

# CLINICAL DOCUMENTATION: NEOPLASMS AND METASTATIC CANCERS

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| <b>THE DIAGNOSIS</b>  | Neoplasms (primary sites) and Metastatic cancers (secondary)  |
| <p><b>COMMON CONDITIONS INCLUDED IN HCC GROUPs:</b></p> <p><b>17, 18, 19, 20, 21, 22, 23</b></p> <p><b>RAF score =</b><br/> <b>** Varies**</b></p> <p><b>Ranges from:</b></p> <ul style="list-style-type: none"> <li>• <b>0.186 for Primary</b></li> <li>• <b>4.209 for Metastatic Cancers</b></li> </ul> | <p><u>Primary:</u></p> <p>Malignant neoplasm of unspecified site of left female breast (C50.912)</p> <p>Malignant neoplasm of unspecified site of right female breast (C50.911)</p> <p>Malignant neoplasm of prostate (C61)</p> <p>Malignant neoplasm of colon, unspecified (C18.9)</p> <p>Malignant neoplasm of unspecified part of unspecified lung or bronchus (C34.90)</p> <p>Malignant melanoma of skin, unspecified (C43.9)</p> <p><u>Metastatic:</u></p> <p>Secondary malignant neoplasm of unspecified lung (C78.00)</p> <p>Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions (C77.8)</p> <p><u>In Remission:</u></p> <p>Chronic lymphocytic leukemia (CLL) of B-cell type in remission (C91.11)</p> <p>Multiple myeloma in remission (C90.01)</p> <p>Non-Hodgkin lymphoma, unspecified, in remission (C85.9A)</p>  |
| <p><b>KEY CODING or DOCUMENTATION TIPS</b></p>  | <p>It is important to understand and use the proper diagnosis codes for cancer, especially when referring to <b>"Active" or "History of"</b> cancer.</p> <ul style="list-style-type: none"> <li>• <b>Active</b> cancer is defined as: <ul style="list-style-type: none"> <li>○ The patient <u>IS</u> currently under treatment (ex. chemotherapy or radiation) for a primary or secondary neoplasms.</li> <li>○ Remission is considered Active for leukemia, multiple myeloma, lymphomas, or malignant plasma cell neoplasms diagnoses only. <ul style="list-style-type: none"> <li>▪ For lymphomas, remission is now noted with an "A" in the ICD-10 diagnosis code. (ex. C85.1A).</li> </ul> </li> <li>○ Watchful Waiting/Monitoring - Current disease and the patient <u>IS NOT</u> participating in any treatment option (ex. Low risk prostate cancer).</li> </ul> </li> <li>• <b>History of</b> refers to the patient successfully completed some type of treatment and there is either: <ul style="list-style-type: none"> <li>○ No evidence of any existing primary lesions.</li> <li>○ The neoplasm was eradicated (ex. Surgery).</li> <li>○ The patient is not currently under any treatment after prior successful treatment.</li> <li>○ Active surveillance after eradicated or excised neoplasm (ex. Follow-up PSA levels, mammograms).</li> </ul> </li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Items to include in your documentation: <ul style="list-style-type: none"> <li>○ Laterality – if applies (left female breast, right kidney, etc.)</li> <li>○ Specificity – if known (overlapping sites, cerebral meninges)</li> <li>○ Specialist – who is the provider caring for the treatment plan?</li> <li>○ Treatment plan – surgery, chemotherapy, etc.</li> <li>○ Tolerance to the treatment plan</li> <li>○ Complications, if any</li> </ul> </li> </ul> <p>Important to remember when the patient has metastatic disease:</p> <ul style="list-style-type: none"> <li>• When adding diagnoses to the encounter, add the secondary (metastatic) diagnosis first.</li> <li>• Don't forget to add primary cancer diagnosis too.</li> </ul> <p>Remember, tell the best patient story!</p>   |
| <p><b>MEAT the DOCUMENTATION</b></p> <p><b>M = Monitor</b><br/> <b>E = Evaluate</b><br/> <b>A = Assess/Address</b><br/> <b>T = Treat</b></p> | <p>#1: Assessment and Plan example:</p> <p><b>Personal history of malignant neoplasm of prostate (Z85.4)</b><br/> <b>Male erectile dysfunction, unspecified (N52.9)</b></p> <p>Mr. P is here for his annual physical exam. It has been 6 years since he has his robotic radical prostatectomy. His PSA levels continue to be below 1.0, yet he recently started experiencing more erectile dysfunction. Discussed with patient the different medications for treating ED. Patient opted to try tadalafil. Pt to follow-up in 3 months or sooner if needed.</p> <p><b>M</b> – Signs and symptoms, such as erectile dysfunction.<br/> <b>E</b> – Test results or vital signs, such as PSA levels.<br/> <b>A</b> – Order tests or patient discussion, such as ED medications.<br/> <b>T</b> – Medications, therapy, or other modalities, such as tadalafil.</p> <p>#2 Assessment and Plan example:</p> <p><b>Secondary malignant neoplasm of liver and intrahepatic bile duct (C78.7)</b><br/> <b>Malignant neoplasm of descending colon (C18.6)</b></p> <p>Ms. W was recently diagnosed with colon cancer. Recent PET scan revealed metastasis to the liver. Patient is here for surgical clearance for partial colectomy. She is under the care of Dr. O who is currently monitoring her chemotherapy plan of care. Currently using ondansetron for nausea. Renewed Rx.</p> <p><b>M</b> – Signs and symptoms, such as nausea.<br/> <b>E</b> – Test results or vital signs, such as PET scan.<br/> <b>A</b> – Order tests or patient discussion, such as presurgical exam.<br/> <b>T</b> – Medications, therapy, or other modalities, such as surgery.</p> |