

# Documenting and Coding Tips: Cancer

## Medicare Advantage

Correct reporting of a cancer diagnosis requires the determination and documentation of whether the patient's cancer has been eradicated or is currently being treated. It is important to assign the most accurate and specific ICD-10-CM neoplasm codes as possible.

### Documentation tips



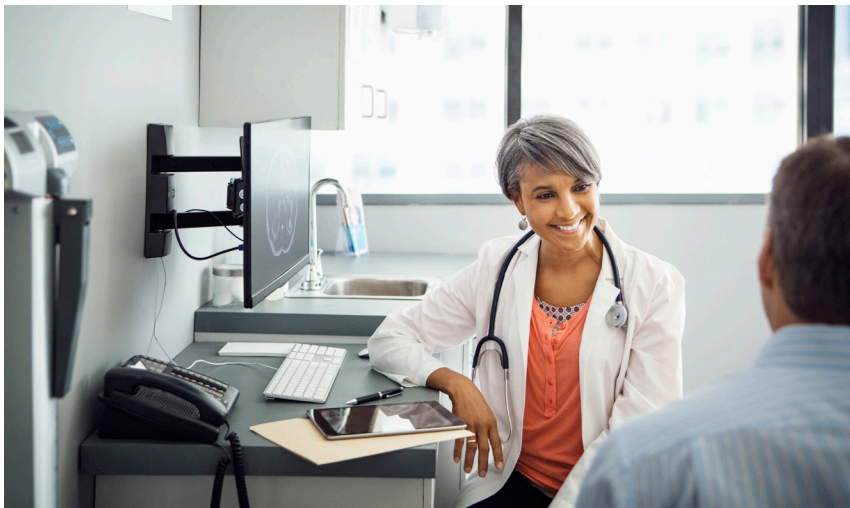
- **Behavior:** Malignant (primary, secondary, unknown), neuroendocrine, carcinoma in situ, benign, uncertain behavior or unspecified behavior
- **Morphology:** Histological type, stage and grade
- **Anatomic site(s):** Location, quadrants, multiple and contiguous sites
- **Laterality:** Right, left or bilateral for paired organs and the extremities

### Current malignancy

When a primary malignancy has been excised, but further treatment, such as an additional surgery for the malignancy, radiation therapy or chemotherapy is directed to that site, the primary malignancy code should be used until treatment is completed.

Patients who are receiving active treatment for cancer should be reported with the malignant neoplasm code corresponding to the affected site. This applies even after surgical excision, but while they are still receiving current treatment for the disease, which may include:

- Surgery, radiotherapy, chemotherapy or a combination
- Adjunctive and/or adjuvant therapy following initial treatment of the cancer
- Active surveillance without any surgery or other treatment with "watchful waiting"



### History of cancer

When a primary malignancy has been previously excised or eradicated from its site, there is no further treatment (of the malignancy) directed to that site, and there is no evidence of any existing primary malignancy, assign Z85.-.

Personal history of malignant neoplasm, to indicate the former site of the malignancy. Identify the site of the historical event of the cancer when using Z85.-, and do not report the active cancer.

Routine surveillance (monitoring) for recurrence of a previously treated cancer is not considered active treatment and should not be documented or coded as current/active cancer. Use the appropriate Z85.- code for "personal history of." Consider the following frequently asked questions:

- Has the cancer been excised, but site treatment (medication, chemotherapy, radiation) is ongoing? If so, then code as "active" cancer.<sup>1</sup>
- Has the cancer been eradicated and all treatment to the site is completed? If so, code "personal history" of cancer.
- Does the patient have a family history of cancer and is taking cancer medications? If so, code "family history" of cancer with preventative therapy code(s) such as Tamoxifen.

### Adverse effects induced by immunosuppressive cancer treatment agents:

Document and code **D84.81** + Immunodeficiency due to conditions classified elsewhere, such as a secondary deficiency disorder (code first underlying condition, such as malignant neoplasms (C00-C96)) and **D84.821** + Immunodeficiency due to drugs, when clinically relevant. Both of these Immunodeficiency conditions are associated to HCC 47.

### Aftercare following surgery for neoplasm

Visits to determine the effectiveness of cancer surgery that fall within the global postoperative period should be reported as Z48.3 Aftercare following surgery for neoplasm. The aftercare Z code should be used with the current neoplasm code.

### Follow-up for patients with history of cancer

When using a history code, such as Z85.-, we also must use Z08 Encounter for follow-up examination after completed treatment for a malignant neoplasm. This follow-up code implies the condition is no longer being actively treated and no longer exists.

## Cancer drugs prescribed for reason other than malignancy

Patients with no history of cancer who take cancer drugs prophylactically (for example, Z79.810, Long term (current) use of selective estrogen receptor modulators [SERMs]), should not be reported with an active cancer diagnosis or a personal history of malignant neoplasm. Instead, code the reason for the prescription.<sup>1</sup>

### Documentation and coding examples

#### Metastatic carcinoma of the liver

- **C78.7** Secondary malignant neoplasm of liver and intrahepatic bile duct
- **C80.1** Malignant (primary) neoplasm, unspecified

#### Metastatic carcinoma from the lung

- **C34.90** Malignant neoplasm of unspecified part of unspecified bronchus or lung
- **C79.9** Secondary malignant neoplasm of unspecified site

### Frequently asked questions



**Question:** A patient previously diagnosed with prostate cancer had a total prostatectomy but no chemo or radiation therapy. Since his PSAs are monitored regularly, can this be considered “watchful waiting” and coded as current/active prostate cancer?

**Answer:** The term “watchful waiting” (active surveillance) can be used if the cancer has not been eradicated and no treatment of any kind is being directed at the cancer. If the patient’s cancer was completely eradicated by having a prostatectomy, this would be considered routine surveillance or monitoring for recurrence and should be documented and coded as Z85.462, Personal history of prostate cancer.<sup>2,3,4</sup>

**Question:** Documentation supports a patient has prostate cancer, s/p permanent seed implants five years ago with no recurrence. Can this be coded active cancer?

**Answer:** Radioactive “seed” implants remain in place permanently; however, brachytherapy is only considered “active” treatment while the implants are in the effective period of the radiation. This varies from a few months up to approximately 10 months, depending on the type of implant. In the above case, there is no recurrence, so unless there is current/active treatment documented, this would be coded as Z85.46, Personal history of prostate cancer.<sup>3</sup>

Breast cancer (female)		
ICD-10-CM	Description	HCC
<b>C50.919*</b>	Malignant neoplasm of unspecified site of unspecified female breast	12
<b>C50.-*</b>	Malignant neoplasm of breast (specified)	12
Z17.0	Estrogen receptor positive status [ER+]	Not an HCC
Z17.1	Estrogen receptor negative status [ER-]	Not an HCC
Z79.810	Long term (current) use of selective estrogen receptor modulators (SERMs)	Not an HCC
Z79.811	Long term (current) use of letrozole (Femara)	Not an HCC
Z85.3	Personal history of malignant neoplasm of breast	Not an HCC

\*Be specific – identify the problem by site (topography), laterality, type such as primary or secondary metastasis and behavior, malignant, in situ, benign, etc. Also, consider specific forms: morphology, histologic type and grade (score 1–3).

### Documentation and coding example

#### Malignant neoplasm of lower-outer quadrant of left breast of female, current use of Tamoxifen citrate tablets, estrogen receptor positive.

- **C50.512** Malignant neoplasm of lower-outer quadrant of left female breast
- Z17.1 Estrogen receptor positive status [ER+]

Consider reviewing Optum tools related to coexisting conditions such as diabetes, hypertension and malnutrition, if applicable.

Codes marked with a \* directly after them represent new additions to the FY 2021 ICD-10-CM code classification.

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2021: “A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required.” The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2021: cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.

The following references were used to create this document:

Optum360 ICD-10-CM: Professional for Physicians 2021. Salt Lake City: 2020.

1. AHA Coding Clinic for ICD-10-CM Vol 25, Q4, 2008.
2. Observation or Active Surveillance for Prostate Cancer. American Cancer Society. cancer.org/cancer/prostate-cancer/treating/watchful-waiting.html. Accessed December 4, 2020.
3. What is Brachytherapy? American Brachytherapy Society. americanbrachytherapy.org/resources/for-patients/what-is-brachytherapy. Accessed December 4, 2020.
4. Ask the Experts: What’s the Difference between Active Surveillance and Watchful Waiting when Treating Prostate Cancer? Urology Care Foundation. urologyhealth.org/patient-magazine/magazine-archives/2017/winter-2017/ask-the-experts-whats-the-difference-between-active-surveillance-and-watchful-waiting-when-treating-prostate-cancer. Accessed December 4, 2020.



This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the “thought process” of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2020, the Centers for Medicare & Medicaid Services (CMS) announced that 2020 dates of service for the 2021 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. cms.gov/files/document/2021-announcement.pdf.

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