

# Documentation and Coding: Lung 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 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.

## ICD-10-CM Codes and Descriptions

C34.00 <sup>†</sup>	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10 <sup>†</sup>	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 <sup>†</sup>	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80 <sup>†</sup>	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 <sup>†</sup>	Malignant neoplasm of unspecified part of unspecified bronchus or lung

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## ICD-10-CM Codes and Descriptions (continued)

C34.91 <sup>†</sup>	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92 <sup>†</sup>	Malignant neoplasm of unspecified part of left bronchus or lung

## Clinical Documentation Should Include

- 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
  - It's recommended that providers 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)

## 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 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.\*

<sup>†</sup> Use only in the event that no other code describes the condition.

\* 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.

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## Coding Examples

<b>Case 1</b>	Patient with <b>history of lung cancer</b> , 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?
<b>Rationale</b>	<b>C79.31</b> —Secondary malignant neoplasm of brain, <b>Z85.118</b> —Personal history of other malignant neoplasm of bronchus and lung The patient has undergone a diagnostic procedure that revealed 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.
<b>Case 2</b>	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?
<b>Rationale</b>	<b>C34.92</b> —Malignant neoplasm of unspecified part of left bronchus or lung, <b>J91.0</b> —Malignant pleural effusion, <b>Z51.11</b> —Encounter for antineoplastic chemotherapy Lung cancer is coded before the chemotherapy because the reason for the procedure is the malignant effusion. An instructional note under the malignant effusion instructs to sequence the lung cancer first.
<b>Case 3</b>	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?
<b>Rationale</b>	<b>C78.01</b> —Secondary malignant neoplasm of right lung. <b>C61</b> —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.

## 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.

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## 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).

## References:

- [ICD-10-CM Official Guidelines for Coding and Reporting, FY 2023](#)
- [CodingClinicAdvisor.com](https://www.codingclinicadvisor.com)
- [Cancer.org \(Lung Cancer Risk Factors\)](https://www.cancer.org)