

UPDATED OCTOBER 2024.

Breast Cancer

CMS-HCC_V28 Model Updates

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, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for **breast 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.

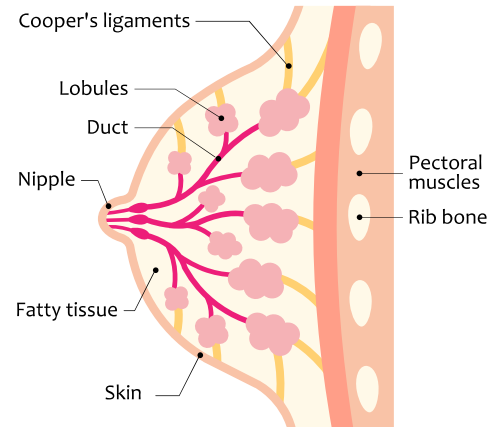
Breast cancer is a disease in which abnormal cells divide uncontrollably and destroy body tissue of the breasts. There are three types of breast cancer: **Benign, Malignant**, and **Metastatic** (e.g., Medullary, Papillary, Paget's disease of the breast, and Angiosarcoma).

Documentation and Coding

ICD-10-CM Codes and Descriptions

Includes anatomic site, quadrant, and laterality (central portion or axillary tail).

Code	Description
C50*	Malignant Neoplasm of Female Breast
C50*	Malignant Neoplasm of Male Breast
C77.3	Secondary and Unspecified Malignant Neoplasm of Axilla and Upper Limb Lymph Nodes



*Requires additional digits to complete the diagnosis code.

Coding Focus: Breast Cancer



Documentation and Coding

Key Words in Clinical Documentation

Malignant Neoplasm should be coded when the patient is receiving any care or **M**onitoring, **E**valuating, **A**ssessing, **T**reating (**MEAT**).

- If the patient is refusing treatment, the provider may still be addressing the condition, and the appropriate neoplasm code should be assigned.
- Code the Screening for Malignant Neoplasm of Breast (**Z12.31, Z12.39**).

The following documentation of risk factors should be included in the current record:

- Family history of breast cancer (**Z80.3**), Estrogen Receptor Status, Obesity, and Postmenopausal Status
- Personal history of breast cancer (**Z85.3, Z86.000**), Postmenopausal Hormone Replacement Status, S/P Radiation Therapy, Adjuvant Therapy for Prophylactic Purpose, and s/p Lumpectomy
- Genetic susceptibility to Malignant Neoplasm of Breast (BRCA1, BRCA2)

It is important to document specific forms under ICD-10-CM (primary, in situ, or metastatic) and:

- Ensure that documentation is clear when Metastatic Breast Cancer is documented.
- Include whether the breast neoplasm is a primary tumor or has metastasized from another primary site.

Adjuvant therapy for curative and palliative purpose indicates that the patient's breast cancer is active and under treatment.

Documentation and Coding

Encounter for follow-up examination after completed treatment

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

Case 1	Patient has breast cancer status post-surgery/chemo/radiation. Patient is now on tamoxifen for five years.
Rationale	Code this case as current. The record states the patient is on adjuvant therapy for breast cancer but doesn't note the purpose of the drug (curative, palliative, or preventive). It also doesn't say "cancer free" or "no evidence of disease," or "NED."

Case 2	Patient has history of breast cancer status post-surgery/chemo/radiation and is on prophylactic tamoxifen for five years. No current evidence of disease.
Rationale	<p>In this case, report history of. The documentation notes "history of" and "no current evidence of disease," and describes the purpose of the adjuvant therapy as "prophylactic."</p> <p>Preventive adjuvant treatments typically are for a patient with a family history of breast cancer, or who has had ductal carcinoma in situ/lobular carcinoma in situ, or lobular intraepithelial neoplasia. The tamoxifen and aromatase inhibitor therapy, in this case, is given to prevent new breast cancer that is not related to the original site.</p> <p>Tamoxifen and aromatase inhibitor therapy are used on invasive breast cancer to prevent recurrence of the original, invasive cancer. To the clinician, this is not prevention therapy, but a way to reduce the risk of cancer recurrence locally or of distant metastasis. To code accurately, clarify with the physician the purpose of the therapy if it's not stated.</p>

Documentation and Coding

References

- [ICD-10-CM Official Guidelines for Coding and Reporting, FY 2024](#)
- [CodingClinicAdvisor.com](#)
- [AAPC.com \(Clear Up Confusion as to When Cancer Becomes “History Of”\)](#)
- [American Cancer Society](#)
- [AHIMA.org](#)

Questions?

Contact us at #Risk_Adjustments_and_clinical_Documentation@healthfirst.org.

For additional documentation and coding guidance, please visit the coding section on HFproviders.org

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