AmeriHealth

Coding accuracy tips: Cancer/malignant neoplasms

Coding cancer/malignant neoplasms accurately require the documentation to note the following:

- It should say if the neoplasm is benign, in-situ, malignant, or of uncertain histologic behavior.
- If the neoplasm is malignant, document if there are any secondary (metastatic) sites. Always document the primary (original) site and the secondary site(s) (location cancer has spread to) and current treatment(s) for.
- If the malignant neoplasms have been excised or eradicated AND there is NO further treatment such as:
  - Chemotherapy
  - Radiation
  - Hormonal Therapy
  - Surgery
  - Watchful Waiting
  - Refusal of Treatment

Then code the Refusal of Treatment section as “history of” – ICD-10 category Z85 – to indicate the member is no longer receiving active treatment and there is no indication of current disease. Always document to highest specificity and severity and, if applicable, laterality.

Suggested documentation and examples

1. **Metastatic neoplasms:** Document the primary (original) site and the secondary site (location cancer has spread to) and current treatment. Note: See ICD-10 Official Guidelines for Coding and Reporting 1.C.2.l for sequencing main diagnosis.
2. **Replace:**

   “History of breast cancer, no recurrence, cont. current Tamoxifen tx” WITH

   “Breast cancer, no recurrence*, cont. current Tamoxifen tx”

   OR

3. C50.919 Breast CA, unspec site
   A/P: Breast CA s/p mastectomy, no recurrence, cont. current tx with Tamoxifen, f/u with Oncology (this has more specificity than #2 example)

   Implementation Guide for Healthcare Provider Reporting to Central Cancer Registries (cdc.gov)

   https://www.cdc.gov/phin/resources/guides/documents/implementation_guide_for_ambulatory_healthcare_provider_reporting_to_central_cancer_registries_march_2014.pdf

AmeriHealth coding and documentation education materials are based on current guidelines, are to be used for reference only, and are not intended to replace the authoritative guidance of the ICD-10-CM Official Guidelines for Coding and Reporting *as approved by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). Clinical and coding decisions are to be made based on the following:*

1. *The independent judgment of the treating physician or qualified health care practitioner.*
2. *The best interests of the patient.*
3. *The clinical documentation as contained in the medical record.*