

Documentation and Reporting Neoplasms

DOCUMENTATION TIPS

Document and report cancer for which the patient is receiving **active treatment**. ICD-10-CM Guideline Section I (C.2.d) states, “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 Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy.”¹ Documentation of active cancer must include the diagnosis, status and plan (DSP).

Diagnosis

- **Anatomic site:** location, quadrants, laterality, multiple and contiguous sites
- **Behavior:** Malignant (primary, secondary, unknown) neuroendocrine, benign, carcinoma in situ, uncertain behavior or unspecified behavior
- **Morphology:** Histological type, stage and grade
- **Laterality:** right, left, bilateral

Status: active, treatment ongoing, status post-surgery, treatment completed,

Plan: treatment (chemotherapy, radiation, brachytherapy, surgery scheduled)

Neoplasm Reporting (not an all-inclusive list)

Cancer Site	Primary Cancer ICD-10-CM	Secondary Cancer ICD-10-CM	Personal History of Cancer ICD-10-CM
Female Breast	C50.-	C79.81	Z85.3
Prostate	C61	C79.82	Z85.46
Lung	C34.-	C78.0-	Z85.11-
Kidney	C64.-	C79.0-	Z85.52-

Document and report **estrogen receptor status**, if applicable, for female breast cancer patients. Z17.0 Estrogen receptor positive status (ER+) and Z17.1 Estrogen receptor negative status (ER-).

When a **selective estrogen receptor modulator (SERM)** such as tamoxifen is prescribed, document whether the medication is **treatment** for active cancer or prescribed **prophylactically**. Active treatment allows reporting of the primary malignancy; prophylaxis requires reporting “history of malignant neoplasm”. Report Z79.810 Long term (current) use of selective estrogen receptor modulators (SERMs)

Brachytherapy or seed implants: while the “seed” implants are permanent, brachytherapy is considered active treatment during the effective period of radiation, 2 – 10 months after placement. Documenting and reporting active cancer is appropriate during the radiation period. Document and report history of cancer when the site has been eradicated, there is no evidence of the previous malignancy and the patient is outside the radiation period for brachytherapy.

Metastatic Cancer

In metastatic cancer document and report both the primary site (original site of the neoplasm) and secondary site (the site the neoplasm has metastasized to). When the primary site is unknown, report C80.1 Malignant (primary) neoplasm, unspecified.

Malignancy Complications

Document and report complications of cancer or cancer treatment with cause and effect language, for example “due to,” “associated with.”

- Anemia
- Pericardial effusion
- Pathological fracture
- Immunodeficiency

History of Cancer

“History of” or “no evidence of disease” (NED) is appropriate when the site has been excised or eradicated and treatment has been completed. Report personal history of neoplasm and Z08 Encounter for follow-up examination after completed treatment for malignant neoplasm.

Documentation and Reporting Examples

- 1) 65-year old male with early stage prostate cancer seen for follow-up status post low dose rate brachytherapy two weeks ago. Patient’s current PSA is 10 ng/ml.

C61 Malignant neoplasm of prostate

- 2) 40-year old female with right upper outer quadrant breast cancer, ER+, currently on Tamoxifen, pending surgery.

C50.411 Malignant neoplasm of upper-outer quadrant of right female breast
Z17.1 Estrogen receptor positive status (ER+)



HEDIS: Detailed information about screening measures for breast, cervical, colorectal and prostate cancer is available through your Passport/Molina Quality Representative.

According to the ICD-10-CM Official Guidelines for Coding and Reporting FY2022 “A dash (-) at the end of an alphabetic index entry indicates that additional characters are required.” Refer to the tabular list to identify the appropriate character(s) that will complete the diagnosis code.

1. ICD-10-CM Official Guidelines for Coding and Reporting FY2022. 1 Oct. 2021, www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines.pdf. Accessed 30 Nov. 2021.
2. Poe Bernard, Sheri. *Risk Adjustment Documentation and Coding*. 1st ed., American Medical Association Press, 2018.
3. National Cancer Institute. “Treatment Choices for Men with Early-Stage Prostate Cancer.” Vol. 11-4659, Jan. 2011, pp. 1-44, www.cancer.gov/publications/patient-education/prostate-cancer-treatment-choices.pdf. Accessed February 4, 2022.