ICD-10 incorporates much greater clinical detail and specificity as well as updated terminology to be consistent with current clinical practices.

ICD-10-CM diagnosis codes offer much more specificity because of the expansion of codes. In the event that you have a patient with a condition which is impacting your care plan, but that you are not directly treating, it is still possible to assign nonspecific codes. Otherwise, it is imperative that the most specific code be reported to maximize ICD-10’s ability to provide meaningful data on patient care and severity of illness. Please refer to the enclosed crosswalk showing the ICD-9 codes used most frequently by Oncology Providers and the ICD-10 codes to which they map.

Below are some of the diagnoses/conditions that have expanded code specificity:

**Neoplasms**
- Behavior:
  - Malignant (primary, secondary, in-situ)
  - Document any secondary sites
  - Benign
  - Unspecified behavior
  - Of uncertain histological behavior
- Laterality (specify right/left)
- Anatomical site (topography)
- Other condition(s) associated with malignancy (dehydration, anemia, etc.)
- Complication(s) associated with neoplasm
- Include estrogen receptor status (if applicable)
- History of:
  - Has the malignancy been excised or eradicated?
  - Is there still treatment being provided for the primary and/or metastatic site?
  - Is there evidence of remaining malignancy at the primary site?
- Overlapping site boundaries
  - Note – neoplasms that overlap two or more contiguous sites are classified to ‘overlapping lesion’
- Ectopic tissue
  - Note – malignant neoplasm of ectopic tissue are classified to the site documented
- Document any associated diagnoses/conditions

**Anemia**
- Documentation of Anemia should include the type of anemia:
  - Nutritional
  - Hemolytic
  - Aplastic
  - Due to blood loss
  - Other (please specify)
Include in documentation if Anemia is due to nutrition or mineral deficits, resulting in a nutritional anemia.

Document if the Anemia is due to a neoplasm (primary and/or secondary).

Document whether the ANEMIA is “related to or due to” chemo or radiotherapy treatments.

Document any “cause-and-effect” relationship between the intervention and the blood or immune disorder.

Document the specific drug if anemia is drug-induced.

Link any laboratory findings to a related diagnosis (if appropriate).

• Document any associated diagnoses/conditions.

**Aplastic Anemia**

- For aplastic anemia and other bone marrow failure syndromes:
  - Specify if “Acquired pure red cell aplasia”
    - Chronic
    - Transient
    - Other
  - Specify if aplastic anemia is:
    - Constitutional
    - Congenital, idiopathic or acquired
    - Drug-induced, radiation, or induced from other external agent
    - Idiopathic
  - Document pancytopenia or myelophthisis, if also present.

- Document if any of the following are present:
  - “Acute posthemorrhagic anemia”
  - “Anemia in neoplastic disease”
  - “Anemia in chronic kidney disease”
  - “Anemia in other chronic disease”
  - List the chronic diseases

- Document if “Sideroblastic anemia” is:
  - Hereditary
  - Secondary due to disease
  - Secondary due to “drugs and toxins”
  - Congenital dyserythropoietic anemia

- Document if the Anemia is Due to Antineoplastic chemotherapy

- Document any associated diagnoses/conditions.

**Hemolytic Anemia**

- Due to “Enzyme Disorders”:
  - Glucose-6-phosphate dehydrogenase
  - Glutathion metabolism
  - Glycolytic enzymes
  - Due to nucleotide metabolism

- Thalassemias:
- Alpha thalassemia
- Beta thalassemia
- Delta-beta thalassemia
- Thalassemia minor
- Hereditary persistence of fetal hemoglobin
- Hemoglobin E-beta thalassemia

➢ Sickle Cell Disorders is present
   - Specify if “With or Without Crisis”

➢ Sickle Cell thalassemia
   - Specify if “With or Without Crisis”

➢ Include documentation of whether the hemolytic anemia is:
   - Hereditary
   - Acquired
   - Enzyme disorder
   - Autoimmune
   - Non-autoimmune

➢ Document the disorder/condition causing the anemia

➢ Document any associated diagnoses/conditions

Genetic Carrier/Susceptibility

➢ Specify genetic carrier of:
   - Cystic fibrosis
   - Hemophilia A
   - Other (specify)

➢ Susceptibility to disease:
   - Malignant neoplasm (specify type)
   - Multiple endocrine neoplasia
   - Other (specify)

Malnutrition

➢ Severity:
   - Mild (first degree)
   - Moderate (second degree)
   - Severe (third degree)

➢ Avoid documenting a range of severity, such as “moderate to severe”

➢ Form:
   - Kwashiorkor (rarely seen in the U.S.)
   - Marasmus
   - Marasmic kwashiorkor
   - Other

➢ Document any associated diagnoses/conditions

Neoplasms

➢ Behavior:
- Malignant (primary, secondary, in-situ)
  ° Document any secondary sites
- Benign
- Unspecified behavior
- Of uncertain histological behavior
- Laterality (specify right/left)
- Anatomical site (topography)
- Other condition(s) associated with malignancy (dehydration, anemia, etc.)
- Complication(s) associated with neoplasm
- Include estrogen receptor status (if applicable)
- History of:
  - Has the malignancy been excised or eradicated?
  - Is there still treatment being provided for the primary and/or metastatic site?
  - Is there evidence of remaining malignancy at the primary site?
- Document any associated diagnoses/conditions

**Nutritional Anemia**
- Iron deficiency anemia
- Iron deficiency anemia secondary to blood loss
  - Acute blood loss anemia
  - Chronic blood loss anemia
- Iron deficiency anemia due to poor iron absorption
- Vitamin B12 deficiency
  - Pernicious anemia
  - Malabsorption with proteinuria
  - Transcobalamin II deficiency
  - Vegan Anemia
- Document Folate deficiency anemia
  - Dietary induced
  - Drug-induced
- “Protein” deficiency anemia
- “Megaloblastic” anemia
- List all secondary comorbidities and complications
- Document any associated diagnoses/conditions

**Pancytopenia**
- Specify if:
  - Antineoplastic chemotherapy induced pancytopenia
  - Other drug-induced pancytopenia
  ° Specify drug
  - Other pancytopenia
- Specify the etiology of pancytopenia (if known), such as:
  - Myelodysplastic Syndrome
  - Leukemia
Underdosing
Under-dosing is a new code in ICD-10-CM. It identifies situations in which a patient has taken less of a medication than prescribed by the physician. The medical condition is sequenced first followed by the underdosing code. If known, additional information can be captured to explain why the patient is not taking the medication (e.g., financial reasons).

- Using a prescribed medication less frequently than prescribed, in small doses, or not using the medication as instructed should be documented as “underdosing” by the provider.
- If the reduction in the prescribed dose of the medication results in a relapse or an exacerbation of the medical condition for which the drug is prescribed, the medical condition must also be documented.