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THE CODE

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Importance of Anatomy in ICD-10

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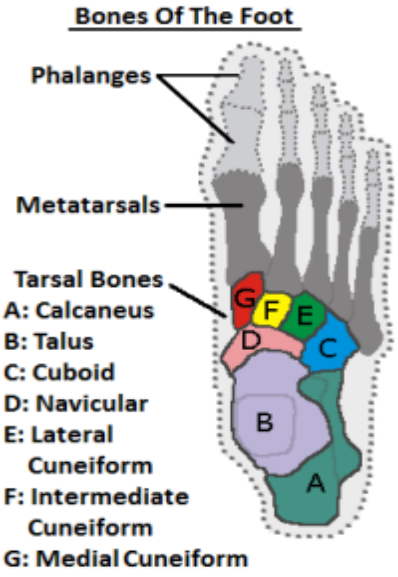
One of the many reasons for moving into ICD-10 is the lack of specificity in ICD-9. That is to say, the current ICD-9 diagnosis codes are not as anatomically specific when it comes to the body site. A coding professional should therefore become very familiar with organ systems and their components.



For example, the above diagram depicts the foot which can be divided into three parts: the hindfoot, the midfoot, and the forefoot. The hindfoot is composed of two of the seven tarsal bones, the talus, and the calcaneus; the midfoot contains the rest of the tarsal bones; and the forefoot contains the metatarsals and the phalanges. Each of the tarsal bones carries a different ICD-10-CM code for a traumatic fracture. For example, a physician documents "patient sustained a navicular fracture after a fall" as the diagnoses in the medical record. If you look up "fracture, traumatic, navicular" in the ICD-10 alphabetic index, you will not find it. The index says to see fracture, tarsal, navicular. You will have to go to "fracture, traumatic, tarsal bone(s), navicular" to find the code choices. From the code choices you will then need to choose from displaced or non-displaced fracture.

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Think positive, be positive and positive things will happen.

Nishan Panwar

Importance of Anatomy in ICD-10 *(Continued from page 1)*

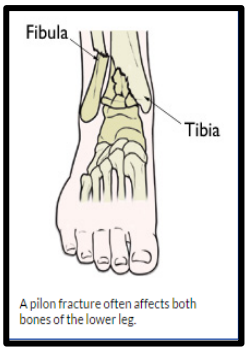
Let us analyze an example:

A 58-year-old male is admitted as an inpatient for left ankle amputation. The patient sustained a severely mangled open pilon fracture in a motorcycle accident one year ago, resulting in osteonecrosis at the site of the fracture.

If the coder were to choose to code the left ankle fracture he or she would be incorrect in assigning S82.892S– fracture of ankle NOS with sequela. Therefore, it is imperative not only to familiarize oneself with anatomy and anatomical structures but also with specific conditions where code assignment is definitive and specific.

- S82.892 Other fracture of left lower leg
  - S82.892A..... initial encounter for closed fracture
  - S82.892B..... initial encounter for open fracture type I or II
  - S82.892C..... initial encounter for open fracture type IIIA, IIIB, or IIIC
  - S82.892D..... subsequent encounter for closed fracture with routine healing
  - S82.892E..... subsequent encounter for open fracture type I or II with routine healing
  - S82.892F..... subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
  - S82.892G..... subsequent encounter for closed fracture with delayed healing
  - S82.892H..... subsequent encounter for open fracture type I or II with delayed healing
  - S82.892J..... subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
  - S82.892K..... subsequent encounter for closed fracture with nonunion
  - S82.892M..... subsequent encounter for open fracture type I or II with nonunion
  - S82.892N..... subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
  - S82.892P..... subsequent encounter for closed fracture with malunion
  - S82.892Q..... subsequent encounter for open fracture type I or II with malunion
  - S82.892R..... subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
  - S82.892S..... sequela

What should the coder know first? In the above scenario the coder must know that a pilon fracture is a fracture of the tibia because the index does not have an entry under fracture, traumatic for a pilon fracture. Pilon fracture is indexed under fracture, traumatic, tibia.



The word *pilon* is French for pestle, which is a club shaped instrument used for crushing or grinding. Because of the nature of the injury which is often due to high-energy impact injuries (motor vehicle/motorcycle accidents, skiing, falls from heights) in pilon fractures the bones of the ankle joint are crushed. Therefore, pilon fractures affect the bottom of the tibia at the ankle joint. So in our scenario depicted above the correct assignment of the left tibial fracture would be S82.872S. ICD-10 guidelines tell us that "a fracture not indicated whether displaced or non-displaced should be coded to displaced."

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Importance of Anatomy in ICD-10 *(Continued from page 2)*

- S82.872 Displaced pilon fracture of left tibia
  - S82.872A..... initial encounter for closed fracture
  - S82.872B..... initial encounter for open fracture type I or II
  - S82.872C..... initial encounter for open fracture type IIIA, IIIB, or IIIC
  - S82.872D..... subsequent encounter for closed fracture with routine healing
  - S82.872E..... subsequent encounter for open fracture type I or II with routine healing
  - S82.872F..... subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
  - S82.872G..... subsequent encounter for closed fracture with delayed healing
  - S82.872H..... subsequent encounter for open fracture type I or II with delayed healing
  - S82.872J..... subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
  - S82.872K..... subsequent encounter for closed fracture with nonunion
  - S82.872M..... subsequent encounter for open fracture type I or II with nonunion
  - S82.872N..... subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
  - S82.872P..... subsequent encounter for closed fracture with malunion
  - S82.872Q..... subsequent encounter for open fracture type I or II with malunion
  - S82.872R..... subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
  - S82.872S..... sequela

Next is the assignment of the seventh character. This patient was to have surgery for a late effect of the prior injury; therefore per coding conventions we need to assign "S" as the seventh character to the fracture to indicate that it is sequela. The reason for coding the event to an acute fracture is due to ICD-10 guidelines, which tell us that "the aftercare Z codes should not be used for aftercare for traumatic fractures. For aftercare for a traumatic fracture, assign the acute fracture code with the appropriate seventh character."

ICD-10 Guidelines also state that "sequelae are the residual effect (condition produced) after the acute phase of an illness or injury has terminated." The reason for the admission is the condition which necessitates treatment. This condition would be coded as M 87.262 osteonecrosis due to previous trauma, left tibia. Note the specificity in the code to designate laterality and affected bone. The final ICD-10-CM coding diagnosis for the scenario above would be:

M87.262 Osteonecrosis due to previous trauma, left tibia
S82.872S Displaced pilon fracture of the left tibia
V29.9XXS Motorcycle rider (driver) (passenger) injured in unspecified traffic accident (motorcycle accident NOS).
(Again note the designation of the seventh character "S" on the accident which denotes that the osteonecrosis is related to the motorcycle accident)

If by now you are understanding how complicated this can be, from a procedural (PCS) standpoint it can even be trickier.

Happy coding!

Persons are judged to be great because of the positive qualities they possess, not because of the absence of faults.

John Fitzgerald Kennedy

"Two Midnight Rule" Controversy Continues

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On April 17, 2015 the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule to update fiscal year (FY) 2016 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS). The proposed rule, which would apply to approximately 3,400 acute care hospitals and approximately 435 LTCHs, would affect discharges occurring on or after October 1, 2015.

In the proposed rule, CMS stressed how they have continued to work on clarifying when hospital stays would be considered inpatient or outpatient for payment purposes. As part of those efforts, CMS included a provision in the FY 2014 hospital payment rule establishing a benchmark that stays expected to last two or more midnights would generally be considered appropriate for inpatient payment, while stays expected to last less than two midnights would generally be considered appropriate for outpatient payment (commonly known as the "Two Midnight Rule"). Nevertheless, hospitals are continuing to express concerns related to Medicare policies surrounding short inpatient hospital stays, long outpatient stays that include observation services and when payment for short hospital stays is appropriate under Medicare Part A.

In response to hospital concerns about medical review, CMS and Congress have prohibited Recovery Auditor review of patient status on hospital admissions between October 1, 2013 and April 30, 2015 while CMS continues to educate hospitals on billing under the new rules. The Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015 further extends this prohibition to September 30, 2015 but was not enacted in time for this information to be reflected in the IPPS proposed rule. When this prohibition expires, CMS has limited Recovery Auditors to six months to review a claim for patient status, when the hospital bills within three months of the date of service, to allow hospitals to bill for all medically necessary services under Medicare Part B within the statutory timely filing limits. CMS is considering feedback, as well as recent Medicare Payment Advisory Commission (MedPAC) recommendations, carefully and expects to include a further discussion of the broader set of issues related to short inpatient hospital stays, long outpatient stays with observation services, and the related -0.2 percent IPPS payment adjustment in the proposed calendar year 2016 Hospital Outpatient Prospective Payment system rule.

Hospitals are encouraged to provide comments on the Two Midnight Rule along with the other provisions of the proposed rule. CMS will accept comments on the proposed rule until June 16, 2015, and will respond to all comments in a final rule to be issued by August 1, 2015. The proposed rule can be downloaded from the Federal Register at: https://www.federalregister.gov/public-inspection.

PLEASE TAKE A MOMENT …

It is our mission to grow and improve this newsletter with each issue. In order to accomplish this goal we need your help! Your input is extremely valuable. Please take a moment to answer the following:

- Tell us what you would like to see in future publications?
- What types of articles would be most beneficial?
- Has this newsletter been of value to you?
- Would you be interested in submitting an article for publication?

You may send your responses via e-mail to kim.capello@miramedgs.com.

Duplicate ICD-10-CM and ICD-9-CM Codes

The following is taken directly from http://www.icd10data.com/ICD10CM/Duplicate_Codes and was submitted for publication in *The Code* by:

Rameshkumar V., CPC, CRCS-P
Senior Quality Auditor, Quality Team
Ajuba International, LLC

With code decimals removed, there are 39 codes that are duplicated between ICD-10-CM and ICD-9-CM, with each duplicate having a vastly different meaning. We bring this to your attention in order to minimize any confusion if dealing with data that contains codes that do not have decimal places.

ICD-10-CM	Description	ICD-9-CM	Description
E03.0	Congenital hypothyroidism with diffuse goiter	E030	Unspecified activity
E80.20	Unspecified porphyria	E802.0	Railway accident involving derailment without antecedent collision injuring railway employee
E80.21	Acute intermittent (hepatic) porphyria	E802.1	Railway accident involving derailment without antecedent collision injuring passenger on railway
E80.29	Other porphyria	E802.9	Railway accident involving derailment without antecedent collision injuring unspecified person
E83.00	Disorder of copper metabolism, unspecified	E830.0	Accident to watercraft causing submersion injuring occupant of small boat, unpowered
E83.01	Wilson's disease	E830.1	Accident to watercraft causing submersion injuring occupant of small boat, powered
E83.09	Other disorders of copper metabolism	E830.9	Accident to watercraft causing submersion injuring unspecified person
E83.10	Disorder of iron metabolism, unspecified	E831.0	Accident to watercraft causing other injury to occupant of small boat, unpowered
E83.19	Other disorders of iron metabolism	E831.9	Accident to watercraft causing other injury to unspecified person
E83.30	Disorder of phosphorus metabolism, unspecified	E833.0	Fall on stairs or ladders in water transport injuring occupant of small boat, unpowered

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Duplicate ICD-10-CM and ICD-9-CM Codes *(Continued from page 5)*

E83.31	Familial hypophosphatemia	E833.1	Fall on stairs or ladders in water transport injuring occupant of small boat, powered
E83.32	Hereditary vitamin D-dependent rickets (type 1) (type 2)	E833.2	Fall on stairs or ladders in water transport injuring occupant of other watercraft–crew
E83.39	Other disorders of phosphorus metabolism	E833.9	Fall on stairs or ladders in water transport injuring unspecified person
E83.40	Disorders of magnesium metabolism, unspecified	E834.0	Other fall from one level to another in water transport injuring occupant of small boat, unpowered
E83.41	Hypermagnesemia	E834.1	Other fall from one level to another in water transport injuring occupant of small boat, powered
E83.42	Hypomagnesemia	E834.2	Other fall from one level to another in water transport injuring occupant of other watercraft–crew
E83.49	Other disorders of magnesium metabolism	E834.9	Other fall from one level to another in water transport injuring unspecified person
E83.50	Unspecified disorder of calcium metabolism	E835.0	Other and unspecified fall in water transport injuring occupant of small boat, unpowered
E83.51	Hypocalcemia	E835.1	Other and unspecified fall in water transport injuring occupant of small boat, powered
E83.52	Hypercalcemia	E835.2	Other and unspecified fall in water transport injuring occupant of other watercraft–crew
E83.59	Other disorders of calcium metabolism	E835.9	Other and unspecified fall in water transport injuring unspecified person
E83.81	Hungry bone syndrome	E838.1	Other and unspecified water transport accident injuring occupant of small boat, powered
E83.89	Other disorders of mineral metabolism	E838.9	Other and unspecified water transport accident injuring unspecified person
E84.11	Meconium ileus in cystic fibrosis	E841.1	Accident to powered aircraft, other and unspecified, injuring occupant of military aircraft

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Duplicate ICD-10-CM and ICD-9-CM Codes *(Continued from page 6)*

E84.19	Cystic fibrosis with other intestinal manifestations	E841.9	Accident to powered aircraft, other and unspecified, injuring other person
E84.8	Cystic fibrosis with other manifestations	E848	Accidents involving other vehicles, not elsewhere classifiable
E85.1	Neuropathic heredofamilial amyloidosis	E851	Accidental poisoning by barbiturates
E88.01	Alpha-1-antitrypsin deficiency	E880.1	Accidental fall on or from sidewalk curb
E88.09	Other disorders of plasma-protein metabolism, not elsewhere classified	E880.9	Accidental fall on or from other stairs or steps
E88.2	Lipomatosis, not elsewhere classified	E882	Accidental fall from or out of building or other structure
E88.40	Mitochondrial metabolism disorder, unspecified	E884.0	Accidental fall from playground equipment
E88.41	MELAS syndrome	E884.1	Accidental fall from cliff
E88.42	MERRF syndrome	E884.2	Accidental fall from chair
E88.49	Other mitochondrial metabolism disorders	E884.9	Other accidental fall from one level to another
E88.81	Metabolic syndrome	E888.1	Fall resulting in striking against other object
E88.89	Other specified metabolic disorders	E888.9	Unspecified fall
E89.2	Postprocedural hypoparathyroidism	E892	Conflagration not in building or structure
E89.5	Postprocedural testicular hypofunction	E895	Accident caused by controlled fire in private dwelling
E89.6	Postprocedural adrenocortical (-medullary) hypofunction	E896	Accident caused by controlled fire in other and unspecified building or structure

Web Reference: http://www.icd10data.com/ICD10CM/Duplicate_Codes

It takes but one positive thought when given a chance to survive and thrive to overpower an entire army of negative thoughts.

Robert H. Schuller

Brush Up On Medical Terminology: Pregnancy, Childbirth and the Puerperium

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PREGNANCY, CHILDBIRTH and the PUERPERIUM

Term	Word Origin	Definition
Abruption placentae		Premature separation of the placenta from the uterine wall
Cephalopelvic disproportion	**cephal/o** head **pelv/i** pelvis **-ic** pertaining to	Condition in which the infant's head is larger than the pelvic outlet it must pass through, thereby inhibiting normal labor and birth.
Cervical incompetence	**cervic/o** cervix, neck **-al** pertaining to	Lack of cervical closure during pregnancy. May lead to early termination of pregnancy
Diamniotic	**di** two **amni/o** amnion inner fetal sac **-tic** pertaining to	Two inner fetal sacs
Dystocia	**dys** abnormal, difficult **-tocia** delivery	Abnormal or difficult childbirth
Eclampsia in pregnancy		Extremely serious form of hypertension secondary to pregnancy. Patients are at risk from coma, convulsions and death
Ectopic pregnancy	**ec** out **top/o** place **-ic** pertaining to	Implantation of the embryo in any location not in the uterus
Elderly primipara		A woman whose estimated date of delivery is after her 35th birthday
Grand multiparity		A woman who has delivered five or more children
Hydatidiform mole	**hydatid/i** water drop **-form** shape	Rare, cyst like growth of a nonviable embryo
Hyperemesis gravidarum	**hyper** excessive **-emesis** vomiting **gravidarum** pregnancy	Excessive vomiting that begins before the 20th week of pregnancy
Monochorionic	**mono** one **chorion/o** chorion, outer fetal sac **-ic** pertaining to	One outer fetal sac
Multigravida	**multi** many **-gravida** pregnancy	A woman who has been pregnant two or more times

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Brush Up On Medical Terminology: Pregnancy, childbirth and the Puerperium *(Continued from page 8)*

Term	Word Origin	Definition
Multipara	**multi** many **-para** delivery	A woman who has been delivered two or more times
Nuchal cord	**nuch/o** neck **-al** pertaining to	Abnormal but common occurrence of the umbilical cord wrapped around the neck of the neonate
Nulligravida	**nulli** none **-gravida** pregnancy	A woman who has never been pregnant
Nullipara	**nulli** none **-para** delivery	A woman who has never delivered a baby
Oligohydramnios	**olig/o** scanty **hydr/o** water, fluid **-amnios** amnion	Condition of low or missing amniotic fluid
Placenta accreta	**ac** toward **cret/o** to grow **-a** noun ending	An abnormal attachment of the placenta to the uterine wall
Placenta increta	**in** in **cret/o** to grow **-a** noun ending	An abnormal attachment of the placenta within the uterine wall
Placenta percreta	**per** through **cret/o** to grow **-a** noun ending	An abnormal attachment of the placenta through the uterine wall
Placenta previa	**previa** in front of	Placenta that is malpositioned in the uterus, so that it covers the opening of the cervix
Polyhydramnios	**poly** many, excessive **hydr/o** water, fluid **-amnios** amnion	Condition of excessive amniotic fluid
Post-term pregnancy		Pregnancy from 40-42 completed weeks
Preeclampsia		Abnormal condition of pregnancy with unknown cause, marked by hypertension, edema and proteinuria
Primigravida	**primi** first **-gravida** pregnancy	A woman who is pregnant for the first time
Primipara	**primi** first **-para** delivery	A woman who has delivered a baby for the first time
Prolonged pregnancy		Pregancy over 42 weeks
Puerperium		The 6-week time period immediately after delivery, derived from the Latin for child and bearing
Young primipara	**primi** first **-gravida** pregnancy	A woman whose estimated date of delivery is before her 16th birthday

Anemia on Neoplastic Disease

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Portions of this article were taken from the book *Pathophysiology for the Health Professions* by Barbara Gould and Ruthana Dyer

Pathophysiology:

Anemia or decrease hemoglobin is a common problem resulting from anorexia and decreased food intake, chronic bleeding with iron loss and bone marrow depression. Anemia decreases the oxygen available to cells, leading to fatigue and poor tissue regeneration.

Bleeding may occur because the tumor cells may erode the blood vessels or cause tissue ulceration. Bone marrow depression and hypoproteinemia may contribute to poor clotting. Chronic bleeding is common in the digestive tract, where the mucosa fails to regenerate quickly. Chronic blood loss leads to iron deficiency anemia.

- **ICD-9-CM Reporting Coding Guidelines:**

  Anemia Associated with Malignancy (as per Chapter Specific Coding Guideline for Neoplasm): When admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate anemia code (such as 285.22, Anemia in neoplastic disease) is designated as the principal diagnosis and is followed by the appropriate code(s) for the malignancy.

  Code 285.22 may also be used as a secondary code if the patient suffers from anemia and is being treated for the malignancy.

  If anemia in neoplastic disease and anemia due to antineoplastic chemotherapy are both documented, assign codes for both conditions.

- **ICD-10-CM Reporting Coding Guidelines:**

  Anemia Associated with Malignancy (as per Chapter Specific Coding Guideline for Neoplasm): 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 diagnosis or first-listed diagnosis followed by the appropriate code for anemia (such as code D63.0, Anemia in neoplastic disease).

Application of the Guidelines:

An 80-year-old male patient suffering from pancreatic carcinoma is admitted in the hospital for blood transfusion because of anemia due to his cancer. Red blood cell transfusions were administered through catheter inserted into peripheral vein in the left arm.

	ICD-9-CM	ICD-10-CM
Principal Diagnosis	285.22, Anemia in neoplastic disease	C25.0, Neoplasm, pancreas, head, malignant, primary
Secondary Diagnosis	157.9, Primary malignant neoplasm of pancreas	D63.0, Anemia is neoplastic disease
Principal Procedure	99.04	30233N1

Are You a Good Auditor?

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Direction: All Medical Coding staffs are encouraged to send their correct codes based from the case provided. They must present their codes along with coding clinics, coding guidelines or any coding references applicable for any codes that are to be **Added**, **Deleted** or **Revised**. Answers to this scenario will be published in our next issue.

INPATIENT:

A four month old infant, born with a congenital anomaly of the inner ear with impairment of hearing, is admitted for surgery to treat his mixed hearing loss. The patient is taken to surgery to place bilateral single channel cochlear prosthesis (hearing) implants via open approach. The procedure went well and the patient was discharged home.

	ICD-9-CM	ICD-10-CM
Principal Diagnosis	389.21	H90.71
Secondary Diagnosis	744.00	Q16.4
Principal Procedure	20.96	09HD05Z

Correct Answer From Previous Case Scenario:

	ICD-9-CM	Audit Remark	ICD-10-CM	Audit Remark
Principal Diagnosis	438.21	Change 438.21 to 438.89. The documentation did not state any hemiplegia from CVA, assign 438.89. Other late effects of cerebrovascular disease is more appropriate and use additional code to identify the late effect. *See also, Coding Clinic, fourth quarter, 1998 pp. 39-40.*	I69.391	Change I69.391 to I69.398. The documentation did not state any dysphagia from CVA, assign I69.398. Other sequelae of cerebral infarction is more appropriate and use additional code to identify the late effect.
Secondary Diagnosis	718.43	Change 718.44 to 718.43. As per documentation "the patient acquired a contracture of the right hand as a result of the stroke", fifth digit "4" is more specific for anatomical site, hand.	M62.442	Change M62.442 to M62.441. As per documentation "the patient acquired a contracture of the right hand as a result of the stroke", seventh character "1" is more specific for anatomical site, right hand.
Secondary Diagnosis	401.1	No change.	I10	No change.
Secondary Diagnosis	496	No change.	J44.9	No change.
Principal Procedure	82.57	Change 82.57 to 82.56, as per documentation, "the orthopedic surgeon performed an open hand tendon transfer." Code 82.56 is more appropriate code than 82.57 transpositions.	0LX80ZZ	Change 0LX80ZZ to 0LX70ZZ, as per documentation, the patient had right hand contracture from previous stroke and admitted for surgery. Character 4, Body part should be "7", right hand instead of "8", left hand.

Coding Case Scenario

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Each month we will offer a coding question for our staff to solve. If you'd like to quiz yourself, feel free. We will gladly let you know the results of your answer. The first coder from each team (United States, Philippines and India) who correctly answers will be given a prize and recognition concurrent with the release of our next issue of our newsletter.

Direction: Code for ICD-9-CM Diagnosis and Procedure and its corresponding ICD-10-CM and PCS

INPATIENT:

An 85-year-old woman had been treated by the physician for chronic low back pain. She was brought to emergency department and admitted because of severe back pain. X-rays show severe compression fractures of the lumbar vertebrae as a result of senile osteoporosis. An injection of mixed steroid and local anesthetic agents is administered into the spinal canal to help alleviate her pain from age-related osteoporosis and the pathologic fracture.

Correct Answer from Previous Case Scenario:

	ICD-9-CM	ICD-10-CM	Remark
Principal Diagnosis	785.6	R59.1	Reason for admission, that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.
Secondary Diagnosis	493.20	J44.9, J45.909	Coding Clinic, Second Quarter 1990, Page 20–Effective with discharges: April 1, 1990 states that "When a diagnosis of asthma is documented with COPD, 493.2x is assigned whether or not the physician states "chronic obstructive" asthma. Codes 493.0x, 493.1x and 493.9x are used to classify asthma in patients without chronic obstructive lung disease."
Secondary Diagnosis	250.00	E11.9	Default code for DM, Meets the criteria for reporting of additional diagnoses.
Secondary Diagnosis	V10.3	Z85.3	Coding Clinic, First Quarter 2006, Pages 40 to 43–Effective with discharges: December 1, 2005 states that 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 V10. Personal history of 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 V10 code used as a secondary code.
Secondary Diagnosis	V45.71	Z90.11	May be added to show that the patient's cancer was previously treated with mastectomy .
Principal Procedure	40.11	07B53ZX	Needle biopsy on right axillary lymph node