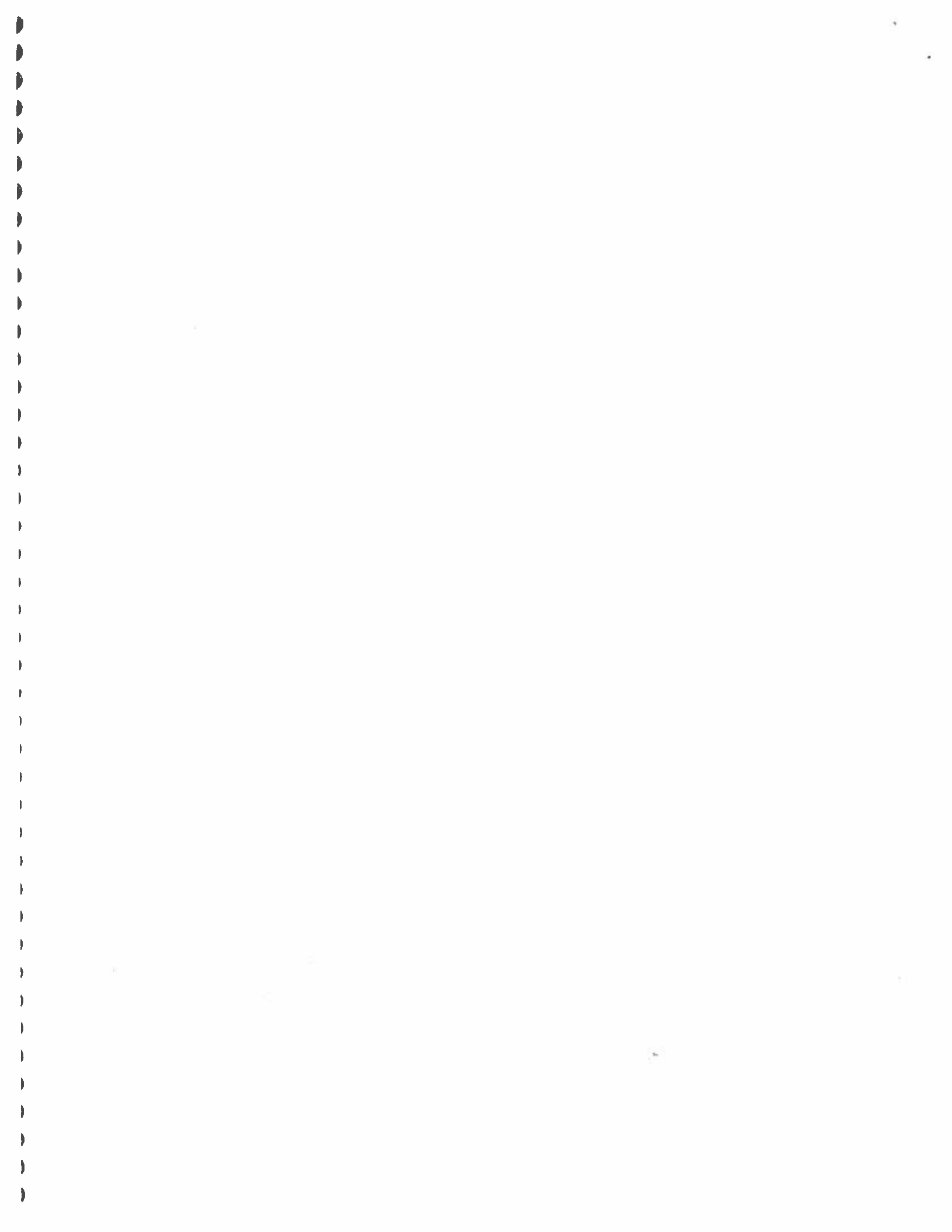


# Neoplasm Scenarios

Section I Home Health Coding  
Scenario Educator Manual



## Scenario 8

Patient with a personal history of breast cancer and a radical mastectomy six months ago is referred following breast reconstruction surgery. Home health will provide aftercare, including wound care. It's expected this will be only the first of a series of surgeries to complete the reconstruction. The patient is also receiving prophylactic Tamoxifen to prevent recurrence of breast cancer in the other breast.

Primary and Secondary Diagnosis	M1024 Case-Mix Diagnoses	
	3	4
M1020a V51.0		
M1022b V07.51		
M1022c V10.3		
M1022d V86.0		
M1022e V58.31		
M1022f		

**V51.0**, Aftercare breast reconstruction

**V07.51**, Use of selective estrogen receptor modulator (SERM), Tamoxifen

**V10.3**, Personal history of malignant neoplasm of the breast

**V86.0**, Estrogen receptor positive status

**V58.31**, Attention to surgical wound dressing

V51.0 is used following healed surgery. The breast reconstruction often requires multiple procedures over a period of months and this code is used for each separate procedure.

For patients taking any of the prophylactic medications for breast or prostate cancer, there is a note in the Tabular List to add additional codes, if applicable, to identify: estrogen receptor positive status (V86.0), family history of breast cancer (V16.3), personal history of breast cancer (V10.3), personal history of prostate cancer (V10.46) or postmenopausal status (V49.81). V10.3 and V86.0 apply to this situation and are included here.

### Case Mix:

While 174.9 is a case-mix code in the Cancer and Selected Benign Neoplasms category, effective Jan. 1, 2013, a resolved diagnosis cannot be used as either a current diagnosis or as a payment diagnosis in M1024, according to the 2013 PPS rule.

## Scenario 9

Patient is post lung transplant and is being admitted to home care for management of cancer of his transplanted lung and pain management.

Primary and Secondary Diagnosis	M1024 Case-Mix Diagnoses	
	3	4
M1020a 996.84		
M1022b 199.2		
M1022c 162.9		
M1022d 338.3		
M1022e		
M1022f		

**996.84, Complications of transplanted lung** [17]

**199.2, Malignant neoplasm in a transplanted organ** [2]

**162.9, Lung cancer** [2]

**338.3, Neoplasm related pain management** [6]

199.2 deals specifically with cancer in transplanted organs. It takes three codes to fully code this situation. One code indicates the complication (996.84), one code indicates it's a malignant neoplasm associated with a transplanted organ (199.2) and one code indicates the cancer (162.9). Both cancer codes are case-mix, but points only can be gained for one.

Remember that pain is only coded when it is out of the ordinary.

### Case Mix:

199.2 and/or 162.9 are both case-mix codes and add points in the clinical domain as Cancer and Select Benign Neoplasm diagnoses. However, points only can be earned from one diagnosis in a category.

## Scenario 10

Patient is admitted to home care for management of anemia due to malignant carcinoid tumor of stomach.

Primary and Secondary Diagnosis	M1024 Case-Mix Diagnoses	
	3	4
M1020a 285.22		
M1022b 209.23		
M1022c		
M1022d		
M1022e		
M1022f		

**285.22**, Anemia in neoplastic disease §4

**209.23**, Carcinoid tumor of the stomach §2

The Coding Guidelines specify that if anemia is caused by a neoplasm, the anemia is coded primary when it's the focus of care.

Watch the use of 285.22, anemia caused by neoplastic disease, and 285.3, anemia caused by antineoplastic chemotherapy. These codes aren't forbidden to be coded together, but be sure to watch documentation for which is correct.

Coding Guidelines instruct that when the anemia is the focus of care, it should be coded primary and a code for the neoplasm responsible for the anemia should be sequenced as an additional diagnosis.

### Case Mix:

285.22 adds points to the clinical domain in the Blood Disorders category.

209.23 adds points to the clinical domain as a Cancer and Select Benign Neoplasm diagnosis.

## Scenario 11

Patient is admitted to home care for aftercare following a mastectomy due to a malignant neoplasm of the lower-inner quadrant of her right breast, including monitoring drainage from her JP drain.

Primary and Secondary Diagnosis	M1024 Case-Mix Diagnoses	
	3	4
M1020a V58.42		
M1022b V10.3		
M1022c V45.71		
M1022d		
M1022e		
M1022f		

**V58.42**, Aftercare following surgery of neoplasm

**V10.3**, History of malignant neoplasm of the breast

**V45.71**, Acquired absence of breast

V58.42 specifically deals with aftercare following surgery for benign or malignant neoplasm and is the focus of this scenario. What is the reason for the aftercare? Breast cancer. This diagnosis would be in M1022 if it were still active or not fully resolved/eliminated by surgery. Since it is a resolved diagnosis, code 174.3 **cannot** be placed in M1024 for case-mix points, effective 1/1/2013. Whenever a malignant neoplasm is fully resolved/eliminated, a V10 code is used as a current diagnosis to indicate a personal history of a malignant neoplasm by site. The care of the JP drain is part of routine aftercare so no special code is needed related to this portion of the post-operative care. A code for acquired absence of breast and nipple (V45.71) is added in this scenario to show the acquired absence of the breast and nipple.

## Scenario 12

Your patient was referred to home care following surgery for breast cancer one month ago and is receiving chemotherapy. She is dehydrated due to nausea and vomiting caused by her chemotherapy and was admitted to home care for IV hydration.

Primary and Secondary Diagnosis	M1024 Case-Mix Diagnoses	
	3	4
M1020a 276.51		
M1022b 787.01		
M1022c E933.1		
M1022d 174.9		
M1022e V58.81		
M1022f V58.69		

**276.51**, Dehydration §3

**787.01**, Nausea and vomiting §16

**E933.1**, Adverse effect of antineoplastic drugs §E

**174.9**, Malignant neoplasm of the breast, unspecified §2

**V58.81**, Fitting and adjustment of vascular catheter §V

**V58.69**, Long-term (current) use of other medication §V

Because the patient came to home care for dehydration caused by nausea and vomiting, that code is placed in M1020a per coding guidelines. The code for nausea and vomiting is coded next followed by the E code to show these symptoms are an adverse effect of the chemotherapy. The breast cancer is still being treated, as witnessed with the chemotherapy, so the breast cancer diagnosis is in M1022.

If there were no treatment, the cancer would not be eligible for M1022, but you would use history of neoplasm, instead. The V codes for fitting and adjustment of a vascular catheter and V58.69 are used to indicate care of the vascular access site and indicate the agency will monitor the effects of the chemotherapy as an other high risk medication. If the home health agency was actually administering the chemotherapy, V58.11 would need to be the first listed diagnosis code.

### Case Mix:

174.9, breast cancer, is a case-mix diagnosis in the Cancer and Select Benign Neoplasm category.

## Scenario 13

Your patient is admitted to home care three days after a right modified radical mastectomy. There is no evidence of remaining cancer or metastasis. Nursing is ordered for assessment, dressing changes and teaching. Patient has a history of lung cancer that was successfully eradicated following removal of a lung five years ago.

Primary and Secondary Diagnosis	M1024 Case-Mix Diagnoses	
	3	4
M1020a V58.42		
M1022b V58.31		
M1022c V10.3		
M1022d V10.11		
M1022e V45.76		
M1022f V45.71		

**V58.42**, Aftercare following surgery for neoplasm

**V58.31**, Attention to surgical wound dressing

**V10.3**, Personal history of malignant neoplasm of the breast

**V10.11**, Personal history of malignant neoplasm of the lung

**V45.76**, Acquired absence of a lung

**V45.71**, Acquired absence of breast

This scenario strictly deals with education and aftercare, so V codes tell the story. Aftercare is the primary focus of care, followed by dressing changes for the recent breast cancer surgery.

Since both cancers are resolved, they cannot be coded in M1022 or M1024.

The status V codes for acquired absence add specificity and further clarification to the situation.

### Case Mix:

Although both 174.9 (Breast cancer) and 162.9 (Lung cancer) are on the list of case-mix diagnoses in the Neoplasm category, both are resolved and cannot be placed in M1024 for case-mix points.



## Scenario 14

Patient is referred to home care with metastatic carcinoma of the kidney.

Primary and Secondary Diagnosis	M1024 Case-Mix Diagnoses	
	3	4
M1020a 189.0		
M1022b 199.1		
M1022c		
M1022d		
M1022e		
M1022f		

**189.0**, Malignant neoplasm of kidney, except pelvis

**199.1**, Malignant neoplasm of unspecified site, other

Remember that there are primary and metastatic cancer codes. Here, the kidney cancer is a primary cancer coded to Category 189. According to Coding Clinic, "metastatic neoplasm of an organ would be coded as primary site of the organ followed by 199.1, whereas metastatic carcinoma to an organ would be coded as secondary at that organ, followed by 199.1."

### Case Mix:

Both cancer codes are in the Cancer and Select Benign Neoplasms category.

Note: They are both in the same case-mix category, so you only will receive points for one of the neoplasm diagnoses.

## Scenario 15

Your patient has resolved prostate cancer that spread to the bone. The prostate is removed, but the bone metastasis causes severe pain. The patient has a pathologic fracture of the femur related to the bone mets. The focus of care is the fracture.

Primary and Secondary Diagnosis	M1024 Case-Mix Diagnoses	
	3	4
M1020a V54.25	733.14	
M1022b 198.5		
M1022c 338.3		
M1022d V10.46		
M1022e		
M1022f		

**V54.25**, Aftercare of healing pathologic fracture of upper leg 

**733.14**, Pathologic fracture of femur, NOS 

**198.5**, Secondary malignant neoplasm of bone and bone marrow/bone mets 

**338.3**, Neoplasm-related pain 

**V10.46**, Personal history of malignant neoplasm of the prostate/prostate cancer 

There are multiple issues going on with this patient, and coders might be inclined to code a cancer primary because the fracture is a result of metastatic cancer. This scenario description clearly indicates, however, that the fracture is the focus of care, so code the fracture aftercare in M1020.

The pathologic fracture code cannot go in M1020 or M1022 because it cannot be listed as a current diagnosis after the active treatment has been provided. But the fracture code (733.14) is allowed to be listed in M1024 to earn case-mix points when paired with the appropriate aftercare V code. *(For a list of fracture conditions paired with their appropriate V codes, see the table in the back of the book.)*

The pain code can be used for “pain documented as being related, associated or due to cancer, primary or secondary malignancy, or tumor,” according to the Coding Guidelines. Make sure to code the mets with the primary cancer site included, as well. You could put 199.1 (malignant neoplasm without specification of site, other) in M1022 to indicate a primary cancer if the site is unknown.

**Case Mix:**

198.5 is a case-mix code in the Cancer and Select Benign Neoplasm category and continues to be a current diagnosis, so it will earn the case-mix points at M1022b as long as all of the conditions in the case-mix variables table are met. (*See case-mix variables table in the back of the book.*)

733.14 is a case-mix code in the Ortho 1 case-mix category and is paired with an appropriate aftercare V code so it may be listed in M1024.

