# Phases of Cancer Coding
# Diagnosing, Treating, and History Of

Risk Adjustment Programs for
Provider Engagement and Education
2024

*Please note-this presentation is being live recorded

# Housekeeping

This Presentation will be available on the Blue Cross NC Provider's Risk Adjustment webpage for educational purposes only.

Please submit questions in the Q&A box OR to our shared mailbox:

BCBSNCRiskAdj@bcbsnc.com

Question responses will be emailed to you after the Webinar.

# CEU Credits

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  - Ensure your name and email are entered correctly
- Attend the event using audio and visual functions on your computer or smartphone.
  - You must be able to see and hear the presentation
  - Attend at least 75% of the event

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# Disclaimer

This presentation is intended for both physicians and office staff. The information contained in this presentation and responses to the questions are not intended to serve as official coding or legal advice.

All Coding should be considered case by case basis and should be supported by medical necessity and the appropriate documentation reflected within the medical record.

# Risk Adjustment Provider Engagement and Education Team

Kira Cheek
CPC,CRC
Risk Adjustment Management Associate

Dominique Brown
LPN, MBA, MHA, CSM®
Clinical Risk Management Analyst

Laura Shelton
Risk Adjustment Management Associate

Trish Burns
RN, BA
Clinical Risk Management Analyst

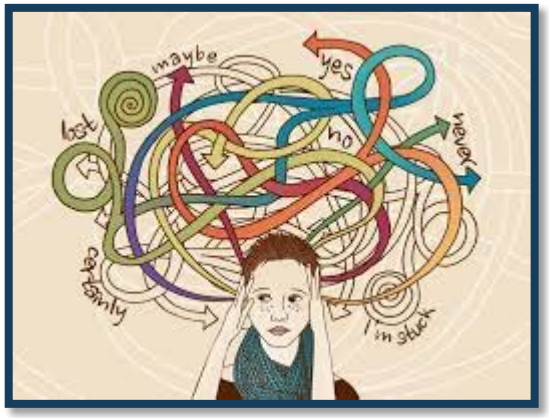
Jacqueline Duncan
BA, LPN, CPC, CRC, COBGC
Clinical Risk Management Analyst

Tracey Cox
RN, CPC, CRC
Clinical Risk Management Analyst

# Objectives

**After this webinar participants will be able to:**

- ✓ Understand the differences between active and historical cancer diagnoses
- ✓ Understand what types of treatment are considered "active"
- ✓ Understand the importance of updating the PMH and PL according to the phase of cancer the patient is in
- ✓ Understand the difference in remission and resolved




## On a scale from 1-5:
## How well do you understand Cancer Coding?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Extremely Well | Somewhat Well | Neutral | Somewhat Not Well | Extremely Not Well |

# V28 Cancer Code Changes

2024

# Cancer

Documentation should include if the condition has not achieved remission, is in remission, or is in relapse.

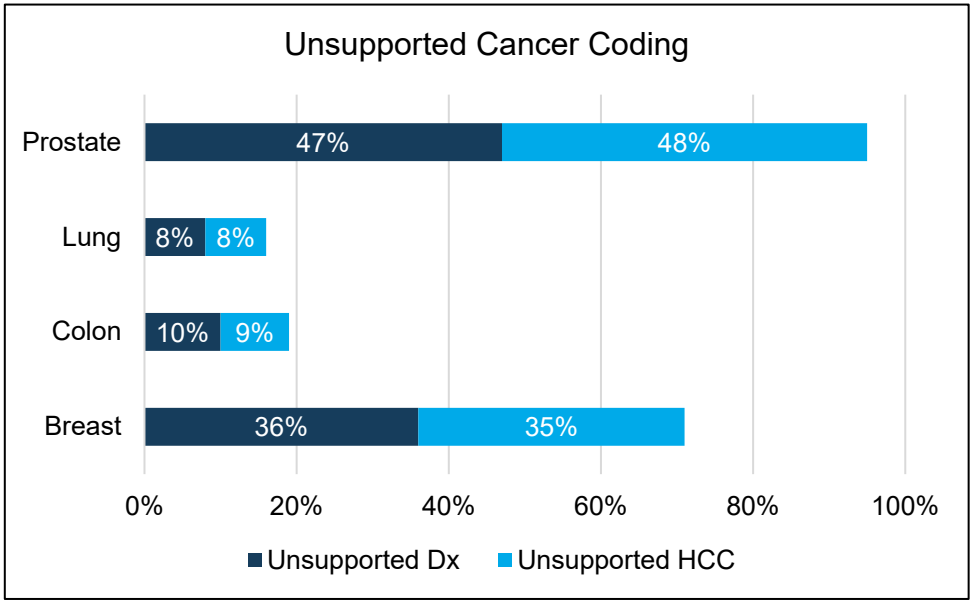
These patients frequently have stem cell transplants, do not forget to include that in your coding.

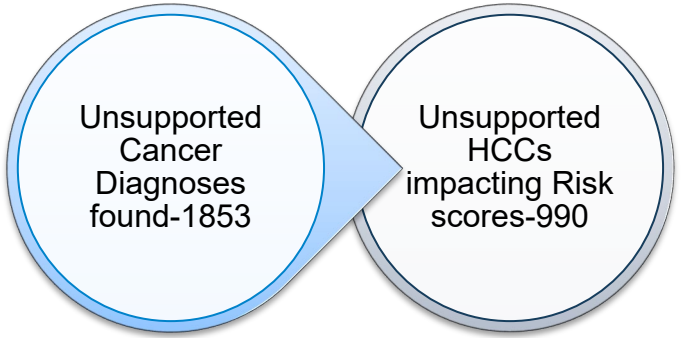
| Condition | ICD-10 Code | HCC-v24 | HCC-v28 |
|---|---|---|---|
| Multiple Metastatic Codes | Multiple | Multiple | Multiple |
| Myelodysplastic disease, not elsewhere classified | C94.6 | 48 | 19 |
| Multiple myeloma not having achieved remission | C90.00 | 9 | 19 |
| Multiple myeloma in remission | C90.01 | 9 | 19 |
| Multiple myeloma in relapse | C90.02 | 9 | 19 |
| Stem Cell Transplant | Z94.84 | 186 | 454 |

# Cancer-Overview

# High Risk Diagnosis-Cancer

## 2022 Dates of Service



# Cancer Overview, Diagnosing, & Treatment

**Cancer is an abnormal growth of cells (usually derived from a single abnormal cell)**

- The cells have lost normal control mechanisms
- A mass of cancerous tissue is formed—called a **tumor**
- This mass (tumor) invades and destroys normal adjacent tissues
- Tumors can be cancerous (malignant) or noncancerous (benign)

# Cancer Overview, Diagnosing, & Treatment

## Common Symptoms

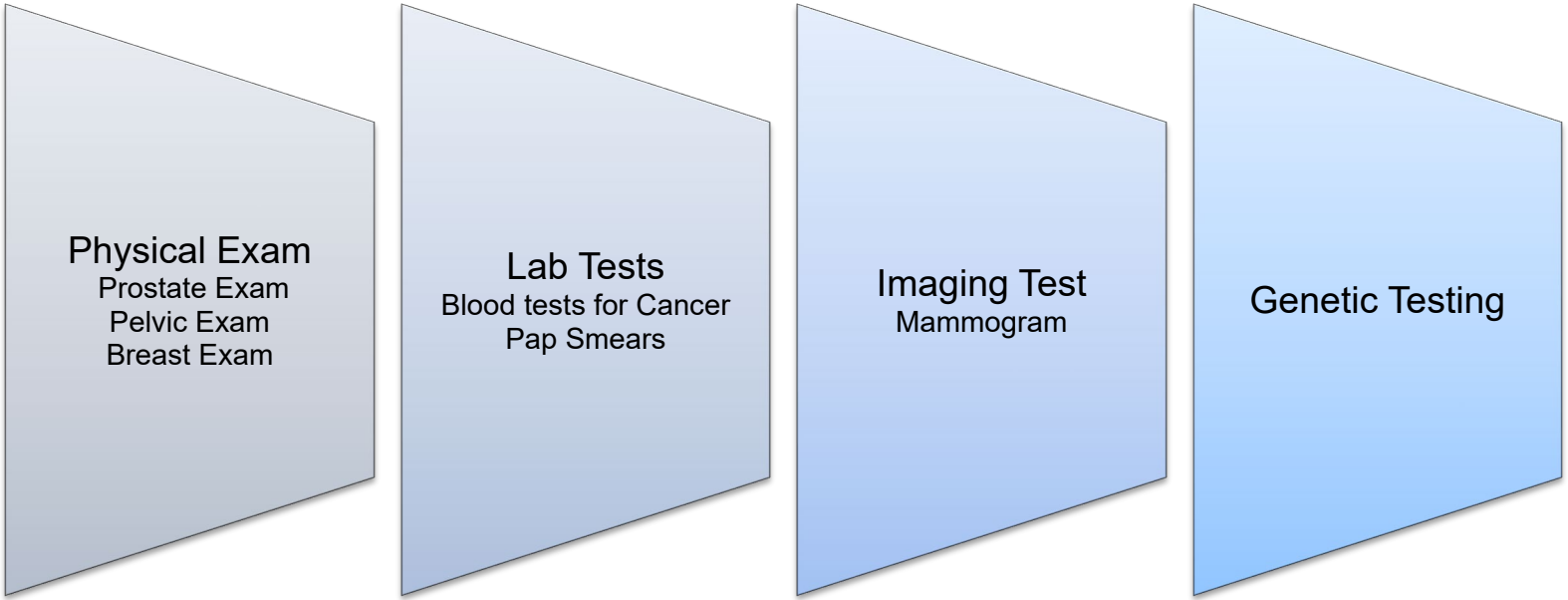
- Unexplained Weight Loss
- Fever
- Fatigue
- Pain
- Skin Changes
- Change In Bowel Habits or Bladder Function
- Unusual Bleeding or Discharge

## Common Risk Factors

- Obesity
- Tobacco
- Alcohol
- Sedentary Lifestyle
- Poor Diet
- Excessive UV Exposure
- Carcinogenic Chemicals
- Age
- Genetics
- Radiation

# Cancer-Overview, Diagnosing, & Treatment

## Types of Screening Tests



# Cancer Overview, Diagnosing, & Treatment

## Routine vs. Symptoms Present Screening Test Coding

| Routine | Symptoms present |
| --- | --- |
| Code the CPT code for the test | Code the CPT code for the test |
| Encounter for screening for malignant neoplasms (Z12.xx) | Code the symptom that has triggered the test |
| Family history of malignant neoplasm? (Z80.x) | Family history of malignant neoplasm? (Z80.x) |

# Cancer Overview, Diagnosing, & Treatment

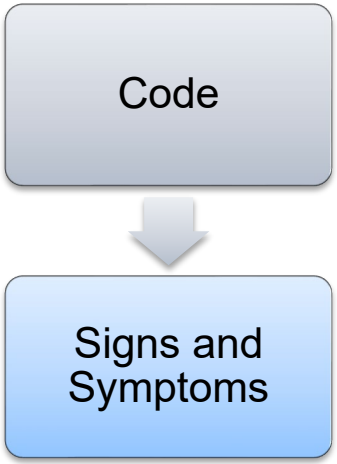
## Chapter 21.5-Official Guidelines Related to Screening Tests:

| Type of Cancer | ICD-10 Code | Notes |
|---|---|---|
| Breast | **Z12.3x**-Encounter for screening for malignant neoplasm of breast | Use additional code to identify any family history of malignant neoplasm **(Z80.-)** |
| Cervical | **Z12.4**- Encounter for screening for malignant neoplasm of cervix | Excludes 1-when screening is part of general gynecological examination **(Z01.4-)**<br>Excludes 2-encounter for screening for human papillomavirus **(Z11.51)** |
| Prostate | **Z12.5**- Encounter for screening for malignant neoplasm of prostate | Use additional code to identify any family history of malignant neoplasm **(Z80.-)** |
| Colorectal | **Z12.11**-Encounter for screening for malignant neoplasm of colon | Use additional code to identify any family history of malignant neoplasm **(Z80.-)** |
| Lung Cancer | **Z12.2**- Encounter for screening for malignant neoplasm of respiratory organs | Use additional code to identify any family history of malignant neoplasm **(Z80.-)** |

# Cancer Diagnostic Testing

# Cancer Overview, Diagnosing, & Treatment

## Before the diagnosis:




Ms. Jones presents for exam after noting a lump during a self breast exam. She has a family history of breast cancer and is very concerned.

Lump to the upper outer quadrant of right breast confirmed. Will perform a mammogram in office today.

N63.11-Unspecified lump in the right breast, upper outer quadrant
Z12.31-Encounter for screening mammogram for malignant neoplasm of breast
Z80.3- Family history of malignant neoplasm of breast



https://www.cancer.gov/about-cancer/diagnosis-staging/diagnosis#imaging-tests-used-in-cancer

# Cancer Overview, Diagnosing, & Treatment

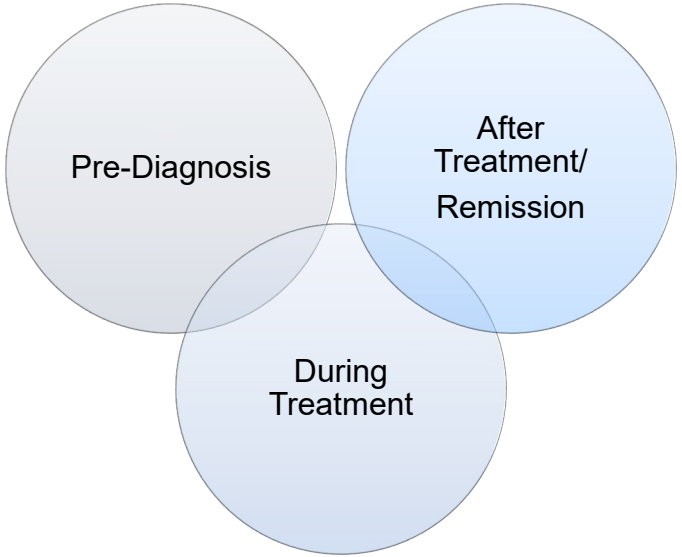
## Biomarker Testing

What it does:

Can indicate normal or abnormal processes taking place in your body
Identify underlying condition or disease

Precision medicine (personalized medicine)

Medical care is tailored based on the specific genes, proteins, and other substances in a person's body.






https://www.cancer.gov/about-cancer/diagnosis-staging/diagnosis#imaging-tests-used-in-cancer

# Cancer Overview, Diagnosing, & Treatment

## Diagnostic Imaging


***If a neoplasm is unconfirmed, code the sign or symptom associated with the test***

# Cancer Overview, Diagnosing, & Treatment

## Biopsy Testing

- Needle
- Endoscopic
- Surgical

***If a neoplasm is unconfirmed, code the sign or symptom associated with the test**

# Cancer Overview, Diagnosing, & Treatment

## Pathology Reporting

Biopsy procedures collect tissue samples for a pathologist to look at through a microscope

After review, the pathologist will identify the cancer type, including the tumor grade, lymph node status, margin status, and stage

This information is used by the provider to choose the best treatment for the cancer

Post webinar updates in red

**Coding Tip**

~~**You cannot code a cancer diagnosis using a pathology report.**~~
~~**You must code from the treating provider's documentation.**~~

**MA:**

Pathology Reports with pathologist interpretation are acceptable (CMS-Medical Record Reviewer Guidance, 2020, p.37).

**ACA:**

Pathology reports must be submitted in conjunction with a valid medical record and a face-to-face or telehealth progress note from the interpreting provider

(i.e., progress note that has a provider's signature that is credentialed to diagnose in the state) (CMS-ICD 10-CM Official Guidelines FY 2024, 2023, p.110).

# Cancer Staging & Grading

# Cancer Overview, Diagnosing, & Treatment

## Staging Systems

Most staging systems include information about:

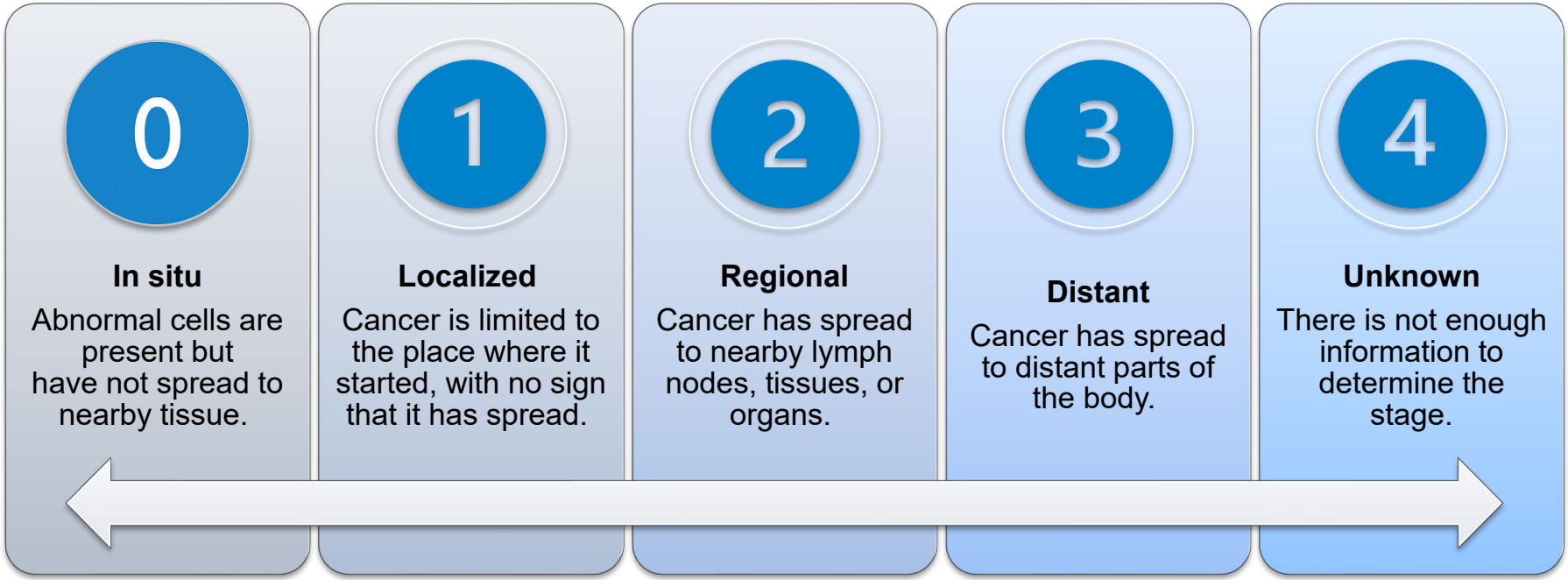
- Where the tumor is in the body?
- Size of the tumor?
- Has it spread to nearby lymph nodes?
- Has it spread to a different part of the body?

Fun Fact!

A cancer is always referred to by the stage it was given at diagnosis, *even if it gets worse or spreads*.
New information about how a cancer has changed over time is added to the original stage.
*So, the stage doesn't change, even though the cancer might.*

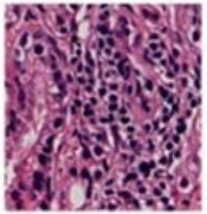
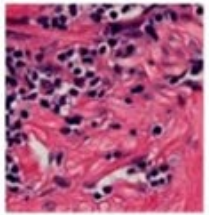
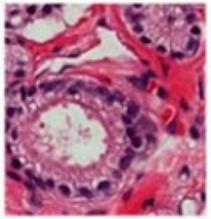
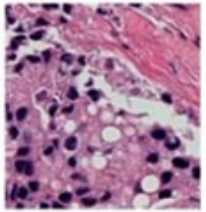
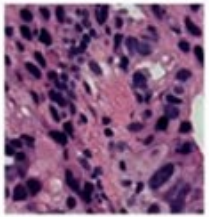
# Cancer Overview, Diagnosing, & Treatment

## Staging Systems



# Cancer Overview, Diagnosing, & Treatment

## Cancer Grading

| Benign | | Malignant | | |
|---|---|---|---|---|
| Grade 1 | Grade 2 | Grade 3 | Grade 4 | Grade 5 |
|  |  |  |  |  |
| Glands are small, well-formed, and close together | Glands are larger and have more space between them | Glands are further apart, darker, and have different shapes | Hardly any glands, cancer cells have lost their ability to form glands | There are no glands, and sheets of cancer cells are present throughout the tissue |
| Gleason Score 3+3 = 6 | Gleason Score 3+4 = 7 | Gleason Score 4+3 = 7 | Gleason Score 4+4 or 5+3 = 8 | Gleason Score 4+5, 5+4 or 5+5 = 9 or 10 |

Increasing Tumor Aggressiveness

# Cancer-Diagnosis

# Cancer Overview, Diagnosing, & Treatment

## Ch. 2- Chapter-specific Guidelines

- Determine from the record if the neoplasm is *benign, in-situ, malignant, or of uncertain histologic behavior*.
  - If malignant, any secondary (metastatic) sites should also be determined.
- A primary malignant neoplasm that overlaps two or more contiguous (next to each other) sites:
  - Classify to the subcategory/code **.8** ('overlapping lesion'), *unless the combination is specifically indexed elsewhere.*
- Multiple neoplasms of the same site that are **not contiguous** (next to each other) such as tumors in different quadrants of the same breast, codes for each site should be assigned.

# Cancer Overview, Diagnosing, & Treatment

## Scenario

A 73-year-old white female with a large rapidly growing **malignant** tumor in the **left breast** extending from the upper outer quadrant into the axillary tail

Neoplasm Table

Breast

Overlapping Lesion

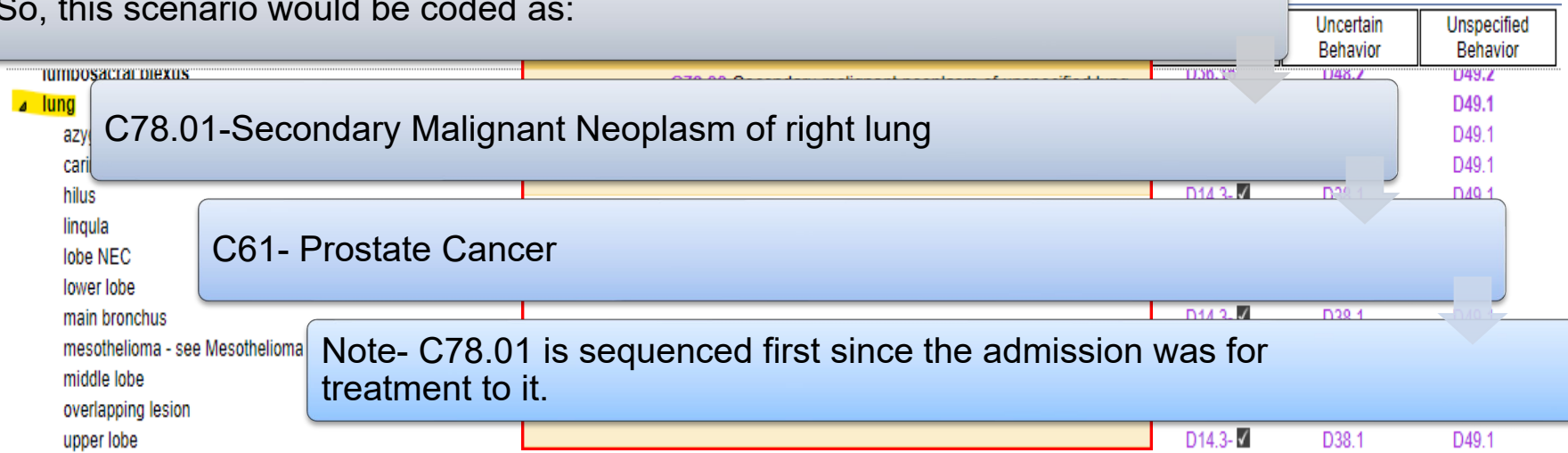
| breast (connective tissue) (glandular tissue) (soft parts) | C50.9- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
|---|---|---|---|---|---|---|
| areola | C50.0- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| axillary tail | C50.6- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| central portion | C50.1- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| inner | C50.8- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| lower | C50.8- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| lower-inner quadrant | C50.3- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| lower-outer quadrant | C50.5- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| mastectomy site (skin) - see also Neoplasm, breast, skin | C44.501 | C79.2 | — | — | — | — |
| midline | C50.8- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| nipple | C50.0- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| outer | C50.8- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| overlapping lesion | C50.8- | — | — | — | — | — |
| skin | C44.501 | C79.2 | D04.5 | D23.5 | D48.5 | D49.2 |
| tail (axillary) | C50.6- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| upper | C50.8- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| upper-inner quadrant | C50.2- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |
| upper-outer quadrant | C50.4- | C79.81 | D05.- | D24.- | D48.6- | D49.3 |

# Cancer Overview, Diagnosing, & Treatment

## Scenario

Patient with primary prostate cancer with metastasis to right lung admitted for a wedge resection of mass in right lung

So, this scenario would be coded as:




C78.01-Secondary Malignant Neoplasm of right lung

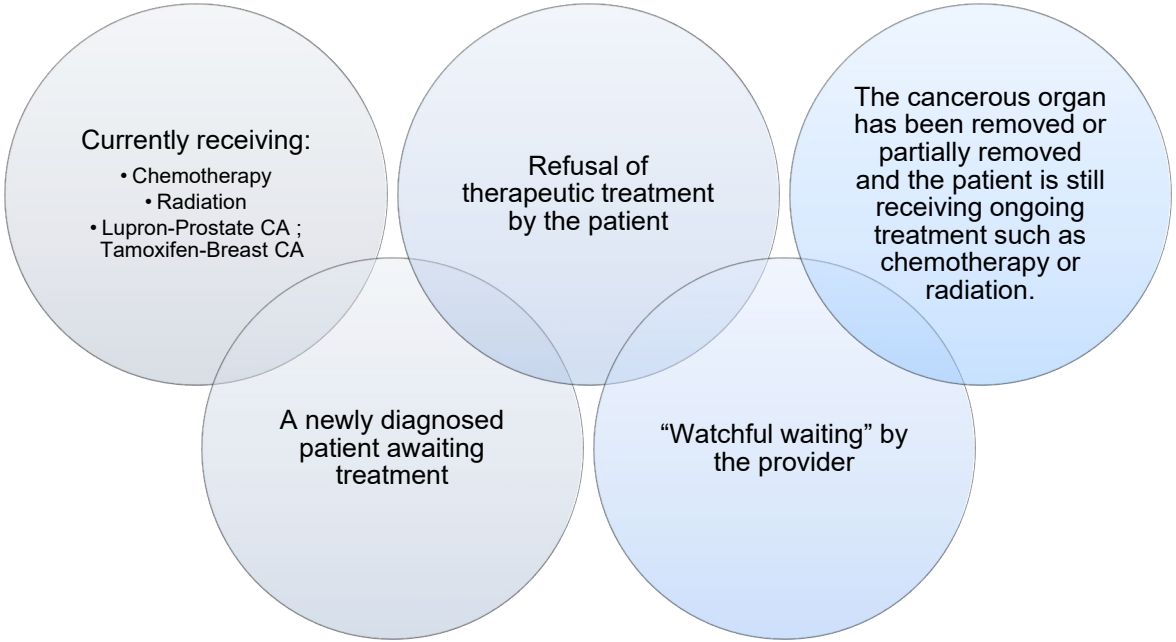
C61- Prostate Cancer

Note- C78.01 is sequenced first since the admission was for treatment to it.

# Cancer Treatment

# Cancer Overview, Diagnosing, & Treatment

## When is Cancer considered “Active”?




Patient treatment refusals should be clearly documented by the provider

When treatment is held because the risk of the treatment outweighs the benefit, the provider should clearly document this in the patient chart in detail.

# Cancer Overview, Diagnosing, & Treatment

## Treatment Options

**Surgery**

- Tumor Resection, Resection of Metastases, Tumor Debulking, Palliative
- Can be used alone or with other modalities (radiation, chemotherapy)

**Radiation Therapy**

- May be used with surgery or chemotherapy to improve cure rates
- Destroys all cells, not just cancer cells

**Systemic Cancer Therapy**

- Includes chemotherapy, hormone therapy, targeted therapy, and immune therapy

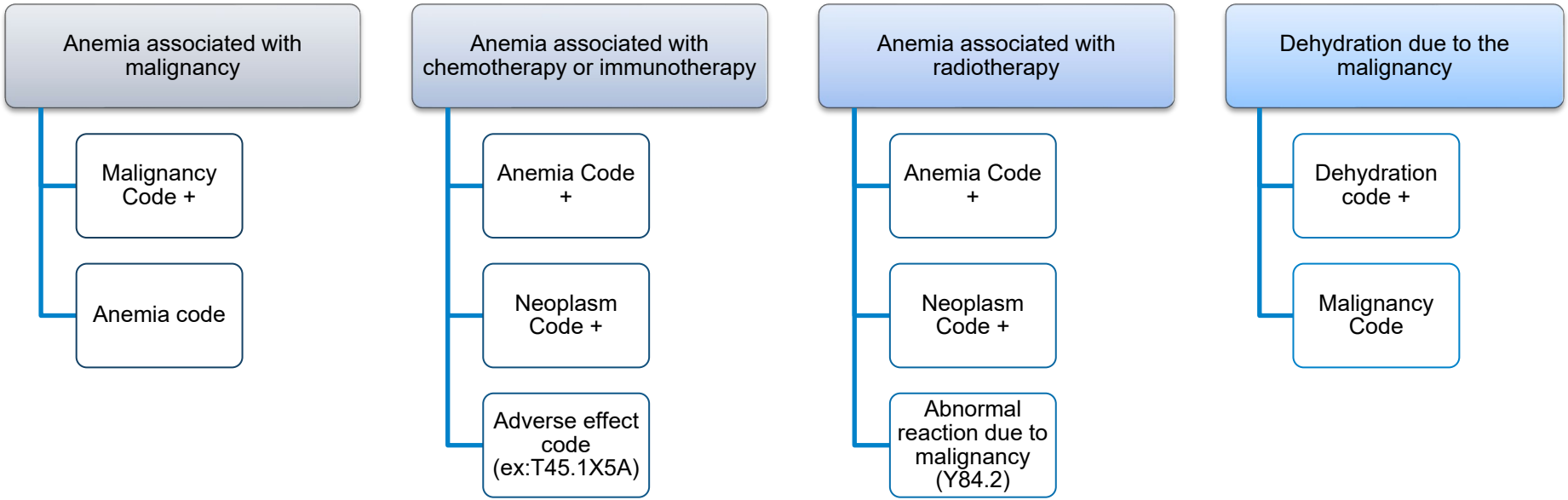
**Stem Cell Transplant**

- Stem cells are unspecialized cells that have the capability to become many different types of cells.
- High doses of chemotherapy drugs or radiation therapy can kill cancer cells but often also kills the person's stem cells, which prevents the bone marrow from producing normal blood cells.
- Stem Cell transplantation replaces the killed stem cells with healthy stem cells from a donor ; This allows doctors to give high doses of chemotherapy to treat leukemias and some lymphomas
- ***Don't forget to code the stem cell transplant in future claims. Z94.84***

# Cancer Overview, Diagnosing, & Treatment

Treatment Side Effects and Code Sequencing for:

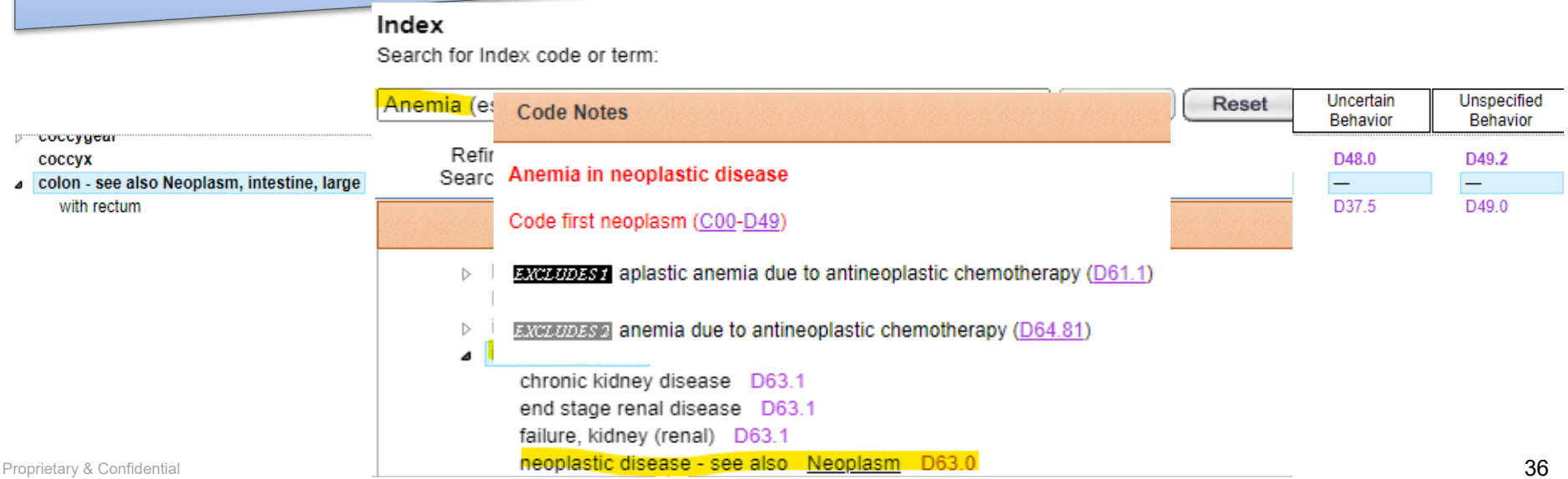
Admission or Encounter for Management of an Anemia or Dehydration Associated with Malignancy when the only treatment is for the anemia or the dehydration



# Cancer Overview, Diagnosing, & Treatment

## Scenario

The patient is admitted for treatment of anemia in advanced colon cancer.
What would you code?



# Cancer Overview, Diagnosing, & Treatment

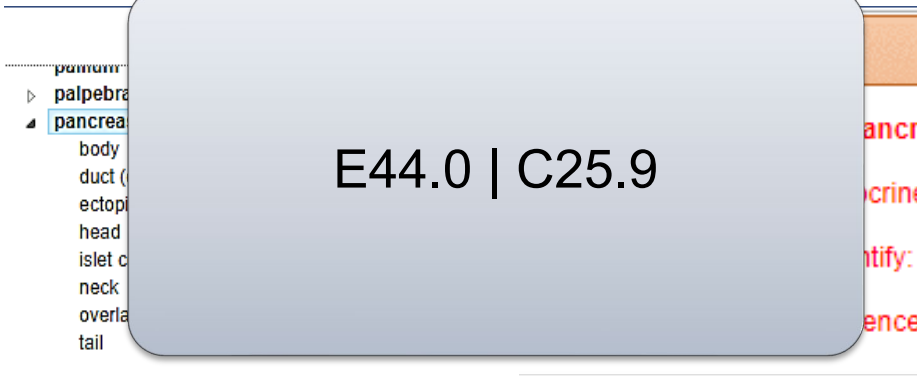
## Additional Cancer Diagnoses & Treatment Side Effects Coding

| | | | |
|---|---|---|---|
| Malnutrition<br>E43-E46 | Depression<br>F32.xx-F33.xx | Anxiety<br>F41.x | Blood Clots<br>I74.xx |
| Pain<br>G89.3 | Refuses CA treatment<br>Z53.x | Artificial opening status<br>Z93.x | |

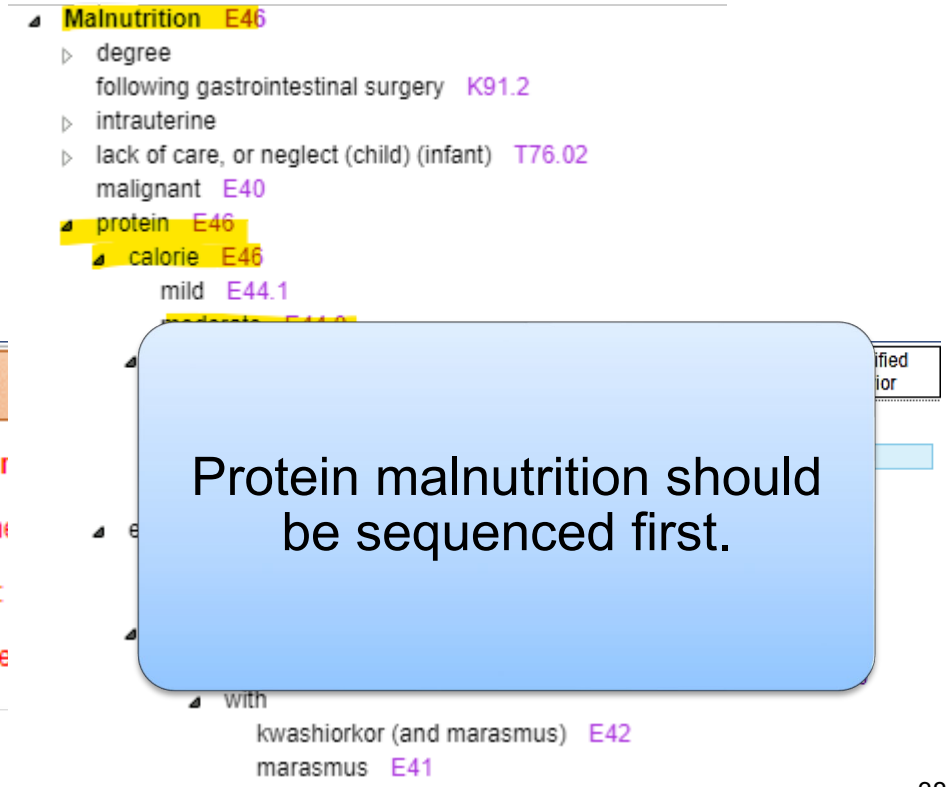
# Cancer Overview, Diagnosing, & Treatment

## Scenario

A patient with pancreatic cancer is seen for initiation of TPN for cancer-related moderate protein-calorie malnutrition




E44.0 | C25.9




Protein malnutrition should be sequenced first.

# Prophylactic Cancer Treatment

## Prophylactic organ removal for prevention of malignancy

For encounters specifically for prophylactic removal of an organ (such as prophylactic removal of breasts due to a genetic predisposition to cancer or a family history of cancer), the principal or first-listed code should be a code from category Z40, Encounter for prophylactic surgery, followed by the appropriate codes to identify the associated risk factor (such as genetic susceptibility or family history).

If the patient has a malignancy of one site and is having prophylactic removal at another site to prevent either a new primary malignancy or metastatic disease, a code for the malignancy should also be assigned in addition to a code from subcategory Z40.0, Encounter for prophylactic surgery for risk factors related to malignant neoplasms.

***A Z40.0 code should not be assigned if the patient is having organ removal for the treatment of a malignancy, such as the removal of the testes for the treatment of prostate cancer***

# Post Treatment Encounters

# Cancer Overview, Diagnosing, & Treatment

## When is Cancer considered “Historical”?

Cancer was successfully treated, and the patient is no longer receiving treatment

Cancer was excised or eradicated without further evidence of recurrence AND further treatment isn’t needed

Providers should be encouraged to update the problem list and past medical history when it has been determined that a patient's cancer is resolved.

# Cancer Overview, Diagnosing, & Treatment

## Z08-Encounter for follow-up examination after completed treatment for malignant neoplasm

***These codes imply that the condition has been fully treated and no longer exists***

**When using Z08:**

- Use additional code to identify any acquired absence of organs (Z90.-)
- Use additional code to identify the personal history of malignant neoplasm (Z85.-)

If a condition is found to have recurred on the follow-up visit:

Code the condition in place of the follow-up code.

Follow-up codes may be used in conjunction with history codes.

# Cancer Overview, Diagnosing, & Treatment

## Scenario

A patient has a history of prostate cancer with removal of the prostate and has completed radiation therapy with no recurrence for two years. A PSA is performed to check for any recurrence. T
What diagnosis c

Sequencing:

Z08 should be sequenced
story

Lupron is considered active treatment. Therefore, you would code C61 for Prostate cancer in place of Z08.

Z08-Encounter for follow-up examination after completed treatment for malignant neoplasm

Z85.46-Personal history of malignant neoplasm of prostate

Z90.79-Acquired absence of other genital organ(s)

# Cancer Coding Phases

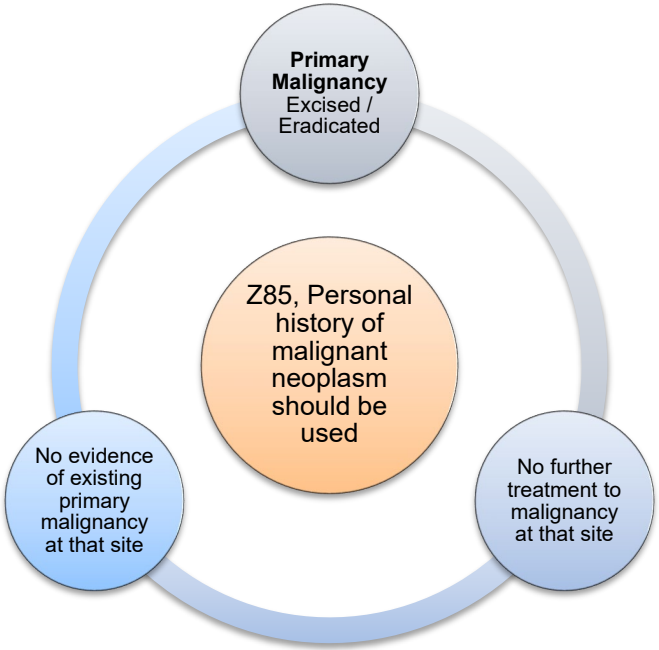
2024

# Cancer Overview, Diagnosing, & Treatment

- Current
- In Remission
- History of

# Cancer Overview, Diagnosing, & Treatment

## Current malignancy versus personal history of malignancy




Did your provider..

- Update the problem list
- Update the Past Medical History
- Update the medication list

# Cancer Overview, Diagnosing, & Treatment

## Scenario

A patient is seen for a history of breast cancer with a left radical mastectomy 18 months ago with no current treatment; a recent bronchoscopy with lung biopsy shows metastatic disease in the right lung. How would you code?

Codes w/ Sequencing: → C78.01 → Z85.3

### Breast

- Exact Location-Left Breast
- Type-Primary
- Active Treatment-No
- History of Treatment-Yes
  - Left Radical Mastectomy

### Lung

- Exact Location-Right Lung
- Type-Metastatic
- Active Treatment-Unknown
- History of Treatment-No (new dx)
- Refusal of Treatment-No

# Let’s Practice!

2024

# High Risk Diagnosis-Cancer

| L | A | S | E | R |
|---|---|---|---|---|
|  |  |  |  |  |
| Location/Site/s (Primary and Secondary) | Areas Affected- Metastasis, Confined, Multiple locations? | Status-Malignant or Benign? | Engaged in any treatment currently? Has it completed? | Resolved or In Remission? |

Encourage a “LASER” focus to your providers related to Cancer Coding.
This ensures that our Members Cancer Journey’s are accurately reflected and reimbursed.

# Cancer Coding Scenario

**ASSESSMENT & PLAN**

**1) Malignant neoplasm of sigmoid colon**[redacted]

59-year-old mentally handicapped female with metastatic colon cancer to the liver on first line capecitabine 1000 mg/m2. Because of her fatigue, I will reduce her to 850 mg/m2. She will also delay 2 weeks for the holiday, which will allow her HFS to improve. She will start again on 01JAN2022. She will follow-up with me on 21JAN2022. She will get reimaging prior to seeing me.

All questions were answered to the patient's satisfaction.

*I have personally reviewed the above referenced laboratory/radiological studies.*

**2) Secondary malignant neoplasm of liver and intrahepatic bile duct**[redacted]

**L-Location**-Sigmoid Colon, primary, and Liver and intrahepatic bile duct (Secondary).

**A-Areas affected**-Sigmoid Colon with Mets to the Liver and intrahepatic bile duct

**S-Status**-Malignant in all affected areas

**E-Engaged** in current treatment for both.

**R-Resolved or in Remission?** No

**C18.7**
**Malignant neoplasm of sigmoid colon-primary**

**C78.7**
**Malignant neoplasm of liver and intrahepatic bile duct, secondary**

# Cancer Coding Scenario

In summary, Mr. [redacted] is a very pleasant 66 year old with IgGK Multiple Myeloma currently on therapy with Dara/Dex whom we are preparing for his autologous stem cell transplant.
**1. Multiple Myeloma**. Mr. [redacted] will present for inpatient admission tomorrow. He tells me he has no questions at present. I again explained that with respect to the melphalan, I explained the side effects are primarily GI related and include nausea, vomiting, decreased appetite and diarrhea. Other side effects include, but are not limited to cytopenias, fatigue, infections and easy bleeding/bruising.
Mr. [redacted] verbalizes understanding.

C90.00
Multiple myeloma not having achieved remission

Additional Coding Tip
Once this patient has completed his transplant without complications you will code Z94.84. This code should always be included in this patient's documentation and coding moving forward to accurately reflect his Cancer Journey.

**L-Location**-Multiple Myeloma

**A-Areas affected**-IgGK Myeloma Cells

**S-Status**-Malignant

**E-Engaged In Current Treatment?** Yes, Dara/Dex and prep for autologous stem cell transplant.

**R-Resolved or in Remission?** No

# Cancer Coding Scenario

Impression

1. Splenic marginal zone b-cell lymphoma (*)
2. Lymphocytosis
3. History of splenectomy
4. Tobacco abuse
5. Elevated alkaline phosphatase level

Plan

Splenic marginal zone b-cell lymphoma (*)
Splenic marginal zone lymphoma, s/p splenectomy and Rituxan x8 cycles in 2013. He was subsequently lost to follow-up and represented on 12/29/2015. PET scan in 2/2021 was negative for lymphadenopathy and metastatic disease.

This note eludes that the patient's lymphoma is in remission, however, the provider did not document that.

In this case, the provider should be queried to confirm that the patients' lymphoma is still active.

C83.0- Small cell B-cell lymphoma

**L-Location**-Splenic Marginal Zone B-Cell Lymphoma

**A-Areas affected**-Spleen

**S-Status**-Malignant

**E-Engaged In Current Treatment?** No

**R-Resolved or in Remission?** S/P splenectomy, and s/p Rituxan cycles with a recent negative PET scan.

# Cancer Coding Scenario

94-year-old female who presents with a diagnosis of stage II bladder cancer. Treatment options are either cystectomy or bladder preservation with concurrent chemoradiation. Due to her age, she is not a surgical candidate and likely not a candidate for definitive treatment with concurrent chemotherapy and radiation due to inability to tolerate. Palliative radiation could be considered if symptoms occur. Presently there is no hematuria or other urinary symptoms, and family will confer with patient if symptoms occur. F/U 3 months or sooner if warranted.

**L-Location**-Bladder

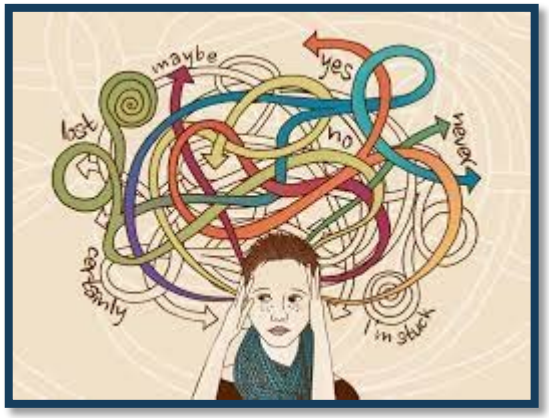
**A-Areas affected**-Bladder, specific area is unspecified

**S-Status**-Malignant

**E-Engaged In Current Treatment?** No

**R-Resolved or in Remission?** No

C67.9
Malignant neoplasm of bladder, unspecified
*This is an active cancer diagnosis.*
*Treatment is absent BUT the cancer is NOT*




## On a scale from 1-5:
## How well do you understand Cancer Coding?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Extremely Well | Somewhat Well | Neutral | Somewhat Not Well | Extremely Not Well |

# Thank you for joining our education session today!


If you have additional questions, or would like to request more education, please reach out to our team at: bcbsncriskadj@bcbsnc.com

Link to share Feedback

**These links will also be sent post-presentation to the email you registered with*

# Thank You!

# References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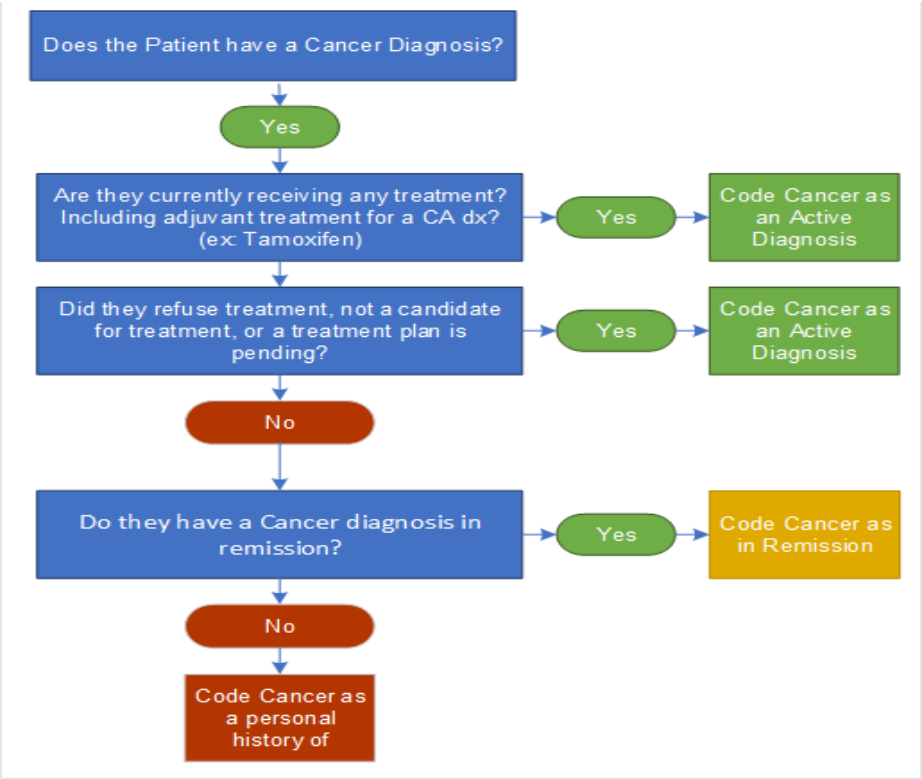
# Resources

# Cancer Coding Decision Tree



# Coding Reference for High-Risk Diagnosis Codes

| Site | Malignant Primary | Malignant Secondary | Ca in situ | Benign | Uncertain Behavior | Unspecified Behavior |
|---|---|---|---|---|---|---|
| • Specified site where the Cancer is found.<br>• Specific location should be documented and coded (Ex- upper/outer breast ; small/large intestine) | • This is the primary site of the Cancer.<br>• Providers should identify and document what site is primary in cases of metastasis.<br>• (Ex-Primary-Colon with Mets to lung-secondary & bladder (secondary)) | • Sites of metastasis should be documented and identified.<br>• May have multiple sites of metastasis (Ex-Primary-Colon with Mets to lung-secondary & bladder (secondary)) | • In situ-"original place"- a neoplasm that has not have cells found in neighboring tissue<br>• Once malignant cells are identified in adjacent tissues it is no longer in situ and malignant neoplasm codes should be used. | • Non-Cancerous tumors | • Current neoplasm behavior is benign BUT it possesses characteristics giving it the potential to turn malignant | • Used when the nature of the neoplasm is not specified (malignant, benign) |
| **Prostate** | C61 | C79.82 | D07.5 | D29.1 | D40.0 | D49.59 |
| **Breast** | C50.xx | C79.81 | D05.xx | D24.xx | D48.6x | D49.3 |
| **Colon*** | C26.0 | C78.80 | D01.40 | D13.99 | D37.8 | D49.0 |
| **Lung** | C34.xx | C78.0x | D02.2x | D14.3x | D38.1 | D49.1 |

*Intestinal-this can be broken down to small and large. Those are not included on this table.

# High Risk Diagnosis-Cancer


Encourage a “LASER” focus to your providers related to Cancer Coding.
This ensures that our Members Cancer Journey’s are accurately reflected and reimbursed.

# Cancer-Overview, Diagnosing, and Treatment

## Colonoscopy Screen turned Diagnostic Coding

1) Choose the correct CPT® code which describes the procedure that was attempted.

2) Append the –PT modifier to the CPT® code. The –PT modifier indicates a screening colonoscopy has been converted to a diagnostic test or other procedure.

3) Use an appropriate ICD-10 diagnosis code to indicate the procedure was a screening procedure. (Z12.xx)