

# Documentation and Coding: Pancreatic Cancer

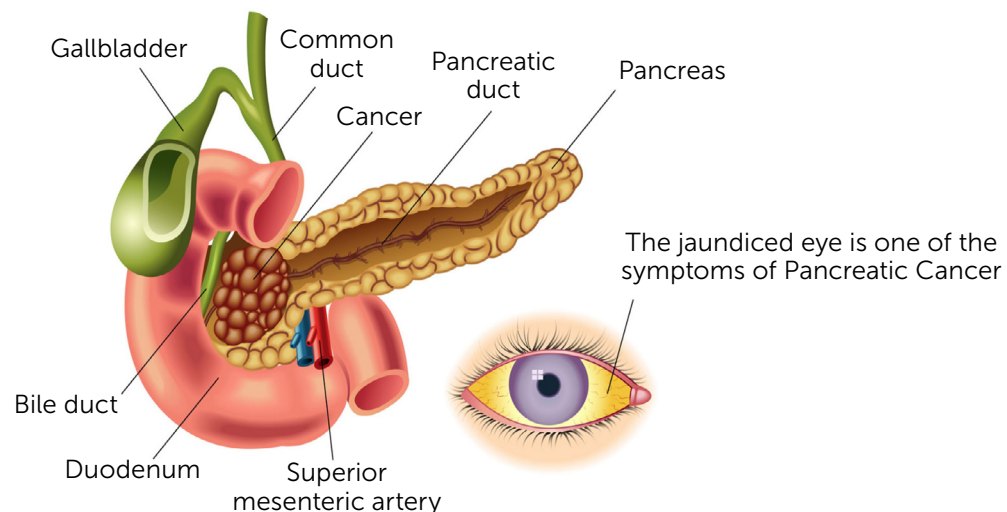
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At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection on services submitted to Healthfirst—specifically for common types of Pancreatic 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

C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas (i.e., neck)
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9 <sup>†</sup>	Malignant neoplasm of pancreas, unspecified

(f) Use only in the event no other code describes the condition



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## Coding Tips

- Assign **ICD-10** code **C25.4** for malignant neoplasm of islets of Langerhans and use additional code to identify any functional activity.
- When coding from malignant neoplasm of pancreas section:
  - Code also exocrine pancreatic insufficiency **K86.81** when applicable.
  - Use additional code to identify alcohol abuse and dependence **F10.\*–F10.99** when applicable.
- When a primary malignancy that has been previously excised, eradicated from its site, no further treatment of the malignancy at the site, and there is no evidence of any existing primary malignancy at that site, assign code **history codes**. **See tables below:**

Primary CA	Secondary Pancreatic CA	CA in Situ
Malignant neoplasm of pancreas <b>C25*</b>	Secondary malignant neoplasm of other digestive organs <b>C78.89</b> <ul style="list-style-type: none"> <li>▪ Code also exocrine pancreatic insufficiency <b>K86.81</b></li> </ul>	Carcinoma in situ of other specified digestive organs <b>D01.7</b> <ul style="list-style-type: none"> <li>▪ i.e., Carcinoma in situ of pancreas</li> </ul>

Screening Test	Personal History	Family History
<b>Z12-89</b> - Encounter for screening for malignant neoplasm of other sites	Personal history of malignant neoplasm of pancreas <b>Z85.07</b> <ul style="list-style-type: none"> <li>▪ Conditions classifiable to <b>C25–C25.9</b></li> </ul>	Family history of malignant neoplasm of digestive organs <b>Z80.0</b> <ul style="list-style-type: none"> <li>▪ Conditions classifiable to <b>C15–C26.9</b></li> </ul>

\*Additional digits are required to complete the diagnosis code

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## Pancreatic Cancer Clinical Documentation

Clinical Documentation Should Include				
Updated Status of Condition	Active Pancreatic CA Should include	Specify Stage of Pancreatic CA	Risk Factors	Include Treatment Plan
<ul style="list-style-type: none"> <li>▪ Stable</li> <li>▪ Improved</li> <li>▪ Worsening</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anatomical site/location</li> <li>▪ Type/behavior of cancer</li> <li>▪ Metastatic site</li> <li>▪ Related conditions</li> <li>▪ Active treatment</li> </ul>	<ul style="list-style-type: none"> <li>▪ 0</li> <li>▪ IA – IB</li> <li>▪ IIA – IIB</li> <li>▪ III</li> <li>▪ IV</li> </ul>	<ul style="list-style-type: none"> <li>▪ Age</li> <li>▪ Obesity</li> <li>▪ Tobacco Use</li> <li>▪ Alcohol dependence</li> <li>▪ Family Hx</li> <li>▪ Chronic Conditions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family and/or individual counseling</li> <li>▪ Patient education</li> <li>▪ Medications</li> <li>▪ Clinical trials</li> <li>▪ Surgical excision</li> <li>▪ Chemotherapy</li> <li>▪ Radiation therapy</li> </ul>

### Documentation Tips

- Documentation should include a clear statement of active treatment as well as a concise plan of care.
- Clearly indicate active treatment of cancer or surveillance of a historical cancer being monitored for recurrence.
- If a patient refuses treatment, the provider should still address the condition and the appropriate malignant neoplasm code should be assigned.
- Any associated conditions and complications should always be included in documentation.
- Providers should avoid using words that imply uncertainty, e.g., likely, probable, apparently, consistent with, etc., to describe current or confirmed pancreatic cancer.

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## Coding Examples

<b>Case 1</b>	A 45-year-old female patient with stage III cancer of the body of the pancreas presents for a follow-up visit. Her vitals are stable, and she has no new complaints. She is currently taking Erlotinib 150 Mg daily and is tolerating treatment well. Assign the appropriate ICD-10-CM code for this case.
<b>ICD-10-CM</b>	<b>C25.1</b> - Malignant neoplasm of body of pancreas.
<b>Rationale</b>	Based on the documentation the patient has stage III cancer of the body of the pancreas and is receiving active treatment (Erlotinib 150 Mg) daily, her vitals are listed as stable, and she has no new complaints. Therefore, <b>C25.1</b> (Malignant neoplasm of body of pancreas) is the only code reported.
<b>Case 2</b>	A patient has primary pancreatic ductal cancer with metastasis to the liver and is evaluated for possible excision of a portion of the liver. Assign the appropriate ICD-10-CM code for this case.
<b>ICD-10-CM</b>	<b>C78.7</b> - Secondary malignant neoplasm of liver and intrahepatic bile duct. <b>C25.3</b> - Malignant neoplasm of pancreatic duct.
<b>Rationale</b>	The treatment for this encounter is focused on the metastasis to the liver rather than the primary pancreatic cancer, thus indicating that the liver metastasis is sequenced as the first listed code, followed by the pancreatic cancer code.

## 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](http://HFproviders.org).

## References:

- [ICD-10-CM Official Guidelines for Coding and Reporting, FY 2023](#)
- [cancer.org](http://cancer.org)
- [aapc.com](http://aapc.com)