Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

July 2021

Cancer and Coding of Neoplasms

Documentation and coding of neoplasms has been a source of countless errors, including incorrect assignment of the morphology of the diagnosis and active cancer versus historical cancer. Accurate coding will provide a true clinical picture of the patient's health.

Cancer starts when cells grow out of control and crowd normal cells. In all types of cancer, some of the body's cells begin to divide without stopping and spread into surrounding tissues. There are many types of cancer and the causes vary greatly.

The signs and symptoms will depend on where the cancer is located, how big it is, and how much it affects the organs or tissues. If a cancer has spread (metastasized), signs or symptoms may appear in different parts of the body. Some signs are noticeable such as changes in the skin, breast, or urination while other signs are not known until the cancer has grown quite large.

There are many types of treatment that will depend on the type of cancer and how advanced it is. Common treatments include surgery, chemotherapy, radiation therapy, targeted therapy and immunotherapy.

Malignant Neoplasm Coding Guidance

When documenting cancer, it is important to include the following:

- **Location** – Anatomic part of the body
  - Overlapping site boundaries
  - Multiple non-contiguous sites in same location
- **Type of lesion** – Histology or cell type if known
  - Behavior – document all that apply
  - Primary – cancer that arises from the cells found where the surgeon biopsies the neoplasm
  - Secondary/Metastatic – Cancer cells originated elsewhere and spread to this location. Documentation should clearly indicate the primary cancer and location of metastasis.
  - In situ – Malignancy confined to the site of origin without invasion of neighboring tissues.
- **Treatment** – What is being done to eradicate the cancer? Is it targeting the primary or secondary malignancy, any associated complications?
  - Chemotherapy
  - Radiation therapy
  - Immunotherapy
  - Surgical intervention
  - Brachytherapy
  - Patient declines or is unable to have treatment

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Active Malignant Neoplasm	History of Malignant Neoplasm
Active cancer codes support a malignancy that is present or has been excised while treatment is ongoing (e.g., radiation therapy, chemotherapy or additional surgery). Key words include the following: • "Indolent" • In situ, localized, regional, distant, unknown • Active cancer and is receiving ongoing treatment • No evidence of active cancer but is receiving adjuvant therapy (treatment for at least 5 years) • Active cancer but elects to not receive treatment • Patient refused treatment or suspended treatment (e.g., transfer to hospice, palliative care, etc.) • Newly diagnosed and is waiting for treatment to begin (e.g., chemo, surgery, etc.) • Patient is sent to specialist to continue treatment (not under surveillance) • "Watchful waiting" or "expectant care" depending upon progression of the neoplasm	Assign a code from category **Z85, Personal history of malignant neoplasm** when ALL THREE of the following are met: • Patient has a history of a primary malignancy that has been previously excised or eradicated from its site • there is no further treatment (of the malignancy) directed to that site • there is no evidence of any existing primary malignancy at that site. **It is important to not use "history of" to describe current neoplasm.**

When a primary malignancy has been excised, but further treatment is directed to that site, the primary malignancy code should be used until treatment is completed.

What Documentation Should Include

- Active Cancer Details
- Anatomical site/location
- Type/behavior of cancer
- Metastatic site
- Related conditions
- Active treatment

Additional Codes to Identify Risk Factors

- Exposure to tobacco, radiation, asbestos and/or infectious disease
- Prolonged sun exposure or dependence
- Compromised immune system
- Immunosuppressive therapy
- Any other permanent risk factors

Complications

- Thrombocytopenia
- Neutropenia
- Anemia
- Malnutrition
- Infection (viral or bacterial)
- Any other complication that would arise for the disease process or treatment for the condition

Associated Diseases/Conditions

- HIV
- Rheumatoid Arthritis
- Infection
- Any other associated disease or condition

Metastatic Neoplasm

The term **"metastatic to"** indicates that the site mentioned is secondary. **"Metastatic from"** indicates that the site mentioned is the primary site. **Before** using a non-specific code for metastatic cancer, review the record to determine if a specific metastatic site is identified. If identified, code to the highest specificity.

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Primary Neoplasms of Lymph Nodes or Glands

Documentation and Coding Best Practices

- **Lymphoma** (regardless of the number of sites involved) is not considered **"metastatic."**
- **Lymphoma** documented as **"in remission"** is still considered to be active lymphoma and should be coded from category **C81** through **C88**.
  - The **fourth character** provides more specificity about the particular type of neoplasm.
  - The **fifth character** indicates the nodes involved.
- **Lymphoma, leukemia and multiple myeloma** should be coded as **active** when the patient is under surveillance (unless documented as **"history of"**).
- **Leukemia** is classified in categories **C91** through **C95**.
  - The **fourth character** indicates either the stage of the disease (acute or chronic) or the type of leukemia (e.g., adult T-cell).

ICD-10 Guidelines state, "primary malignant neoplasm that overlaps two or more contiguous sites is classified to the subcategory/code .8, signifying 'overlapping lesion,' unless the combination is specifically indexed elsewhere."

DO NOT:

- Document a suspected and unconfirmed malignant neoplasm as if it were confirmed.
- Use words that indicate uncertainty (e.g., "likely," probable," "apparent," "consistent with," etc.) to describe a current or confirmed malignant neoplasm.

Top Three Coding and Documentation Errors

1

HISTORY VS. ACTIVE

Malignant neoplasm is incorrectly coded as active when documentation supports a history code.

2

LACKING SPECIFICITY/LOCATION

Malignant neoplasm is incorrectly coded as unspecified when documentation supports specificity/location.

3

LACKING ACTIVE TREATMENT DOCUMENTATION

Malignant neoplasm is incorrectly reported as active when it lacks evidence of active treatment.

Source: Top three neoplasm documentation and coding errors found with Florida Blue Medicare members

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Documentation and Coding Examples

Malignant Neoplasm of Breast

Assessment/Plan	Estrogen positive Stage II ductal carcinoma lower inner quadrant of the left breast. Completed first round of chemotherapy. Follow up with patient after the next round of chemotherapy and repeat laboratory work.
ICD-10-CM Codes	• **C50.312** – Malignant neoplasm of lower-inner quadrant of left female breast • **Z17.0** – Estrogen receptor positive status [ER+]
Documentation/ Coding Tips	• Cancer codes are to be used for patients with documentation of active treatment for the condition. This applies even when the patient had surgery to remove the cancer but is still receiving treatment for the disease, such as antineoplastic medications, chemotherapy, radiotherapy, etc. As long as the patient continues to receive such treatment, the patient's cancer should be coded as a current, active disease condition (categories **C00-D49**). • A patient may be prescribed antineoplastic medicines for reasons other than active cancer (e.g. prophylaxis). In this case, do not code cancer.

Secondary Neoplasm of Bone

Assessment/Plan	Metastatic bone cancer originating from breast cancer. Breast cancer was eradicated four years ago. Doing well with current pain management regimen. Follow up with patient after the next round of radiation.
ICD-10-CM Codes	• **C79.51** – Secondary malignant neoplasm of bone • **Z85.3** – Personal history of malignant neoplasm of breast
Documentation/ Coding Tips	• When a secondary cancer is coded and the primary cancer is still present, the primary cancer should be coded as well; if the primary cancer has been completely eradicated, it should not be coded as active. • Cancer (except those coded to categories [C80-C95] for which treatment is no longer received) would be coded with a Z code for History of malignant neoplasm. Likewise, any cancer stated to have been completely eradicated would be coded to a Z code.

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- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease
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References

- AAPC - https://www.aapc.com/
- AHA Coding Clinic Advisor
- MaHIMA - https://www.mahima.org/
- CMS - https://www.cms.gov/
- EncoderPro.com
- ICD-10-CM Official Guidelines for Coding and Reporting - https://www.cdc.gov/nchs/icd/icd10cm.htm

[1]Availity LLC is a multi-payer joint venture company. For more information, visit avality.com.