Documentation and Coding:
Malignant Neoplasm – History vs. Active

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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. 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.

Documentation and coding of neoplasms has been a source of countless errors, including incorrect assignment of the morphology of the diagnosis and active cancer versus historical cancer. Accurate coding will provide a true clinical picture of the patient's health.

Active Malignant Neoplasm	History of Malignant Neoplasm
Active cancer codes support a malignancy that is present or has been excised while treatment is ongoing (e.g., radiation therapy, chemotherapy, or additional surgery). Key words include the following: ■ Active cancer and is receiving ongoing treatment – Receiving adjuvant therapy for curative and palliative purposes ■ Patient refused treatment or suspended treatment (e.g., transfer to hospice, palliative care, or surgical) ■ Newly diagnosed and is waiting for treatment to begin (e.g., chemo, surgery, etc.) ■ Patient is sent to specialist to continue treatment (not under surveillance) ■ "Watchful waiting" or "expectant care" depending upon progression of the neoplasm	History of a primary malignancy that has been previously excised or eradicated from its site, there is no further treatment (of the malignancy) directed to that site, and there is no evidence of any existing primary malignancy at that site, a code from category Z85, personal history of malignant neoplasm. ■ Use history code when adjuvant therapy is used as prophylactic purpose ■ Do not use "history of" to describe a current neoplasm

When a primary malignancy has been excised but further treatment is directed to that site, the primary malignancy code should be used until treatment is completed.

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Documentation Should Include			
Active Cancer Details	**Additional Codes to Identify Risks Factors**	**Complications**	**Associated Diseases/Conditions**
■ Anatomical site/location ■ Type/behavior of cancer ■ Metastatic site ■ Related conditions ■ Active treatment ■ Adjuvant therapy for curative and palliative purposes	■ Exposure to tobacco, radiation, asbestos, and/or infectious disease ■ Prolonged sun exposure or dependence ■ Compromised immune system ■ Immunosuppressive therapy ■ Any other permanent risk factors	■ Thrombocytopenia ■ Neutropenia ■ Anemia ■ Malnutrition ■ Infection (viral or bacterial) ■ Any other complication that would arise for the disease process or treatment for the condition	■ HIV ■ Rheumatoid Arthritis ■ Infection ■ Any other associated disease or condition

Treatment	Description	Select Treatment Types	Identify Purpose of Therapy
Neoadjuvant	Administered before surgery to reduce the size of a tumor and possibly provide more treatment options	■ Chemotherapy ■ Radiation ■ Hormonal Therapy	■ Curative ■ Palliative ■ Preventive/Prophylactic
Adjuvant	Administered after surgery to treat cancer		

Coding Example

Female patient seeing hematology-oncology for Stage IIA, [ER-] breast cancer, RUOQ. Previously biopsy. Radiation therapy completed; currently on NOLVADEX.

■ C50.411 — Malignant neoplasm of upper-outer quadrant of right female breast

■ Z17.1 — Estrogen receptor negative status [ER-]

■ Z79.810 — Long-term (current) use of selective estrogen receptor modulators (SERMs)

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Metastatic Neoplasm

ICD-10-CM	Description	When to Use
C80.0	Disseminated malignant neoplasm, unspecified	Patient has advanced metastatic disease and no known primary or secondary sites are specified
C80.1	Malignant (primary) neoplasm, unspecified	No determination can be made as to the primary site of a malignancy
C79.9	Secondary malignant neoplasm of unspecified site	No site is identified for the secondary neoplasm

The term "**metastatic to**" indicates that the site mentioned is secondary. "**Metastatic from**" indicates that the site mentioned is the primary site. **Before** using a non-specific code for metastatic cancer, review the record to determine if a specific metastatic site is identified. If identified, code to the highest specificity.

Malignant Neoplasms Classified as Secondary (when not otherwise specified)

The following sites are classifiable to code **C77*–C79***:

- Bone
- Brain
- Diaphragm
- Heart
- Liver
- Lymph nodes
- Mediastinum
- Meninges
- Peritoneum
- Pleura
- Retroperitoneum
- Spinal cord

Note: This does not include neoplasm of the liver (ICD-10-CM provides code **C22.9, malignant neoplasm of liver, not specified as primary or secondary** for use in this situation).

Primary Neoplasms of Lymph Nodes or Glands

- **Lymphoma** (regardless of the number of sites involved) is not considered "**metastatic**" (Coding Clinic, Second Quarter, 1992).
- **Lymphoma** documented as "**in remission**" is still considered to be active lymphoma and should be coded from category **C81** through **C88. The fourth character provides more specificity about the particular type of neoplasm, and the fifth character indicates the nodes involved.**
- **Lymphoma, leukemia, and multiple myeloma** should be coded as **active** when the patient is under surveillance (unless documented as "**history of**").
- **Leukemia** is classified in categories **C91** through **C95**. The fourth character indicates either the stage of the disease (acute or chronic) or the type of leukemia (e.g., adult T-cell).

ICD-10 Guidelines state, "primary malignant neoplasm that overlaps two or more contiguous sites is classified to the subcategory/code .8, signifying 'overlapping lesion,' unless the combination is specifically indexed elsewhere."

DO NOT:

- Document a suspected and unconfirmed malignant neoplasm as if it were confirmed.
- Use words that indicate uncertainty (e.g., "likely," probable," "apparent," "consistent with," etc.) to describe a current or confirmed malignant neoplasm.

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Top Three Coding and Documentation Errors

How accurate is your clinical documentation when it comes to diagnosis coding? Given the complexities of diagnosis coding, it's not surprising that mistakes are made sometimes.

Here are our top three coding and documentation errors:

1 History vs. Active	2 Lacking Specificity/Location	3 Lacking Documentation of Active Treatment

1. Malignant neoplasm is incorrectly coded as active when documentation supports a history code.
2. Malignant neoplasm is incorrectly coded as unspecified when documentation supports specificity/location.
3. Malignant neoplasm is incorrectly reported as active when it lacks evidence of active treatment.

Top Five Diagnoses Reported Incorrectly as Active	ICD-10-CM	Descriptions
1	**C61**	**Malignant neoplasm of prostate**
2	C50.91*	Malignant neoplasm of breast of unspecified site, female
3	C18*	Malignant neoplasm of colon
4	C55	Malignant neoplasm of uterus, part unspecified
5	C73	Malignant neoplasm of thyroid gland

*Please note: additional digit is required to complete code.

Assign a code from category **Z85, Personal history of malignant neoplasm** if a primary malignancy has been previously excised or eradicated from its site, there is no further treatment (of the malignancy) directed to that site, and there is no evidence of any existing primary malignancy at that site.

Questions?

Contact us at **#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 Coding Guidelines 2022

AAPC.com

AHIMA.org

CodingClinicAdvisor.com