

LATERALITY N/A

DETAILS resulting in anemia

ALL PUT TOGETHER

1. Acute, severe menorrhagia
2. Acute, blood loss anemia
3. History of adenomyosis
4. Procedure: dilation and curettage

Case Study – Stress Incontinence

Ellen is a 56 year old female with classic stress urinary incontinence and significant urethral hypermobility on exam. She complains of losing moderate amounts of urine consistently. She reports these involuntary losses occur even during activities of mild exertion such as laughing or coughing. She has five adult children who were all delivered vaginally, three deliveries resulted in perineal tearing.

The patient was counseled extensively on options and elected to undergo a transobturator tape with cystoscopy.

Example - Stress Incontinence

ACUITY chronic

SEVERITY severe stress incontinence

ETIOLOGY multiple vaginal deliveries

LOCATION bladder and urethra

LATERALITY N/A

DETAILS known perineal tearing

ALL PUT TOGETHER

1. Chronic severe stress incontinence
2. Multiple vaginal deliveries with perineal tearing
3. Perineal tearing

Case Study – Breast Carcinoma and Mastectomy

Lisa is a 42 year old female with carcinoma of the left breast. A left simple mastectomy, left axillary sentinel lymph node biopsy, and TRAM flap reconstruction was completed.

The pathology report revealed that the left axilla, sentinel node was without tumor in five (0/5) lymph nodes. Invasive ductal carcinoma, tumor in two (2/2) lymph nodes. The tumor was noted to be in the lateral aspect of the breast approximately 3-4 cm from the nipple or at the 9:00 position.

The closest margin is deep at 1.5 cm clearance.

Example – Breast Carcinoma

ACUITY acute

SEVERITY invasive ductal carcinoma

ETIOLOGY N/A

LOCATION breast

LATERALITY left

DETAILS upper outer quadrant

ALL PUT TOGETHER 1. Acute invasive ductal carcinoma of the left breast in the upper outer quadrant with lymph node involvement

Case Study – Uterine Prolapse and Colporrhaphy

Norma is a 81 year old female with a large cystocele, moderate sized rectocele, and first-degree uterine prolapse. She complains of pain and pressure to the vagina, rectum, and lower back, urine leakage, incomplete bladder emptying, difficulty passing stool, and regular vaginal infections.

Example – Uterine Prolapse and Colporrhaphy

ACUITY chronic

SEVERITY severe cystocele, moderate sized rectocele, and first-degree uterine prolapse

ETIOLOGY N/A

LOCATION vagina

LATERALITY N/A

DETAILS causing multi symptoms

ALL PUT TOGETHER

1. Chronic, severe cystocele
2. Moderate sized rectocele
3. First-degree uterine prolapse

Documentation Analysis

- Documentation for annual GYN exam needs to specify whether the exam is with or without abnormal findings, as this affects code assignment.

- ICD-10 has specification for uterine prolapse as (complete, incomplete, cervical stump prolapse etc. and if it is accompanied by a cystocele, rectocele, enterocele, or urethrocele. Cystocele should be specified as midline or lateral. Cause of prolapse of the vaginal vault should be specified if due to hysterectomy

- Specify the type of hysterectomy as subtotal (supracervical), abdominal, vaginal and any accompanying procedure done as oophorectomy, salpingectomy, lymphadenectomy etc.. Also specify if complete or partial organs are moved.

- ICD-10 has specification for menorrhagia as per type (e.g. excessive and frequent menstruation occurs with regular cycles, irregular cycles, at puberty, or in the premenopausal period or with ovulation or post coital etc..)

- ICD-10 has one code to represent stress incontinence in both males and females, unlike ICD-9

- Specify the site of uterine fibroid as per location as intramural, submucous, subserosal etc..

Documentation Analysis Cont'd

- Specify the site of breast neoplasm as lower inner quadrant, lower outer quadrant, areola, axillary tail etc. as ICD-10 as specific codes depending on site along with the behavior of malignancy (primary, secondary or carcinoma in situ etc..), type (invasive ductal, invasive lobular, ductal in situ, lobular in situ etc..) and estrogen receptor status.

- Specify the type as lumpectomy, quadrantectomy, subtotal, total, reconstruction with TRAM muscle. Additional procedures such as lymphadenectomy needs to specify if entire lymph node chain was removed or not

- ICD-10 needs to specify the extent of body part removed (complete versus partial) for fallopian tube along with the laterality.

- Specify the method used for colporrhaphy as (use of graft, prosthesis or suture). If a device or graft is used specify the type of device used as autologous, non-autologous or synthetic substitute. Specify any additional procedure done as vaginal suspension, resection of cervical stump, enterocele repair etc..

- Perineal laceration repair codes needs specificity for body part/tissue repaired as vaginal mucosa, perineum muscle, anal sphincter, anal mucosa, or rectal mucosa etc..

- Biopsy of endometrium is coded to extraction and not excision in ICD-10-PCS

Women's Health Diagnoses

Genital prolapse

- 1) Document the type of prolapse (e.g. urethrocele, cystocele, rectocele, uterovaginal, vaginal etc..)
- 2) Document when uterus prolapse is accompanied by a cystocele, rectocele, enterocele, or urethrocele
- 3) Document cystocele as midline or lateral
- 4) Document uterine prolapse as incomplete (first and second degree) and complete (third degree)
- 5) Document when a prolapse of the vaginal vault occurs after a hysterectomy
- 6) Document type of graft or prosthesis or suture

Menstruation, abnormal vaginal bleeding

- 1) Document the specific type of abnormality (climacteric, menopausal, pubertal, etc.)
- 2) Document amenorrhea or oligomenorrhea is primary or secondary.
- 3) Document if excessive and frequent menstruation occurs with regular cycles, irregular cycles, at puberty, or in the premenopausal period
- 4) Document when bleeding occurs with ovulation or post coital

Non-inflammatory disease of female pelvic organs

- 1) Document the location of endometriosis: ovary, fallopian tube, cutaneous scar, etc.
- 2) Document the origin of female infertility e.g. tubal, uterine, etc..
 - Specify the type of infertility procedures (e.g., in vitro, embryo transfer, etc.
- 3) Document information regarding the dysplasia level (mild (CIN I), moderate (CIN II), or severe (CIN III)).
- 4) Document the location of a fistula tract: Vesicovaginal, vagina to small or large intestine, intestinal-genital tract etc..
- 5) Document: infectious agent, underlying disease or condition, psychogenic factors, congenital or malposition of pelvic organ.

Disease of female pelvic organ

- 1) Document any Infectious agent: Underlying or associated disease, congenital anomaly or malposition of organs, psychogenic component related to the disorder, complications associated with artificial fertilization.
- 2) Document the pregnancy trimester or post delivery status

Inflammatory disease of female pelvic organs

- 1) Document conditions as: Salpingitis and oophoritis, Vaginitis and vulvitis, Pelvic inflammatory disease and peritonitis
- 2) Document specification as: acute, chronic, infections agent, pelvic adhesions (post infective and post operative), current or past antineoplastic procedure etc..

Breast cancer

- 1) Document the Specify the site – Areola, axillary tail, lower inner quadrant, lower outer quadrant, nipple, upper inner quadrant, upper outer quadrant
- 2) Document the behavior of malignancy as primary, secondary or carcinoma in situ.
- 3) Document the type as invasive ductal, invasive lobular, ductal in situ, lobular in situ etc..
- 4) Document the laterality
- 5) Document estrogen receptor status

Women's Health Diagnoses

Mastectomy

- 1) Document the type as lumpectomy, quadrantectomy, subtotal, total, reconstruction with TRAM muscle.
- 2) Document the laterality
- 3) Document any additional procedure done as lymphadenectomy, insertion of breast tissue expander

Tansobturator tape

- 1) Document the type of repair as with or without implant (sling, tape etc..)
- 2) Document the approach used for repair as open, via natural opening, or endoscopic.
- 3) Document the type of device used as autologous, nonautologous, or synthetic tissue.

Leiomyoma

- 1) Document the site as interstitial, intramural, submucous, subserosal, etc.

Hysterectomy

- 1) Document the type as subtotal (supracervical), abdominal, vaginal.
- 2) Document the approach used for open, via natural opening, or laparoscopic.
- 3) Document any accompanying procedure done as oophorectomy, salpingectomy, lymphadenectomy etc..
- 4) Document if complete or partial organs are moved.

Perineal Laceration

- 1) Document the **body part vaginal mucosa, perineum muscle, anal sphincter, anal mucosa, or rectal mucosa.**
- 2) **Specify the approach used as open, percutaneous or endoscopic.**

Women's Health Procedures

Procedure	Body System	Operation	Body Part	Approach	Device	Qualifier
Hysterectomy	Female reproductive system	Resection	Uterus, cervix	Open/endoscopic	No device	No qualifier
D&C	Female reproductive system	Extraction	Endometrium	Via Natural Opening/endoscopic	No device	No qualifier/ diagnostic
Salpingectomy	Female reproductive system	Resection/ excision	Fallopian tube right/ fallopian tube left	Open/Percutaneous / Endoscopic/Via Natural Opening/ Laparoscopic	No device	No qualifier/ diagnostic
Colporrhaphy	Subcutaneous Tissue and Fascia	Supplementation/ Repair	Pelvic region	Open/Percutaneous / Endoscopic/Via Natural Opening/ Laparoscopic	No device, autologous, nonautologous or synthetic tissue	No qualifier
Stress incontinence repair	Urinary system	Supplementation/ repair	Bladder neck	Open/Percutaneous / Endoscopic/Via Natural Opening/ Laparoscopic	autologous, nonautologous or synthetic tissue	No qualifier
Mastectomy	Skin and breast	Resection/ excision	Breast left/ breast right/ nipple left/ nipple right	Open/Percutaneous / Endoscopic/ External	No device	No qualifier
Endometrial biopsy	Female reproductive	Extraction	Endometrium	Via Natural Opening/endoscopic	No device	Diagnostic
Perineal Laceration Repair	Female reproductive/ muscle/ anatomical region	Repair	Perineum, Vagina, vulva, clitoris, anal sphincter, anal mucosa, bladder, urethra	Open/Percutaneous / Endoscopic/Via Natural Opening/ External	No device	No qualifier

Acuity- acute, chronic, intermittent

Severity- mild, moderate, severe

Etiology- trauma, diabetes, renal failure, exercise or infection induced

Location- where is it- be specific about which joint, chest, femur, posterior thorax

Laterality- which side is it? Left, right, both?

Detail: Present on admission status, associated symptoms (hypoxia, loss of consciousness), additional medical diagnoses, initial versus subsequent encounter



Sharieff.Ghazala@scrippshealth.org

For any questions:

QUESTIONS? CONCERNS?

ICD-10 Hotline: 858-336-0293

ICD10Help@scrippshealth.org

