

Documentation and Coding

HCC Risk Adjustment Reference Coding Guide

Neoplasm & Related Conditions

A quick reference guide to assist with accurate, complete documentation and coding that reflects the true nature of a patient's current health status at the highest level of specificity. Per ICD-10 official guidelines reporting and coding.

"The importance of consistent, complete documentation in the medical record cannot be over-emphasized. Without such documentation, accurate coding cannot be achieved."

Prevalent Neoplastic Diseases: Malignant, Benign, In Situ and Uncertain Neoplasms Affecting Various Organ Systems.

Documentation and Coding Tips

Documentation needs to be clear and detailed using the following terms to allow accurate ICD10 code selection.

- **Classification:**
 - **Use Primary Malignant, Secondary Malignant, Benign, In situ, or uncertain histologic behavior as descriptors.**
 - **Avoid:** "mass," "lump," "neoplasm," "lesion," or "growth" if more specific description is available.
 - **Secondary malignancy:** Extension, invasion, or metastasis to a site (distant or to an adjacent site)
 - **Origin:** Use the words "to" and "from" in documentation to clarify origin of the neoplasm.

Staging: Include cancer staging in documentation if known.

Anatomic location: include site, laterality, and any extension to an adjacent or distant site.

Active or current cancer: cancer still present and/or receiving treatment.

Personal history of cancer: the condition has been excised or eradicated, all treatment completed, and no evidence of disease (NED).

Treatment: document current medical plan.

- **Active:** chemotherapy, radiation, immunotherapy, hormone therapy, surgery, etc.
- **Active Surveillance/Observation (watchful waiting):** Watching a patient's condition closely without giving them any treatment. During active surveillance, certain exams and tests are done regularly. If there are changes to these test results, treatment may be recommended. Active surveillance may be part of a treatment plan for certain types of cancers like prostate cancer.
- **Follow-up/Monitoring:** routine visits & testing to monitor if cancer has returned.

Related Conditions: document diagnoses related to neoplasm and/or treatment.

	Description of Example of when to use codes in this category
Site	<ul style="list-style-type: none">• Specified site where the cancer is found.• Specific location should be documented and coded (Ex: upper/outer breast; small/large intestine).
Malignant Primary	<ul style="list-style-type: none">• This is the primary site of the cancer.• Providers should identify and document what site is primary in cases of metastasis.<ul style="list-style-type: none">• (Ex: Primary-Colon with metastasis to lung secondary & bladder [secondary]).
Malignant Secondary	<ul style="list-style-type: none">• Sites of metastasis should be documented and identified.• May have multiple sites of metastasis (Ex: Primary-Colon with metastasis to lung – secondary & bladder [secondary]).
Ca in situ	<ul style="list-style-type: none">• In situ – "original place" – a neoplasm that does not have cells found in neighboring tissue.• Once malignant cells are identified in adjacent tissues it is no longer in situ and malignant neoplasm codes should be used.
Benign	<ul style="list-style-type: none">• Non-cancerous tumors.

Documentation and Coding

HCC Risk Adjustment Reference Coding Guide

Uncertain Behavior	<ul style="list-style-type: none">Current neoplasm behavior is benign BUT it possesses characteristics giving it the potential to turn malignant.
Unspecified Behavior	<ul style="list-style-type: none">Used when the nature of neoplasm is not specified (malignant, benign).

General Guidelines

Certain benign neoplasms, such as prostatic adenomas, may be found in specific body system chapters. To properly code a neoplasm, it is necessary to 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.

Primary malignant neoplasms overlapping site boundaries:

Description:

Overlaps two or more contiguous (next to each other) sites should be classified to the subcategory/code .8 (overlapping lesion) unless the combination is specifically indexed elsewhere.

For multiple neoplasms of the same site that are not contiguous codes for each site should be assigned.

Example: such as tumors in different quadrants of the same breast.

Malignant neoplasm of ectopic tissue: an anatomic abnormality in which tissue develops in an area outside its normal location.

Description:

Malignant neoplasms of ectopic tissue are to be coded to the site of origin mentioned.

Example: ectopic pancreatic malignant neoplasms involving the stomach are coded to malignant neoplasm of pancreas, unspecified (C25.9).

Primary malignancy previously excised:

Description:

- 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 at that site, a code from category Z85.
 - Example: Personal history of malignant neoplasm should be used to indicate the former site of the malignancy. Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site. The secondary site may be the principal or first-listed diagnosis with the Z85 code used as a secondary code.

See section I.C.2.t. Secondary malignant neoplasm of lymphoid tissue.

The neoplasm table in the Alphabetic Index should be referenced first. However, if the histological term is documented, that term should be referenced first, rather than going immediately to the Neoplasm Table, in order to determine which column in the Neoplasm Table is appropriate. For example, if the documentation indicates “adenoma,” refer to the term in the Alphabetic Index to review the entries under this term and the instructional note to “see also neoplasm, by site, benign.” The table provides the proper code based on the type of neoplasm and the site. It is important to select the proper column in the table that corresponds to the type of neoplasm. The Tabular List should then be referenced to verify that the correct code has been selected from the table and that a more specific site code does not exist.

Section I.C.21. Factors influencing health status and contact with health services, Status, for information regarding Z15.0, codes for genetic susceptibility to cancer.

Any additional information, tips, or clarifications related to your topic.

Documentation and Coding

HCC Risk Adjustment Reference Coding Guide

Applicable Code Updates:

References: [Optum EncoderPro.com for Payers - Home \(encoderprofp.com\)](https://encoderprofp.com)

For questions, please contact the Blue Cross NC Provider Engagement Risk Team via email at BCBSNCRiskAdj@bcbsnc.com