

Documentation and Coding: Colorectal and Bladder Cancer

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At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection on services submitted to Healthfirst specifically for colorectal and bladder cancer. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

C18* – Malignant Neoplasm of Colon (HCC 11)

C20 – Malignant Neoplasm of Rectum (HCC 11)

C67* – Malignant Neoplasm of Bladder (HCC 11)

Coding Guidelines

Active Malignant Neoplasm

Patient is receiving active treatment or refuses treatment

- Encounter for antineoplastic chemotherapy and radiation therapy as the first-listed or principal diagnosis
 - Encounter for antineoplastic radiation therapy (Z51.0)
 - Encounter for antineoplastic chemotherapy (Z51.11)
- If a patient admission/encounter is for the insertion or implantation of radioactive elements (e.g., brachytherapy), the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis. Code Z51.0 should not be assigned.

Patient chooses palliative care (Z51.5)

Cancer on adjuvant therapy for curative and palliative purpose indicates that cancer is active and under treatment

- Encounter for antineoplastic immunotherapy as the first-listed or principal diagnosis
- Encounter for antineoplastic immunotherapy (Z51.12)

Newly diagnosed and is waiting for treatment to begin (chemo, surgery, etc.)

- Designate the malignancy as the principal diagnosis

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Active Malignant Neoplasm (*Continued*)

Patient is sent to specialist to continue treatment (not under surveillance)

- If the treatment is directed at the malignancy, designate the malignancy as the principal diagnosis
- An exception to this guideline is the assigning of the appropriate Z51* code as the first-listed or principal diagnosis and occurs only when (1) a patient admission/encounter is solely for the administration of chemotherapy, immunotherapy, or external beam radiation therapy and (2) the diagnosis for the service is being performed as a secondary diagnosis.

Cancer has reoccurred

- Designate the malignancy as the principal diagnosis

History of Malignant Neoplasm

- Use "history code" (Z85*) when cancer is resolved/removed/eradicated, or treatment is no longer needed towards the malignant site.
- Do not use "history of" to describe a current neoplasm.
- Use history code when adjuvant therapy is used as prophylactic purpose.

*Requires an additional digit to complete the diagnosis code.

ICD-10-CM Codes and Descriptions

	Colon Cancer	Rectal Cancer	Bladder Cancer
Genetic Susceptibility	Genetic susceptibility to other malignant neoplasm (Z15.09) <ul style="list-style-type: none"> ■ Code first, if applicable, any current malignant neoplasm (C00–C75.9) ■ Use additional code, if applicable, for any associated family history of the disease (Z80–Z84) 		
Screening Test	Screening for malignant neoplasm: colon (Z12.11)	Screening for malignant neoplasm: rectum (Z12.12)	Screening for malignant neoplasm: bladder (Z12.6)
Personal History	Personal history of other malignant neoplasm of large intestine (Z85.038) <ul style="list-style-type: none"> ■ Conditions classifiable to (C18–C18.9) 	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus (Z85.048) <ul style="list-style-type: none"> ■ Conditions classifiable to (C19–C21.8) 	Personal history of malignant neoplasm of bladder (Z85.51)
Family History	Family history of malignant neoplasm of digestive organs (Z80.0) Conditions classifiable to (C15–C26.9)		Family history of malignant neoplasm of bladder (Z80.52)

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Common Treatments

- **Chemotherapy:** 5-Fluorouracil, Capecitabine, Irinotecan, Oxaliplatin, Trifluridine and Tipiracil, Gemcitabine, Vinblastine
- **Radiation therapy:** External beam radiation therapy, Internal radiation therapy (Brachytherapy), Radioembolization
- **Immunotherapy:** PD-1 and PD-L1 inhibitor, CTLA-4 inhibitor
- **Targeted Therapy:** Bevacizumab, Ramucirumab, Ziv-aflibercept, Erdafitinib

Coding Examples

<p>Case 1</p>	<p>The patient was admitted to the hospital for workup of generalized weakness, severe hypochromic microcytic anemia, and melena. The provider documented, "Etiology of gastrointestinal bleeding (GI) resulting in anemia is to be established." The patient underwent diagnostic esophagogastroduodenoscopy and colonoscopy. The colon biopsy revealed a fungating malignant mass in the colon, and right hemicolectomy with side-to-side anastomosis was performed. The provider's final diagnostic statement listed "Adenocarcinoma of the transverse colon, acute microcytic hypochromic anemia secondary to blood loss due to GI bleeding." Since it was determined after study that the GI bleeding (melena) was secondary to the colon malignancy, would the GI bleeding be coded or is it considered a symptom/sign of the colon cancer?</p>
<p>Rationale</p>	<p>Assign code C18.4 - Malignant neoplasm of transverse colon as the principal diagnosis. Codes D62 - Acute post hemorrhagic anemia and K92.1 – Melena should be assigned as additional diagnoses. In this case, it is appropriate to code the melena, since it is not inherent to a colon malignancy. Source: AHA Coding Clinic (<i>Volume 30, Third Quarter, 2013</i>)</p>
<p>Case 2</p>	<p>The patient presented for colon cancer screening due to increased risk secondary to family history of colon cancer. During the screening colonoscopy, a rectal polyp was found and removed via hot snare. The pathological findings revealed "hyperplastic polyp with focal adenomatous changes." Should code K62.1, Rectal polyp, or code D12.8, Benign neoplasm of rectum, be assigned for a hyperplastic rectal polyp with focal adenomatous changes?</p>
<p>Rationale</p>	<p>Assign code Z12.11 - Encounter for screening for malignant neoplasm of colon as the first-listed diagnosis. Assign code D12.8 - Benign neoplasm of rectum as an additional diagnosis for the hyperplastic polyp with focal adenomatous changes; code Z80.0 - Family history of malignant neoplasm of digestive organs should also be assigned. This is a definitive finding of an adenomatous polyp. A mixed polyp would be treated clinically as an adenoma, which requires stricter surveillance and follow-up. Source: AHA Coding Clinic (<i>Volume 5, Third Quarter, 2018</i>)</p>

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Case 3	A patient, whose status post creation of a neobladder due to invasive bladder cancer , presents with gross hematuria and undergoes surgical biopsy. The biopsy of the neobladder is positive for poorly differentiated carcinoma. Since a section of the small intestine was used to create the new bladder, would the diagnosis be coded as carcinoma of the intestine or bladder? What is the appropriate “body part” for the biopsy, intestine or bladder?
Rationale	Assign code C67.9 - Malignant neoplasm of bladder, unspecified for the diagnosis of carcinoma of the neobladder. Since the intestine is functioning as a bladder, “Bladder” is the correct body part for the malignancy as well as the biopsy. Source: AHA Coding Clinic (<i>Volume 3, First Quarter, 2016</i>)

Questions?

Contact us at [#Risk_Adjustments_and_Clinical_Documentation@healthfirst.org](mailto:Risk_Adjustments_and_Clinical_Documentation@healthfirst.org).

For additional documentation and coding guidance, please visit the Coding section at hfproviders.org.

References:

[ICD-10-CM Official Guidelines for Coding and Reporting](#); [American Cancer Society](#); [CodingClinicAdvisor.com](#); [AAPC.com](#); [AHIMA.org](#)