



Western Australian Coding Rule

0618/03 TNM Classification of malignant tumours

WA Coding Rule 0417/02 *TNM Classification of malignant tumours* is superseded by ACCD Coding Rule ***TNM stage documentation*** (Ref No: Q3206) effective 1 July 2018; (log in to view on the [ACCD CLIP portal](#)).

DECISION

WA Coding Rule 0417/02 *TNM Classification of malignant tumours* is retired.

[Effective 1 Jul 2018, ICD-10-AM/ACHI/ACS 10th Ed.]



Western Australian Coding Rule

0417/04 TNM Classification of malignant tumours

Q.

Can TNM stage documentation be used for code assignment?

A.

Staging of solid neoplasms is a system of classifying disease extent (“stage”) and is used to determine treatment and prognosis. The TNM classification is the internationally accepted system for cancer staging. A TNM stage is based on three categories:

- **T – Tumour**
Size or contiguous extension of the primary tumour
- **N – Nodes**
Absence or presence and extent of cancer in regional lymph nodes
- **M – Metastases**
Absence or presence of distant metastasis (includes non-regional lymph nodes)

Each body system has varied criteria to determine the appropriate number value for Tumour (T) and Nodes (N). Metastasis staging is more straightforward and is consistent across all body systems (M0 = no distant metastasis; M1= distant metastasis).

Clinical coders must not attempt to interpret a specific TNM stage, however it should not be ignored and coders should have a general understanding that the value zero refers to nil spread; and an N or M value ≥ 1 indicates disease spread/metastasis. For example: T1N0M0 = nil cancer spread to regional lymph nodes or distant sites. T3N1M1 = cancer spread to regional lymph node(s) and distant site(s).

TNM documentation should act as a **flag** for the coder to look for further documented evidence of metastatic spread to regional lymph nodes or distant sites. TNM classification rules should not be examined by coders in an attempt to determine the anatomic site of disease spread.

If TNM stage is the only documented evidence of metastatic disease, this is inadequate for clinical coding purposes and the case should be queried with the doctor before coding any metastatic disease.

DECISION

TNM documentation should act only as a flag for the coder to look for further documented evidence of metastatic spread to regional lymph nodes or distant sites. Documentation of TNM stage alone is inadequate for clinical coding purposes and such cases should be queried with the clinician.

[Effective 12 Apr 2017, ICD-10-AM/ACHI/ACS 9th Ed.]