

Lung 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 common types of **lung 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.

Clinical Documentation Recommendations

- Type of neoplasm: primary, secondary, carcinoma in situ, benign, unspecified
- Diagnostic tests: Chest X-ray, CT scan, PET scan, low-dose computed tomography, sputum cytology, bronchoscopy, and biopsy
- Treatment: surgery, radiation, chemotherapy, targeted drug therapy, immunotherapy, hormonal replacement therapy, stereotactic body radiotherapy, clinical trials
 - Providers should include **purpose of treatment to identify condition as active or history (e.g., Curative, Palliative, or Preventive/Prophylactic)**
- Risk factors: Sequence as additional diagnosis to identify related risk factors when malignancy is present.
 - Nicotine dependence (**F17–F17.299**)
 - Genetic susceptibility to other malignant neoplasm (**Z15.09**)
 - Contact with and (suspected) exposure to air pollution (**Z77.110**)
 - Occupational exposure to environmental tobacco smoke (**Z57.31**)
 - Family history of malignancy of trachea, bronchus, and lung (**Z80.1**)

Documentation and Coding

Coding Tips

- Code to the highest level of specificity.
- Codes should be supported by clear and concise documentation.
- When treatment is directed towards a secondary site, sequence the secondary neoplasm as the principal diagnosis, followed by the primary malignancy code.
- Secondary malignant neoplasms of lungs are coded as **C78.01**—right lung and **C78.02**—left lung.
- When the purpose of the visit is for screening, use code **Z12.2**—Encounter for screening for malignant neoplasm of respiratory organs.
- When treatment of lung cancer has been completed, and there is no evidence of disease and patient is under surveillance, use code **Z85.118**—Personal history of other malignant neoplasm of bronchus and lung.
- When carcinoma in situ (stage 0) is indicated, code **D02.21**—Carcinoma in situ right bronchus and lung or **D02.22**—Carcinoma in situ of left bronchus and lung.*

*Please note: The term “in situ” means “in the original place.” An in-situ neoplasm is therefore defined as a malignant neoplasm that has not invaded neighboring tissue. Once microscopic extension of malignant cells is found in tissue adjacent to an in-situ lesion, it is no longer “in situ,” and malignant neoplasm codes should be used.

ICD-10-CM Codes and Descriptions	
C34.00^(†)	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10^(†)	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30^(†)	Malignant neoplasm of lower lobe, unspecified bronchus or lung

^(†)Use only if no other code describes the condition.

Documentation and Coding

ICD-10-CM Codes and Descriptions	
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80^(†)	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90^(†)	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91^(†)	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92^(†)	Malignant neoplasm of unspecified part of left bronchus or lung

^(†)Use only if no other code describes the condition.

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

Type of Transplant	Type of Complication				
	Unspecified	Rejection	Failure	Infection	Other
Heart-lung	T86.30	T86.31	T86.32	T86.33	T86.39
Lung	T86.819	T86.810	T86.811	T86.812	T86.818

- Please note that T86.81* category codes cannot be coded with T86.3* category codes.
 - If complication is due to an infection, use additional code to specify infection.

Documentation and Coding

Encounter for Aftercare Following

Z48.24 – Lung transplant

Z48.280 – Heart-lung transplant

Transplant Status

Z94.2 – Lung

Z94.3 – Heart and lungs

Documentation and Coding

Coding Examples

Case 1	Patient with history of lung cancer , left upper lobectomy 18 months ago with no current treatment; MRI of the brain shows metastatic disease in the brain. What are the appropriate codes to assign?
Rationale	C79.31 —Secondary malignant neoplasm of brain, Z85.118 —Personal history of other malignant neoplasm of bronchus and lung The patient was diagnosed with metastatic lung cancer in the brain. The code for the secondary (metastatic) site is sequenced first, followed by a personal history code to identify the former site of the primary malignancy.
Case 2	Patient with left lung cancer with malignant pleural effusion is seen for paracentesis and initiation/administration of chemotherapy. What are the correct diagnosis code assignments?
Rationale	C34.92 —Malignant neoplasm of unspecified part of left bronchus or lung, J91.0 —Malignant pleural effusion, Z51.11 —Encounter for antineoplastic chemotherapy Lung cancer is coded before the chemotherapy because the malignant effusion is the reason for the procedure. The lung cancer must be sequenced first, according to an instructional note under the malignant effusion.
Case 3	Patient with primary prostate cancer with metastasis to lungs presents for-wedge resection of mass in right lung. What are the correct diagnosis code assignments?
Rationale	C78.01 —Secondary malignant neoplasm of right lung, C61 — Malignant neoplasm of prostate Since the visit is to treat the lung metastasis, the code for secondary lung metastasis is reported as the principal diagnosis. The prostate cancer is reported as the secondary diagnosis in this scenario.

Documentation and Coding

Do Not

- Do not document a suspected or unconfirmed malignancy as if it were confirmed.
- Do not describe a current confirmed malignant neoplasm with words that indicate uncertainty: likely, probable, apparently, consistent with, etc.
- Do not document personal “history of” lung cancer when patient is undergoing current treatment.

References

- [ICD-10-CM Official Guidelines for Coding and Reporting, FY 2024](#)
- [CodingClinicAdvisor.com](#)
- [Cancer.org \(Lung Cancer Risk Factors\)](#)

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](https://www.healthfirst.org/HFproviders.org).

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