

## Ovarian Cancer

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 of services submitted to Healthfirst specifically for common types of **Ovarian Cancer**. It provides information from industry sources about proper coding practice. This document does not represent or guarantee that Healthfirst will cover and/or pay for the 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 amount that Healthfirst or the member owes the provider.

### ICD-10 Codes and Descriptions

#### Malignant Neoplasm of Ovary

Code	Description
<b>C56.1</b>	Malignant neoplasm of right ovary
<b>C56.2</b>	Malignant neoplasm of left ovary
<b>C56.3</b>	Malignant neoplasm of bilateral ovaries
<b>C56.9<sup>†</sup></b>	Malignant neoplasm of unspecified ovary <ul style="list-style-type: none"> <li>○ Use additional code to identify any functional activity</li> </ul>

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

# Documentation and Coding

## Secondary Malignant Neoplasm of Ovary

Code	Description
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.63	Secondary malignant neoplasm of bilateral ovaries

## Clinical Documentation Should Include:

**Updated Status of Condition** • Stable, Improved, or Worsening

**Risk Factors**

- Age
- Obesity
- Endometriosis
- Genetics/ Family History
- Chronic Conditions
- Hormone replacement therapy

**Treatment Plan**

- Medications
- Chemotherapy
- Surgical Excision
- Radiation Therapy
- Patient Education
- Family and/or Individual counseling

**Active Ovarian CA Should include**

- Laterality
- Metastatic site
- Active treatment
- Behavior of Cancer
- Related conditions

## Clinical 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.
- Avoid using words that imply uncertainty (“likely,” “probable,” “apparently,” “consistent with,” etc.) to describe current or confirmed cancer.

### Active Malignant Neoplasm

Patients receive active treatment or refuse treatment

Encounter for antineoplastic chemotherapy & radiation therapy as the first-listed or principal diagnosis

- Encounter for antineoplastic radiation therapy (**Z51.0**)
- Encounter for antineoplastic chemotherapy (**Z51.11**)

If a patient admission/encounter is for the insertion or implantation of radioactive elements (e.g., brachytherapy) the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis. Code **Z51.0** should not be assigned

Patients choose palliative care (**Z51.5**)

Cancer on adjuvant therapy for curative and palliative purposes indicates that cancer is active and under treatment.

- Encounter for antineoplastic immunotherapy as the first-listed or principal diagnosis.
  - Encounter for antineoplastic immunotherapy (**Z51.12**)

Newly diagnosed and is waiting for treatment to begin (chemo, surgery, etc.) Designate malignancy as the principal diagnosis.

# Documentation and Coding

## Active Malignant Neoplasm

Patients are sent to specialists to continue treatment (not under surveillance) If the treatment is directed at malignancy, designate malignancy as the principal diagnosis. The exception to this guideline is if a patient admission is solely for the administration of chemotherapy, immunotherapy, or external beam radiation therapy, assign the appropriate "Z51.xx" code as the first-listed or principal diagnosis & the diagnosis for the service is being performed as a secondary diagnosis.

Cancer has reoccurred, Designate malignancy as the principal diagnosis.

## History Of Malignant Neoplasm

- Use "history code" (Z85\*) when cancer is resolved/removed/eradicated, or treatment is no longer needed towards the malignant site.
- Do not use "history of" to describe a current neoplasm.
- Use history code when adjuvant therapy is used for prophylactic purposes.
- **Z85.43** - Personal history of malignant neoplasm of ovary

## Coding Example

<b>Case 1</b>	This is a 65-year-old female with stage IIIA ovarian cancer, of the L ovary. She is status post cytoreductive surgery and <b>currently undergoing adjuvant chemotherapy with curative intent</b> . She is tolerating treatment well. Will continue follow up closely with Dr. W in GYN/ONC and F/U here in 6 months. Assessment: Stage IIIA ovarian cancer. Patient is status post cytoreductive surgery. She is currently undergoing adjuvant chemotherapy. Plan: CMP & CBC ordered Continue Follow up with GYN/ONC RTC in 6 months.
<b>ICD 10 Code</b>	C56.2- Malignant Neoplasm of Left ovary
<b>Rationale</b>	C56.2 for Current malignancy as patient is continuing active treatment.

# Documentation and Coding

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## References

- <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf>
- <https://www.codingclinicadvisor.com/>

## 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 on [HFproviders.org](https://www.healthfirst.org/healthfirstproviders.org)

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