

# Breast Cancer



**(For Risk Adjustment Purposes)**



**Banner  
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# ICD-10-CM Guidelines

## Chapter 2: Neoplasms (C00-D49)

### General guidelines

- Chapter 2 of the ICD-10-CM contains the codes for most benign and all malignant neoplasms. Certain benign neoplasms, such as prostatic adenomas, may be found in the specific body system chapters. To properly code a neoplasm it is necessary to determine from the record if the neoplasm is **benign, in-situ, malignant**, or of uncertain histologic behavior. If malignant, any secondary (metastatic) sites should also be determined

# ICD-10-CM Guidelines

- For **multiple neoplasms** of the same site that are not contiguous such as tumors in different quadrants of the same breast, codes for each site should be assigned

# ICD-10-CM Guidelines

Treatment directed at the malignancy

- If treatment is directed at the malignancy, designate the malignancy as the principal diagnosis

# ICD-10-CM Guidelines

- The only **exception** to this guideline is if a patient admission/encounter is solely for the administration of chemotherapy, immunotherapy or radiation therapy, assign the appropriate Z51.– code as the first-listed or principal diagnosis, and the diagnosis or problem for which the service is being performed as a secondary diagnosis

# ICD-10-CM Guidelines

## Treatment of secondary site

- When a patient is admitted because of a primary neoplasm with metastasis and treatment is directed toward the secondary site only, the **secondary neoplasm is designated as the principal diagnosis** even though the primary malignancy is still present

# ICD-10-CM Guidelines

Primary malignancy previously excised

Z85- Personal history of malignant neoplasm

- When a primary malignancy has been previously excised or eradicated from its site and there is **no further treatment directed to that site** and **there is no evidence of any existing primary malignancy**, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy





# ICD-10-CM Guidelines

- Mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site
- Secondary site may be the principal or first-listed with the Z85 code used as a secondary code

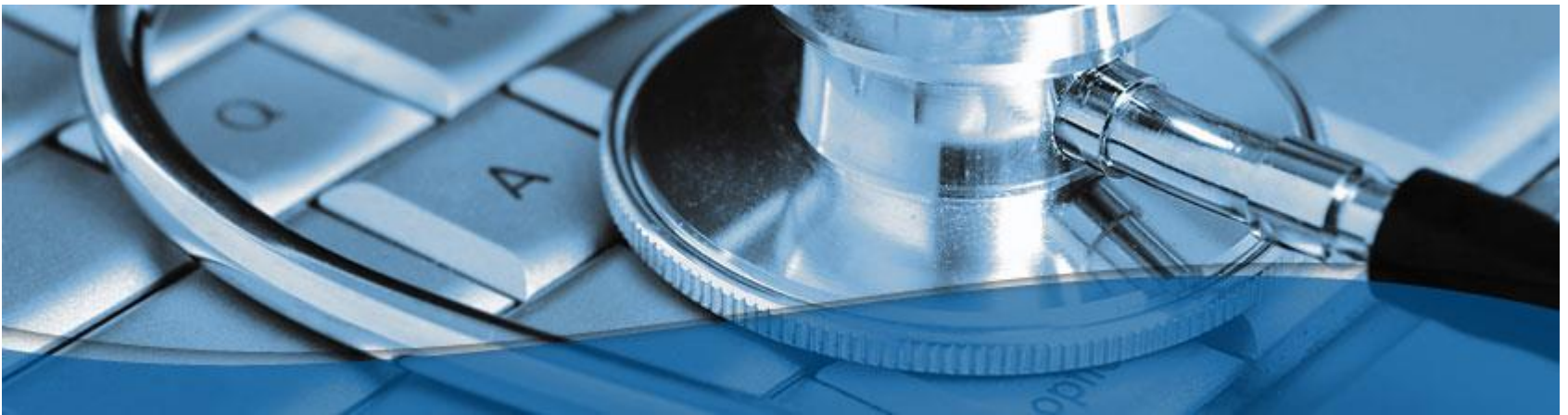
# Section 1. Conventions, General Coding Guidelines and Chapter Specific Guidelines- Laterality

Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the left, right or bilateral

- If no bilateral code is provided and the condition is bilateral assign separate codes for both the left and right side
- If the side is not identified in the medical record assign the code for the unspecified side



# Documentation Best Practices





Accurate chart documentation and diagnosis reporting determines reimbursement for the CMS Medicare Advantage Plans under the Risk Adjustment Program

# Specificity in ICD10

In ICD-10 the codes have been created to show greater specificity

- There are 54 specific codes for malignant neoplasm of the breast based on:
  - Site (4<sup>th</sup> character)
  - Male vs Female (5<sup>th</sup> character)
  - Laterality (6<sup>th</sup> character)



# Current Cancer vs. History of Cancer

## Current Cancer

Patients with cancer who are **receiving active treatment** for the condition should be reported with the malignant neoplasm code corresponding to the affected site. This applies even when a patient has had cancer surgery, but is still receiving active treatment for the disease

- Patients that are taking Tamoxifen for breast cancer are coded to the active code malignant neoplasm for as long as they are taking the anti-neoplastic medications
- **Use additional code** to identify estrogen receptor status (Z17.0, Z17.1)



# Current Cancer vs. History of Cancer

## History of cancer

Patients with a history of cancer, with **no evidence of current cancer**, and not currently under treatment for cancer should be reported as ICD10CM codes Z85 “personal history of malignant neoplasm.”

- Z85 codes require additional characters to identify site of cancer and should be reported only when there is no evidence of current cancer
- If a patient’s presenting problem, signs, or symptoms may be related to cancer history impacts the plan of care, then the appropriate Z code would need to be coded in place of an active code



# History of Cancer

## Past Medical History

DM1  
Hypertension  
Hyperlipidemia  
CAD s/p mi  
Osteoporosis  
Diverticulosis/Colon polyps tubular adenoma/hyperplastic  
Right breast cancer in situ  
ckd III  
Colonic polyps  
Tubular adenoma  
Hyperplastic colon polyp  
Atrial Fibrillation  
DDD od LS with spondylosis

## Surgical History

Bilateral cataracts  
Cholecystectomy  
CABg x 3 1988  
Right breast biopsyLumpectomy  
TAH bilat SO  
Pacemaker 10//11  
Abdominal mass excision 05/12

Documentation points to a Hx of Code





# Meet the M.E.A.T!

One of the Top 10 coding errors for risk adjustment:

Documentation does not indicate that the diagnoses are being monitored, evaluated, assessed/addressed, or treated (MEAT).

## MEAT

- Monitor
- Evaluate
- Assess
- Treat



# M.E.A.T.

Documentation **must** show how chronic condition is being treated, managed or assessed on **EACH** date of service. Each diagnosis **should** have an assessment and a plan.

Language Samples	
Assessment	Plan
Stable	Monitor
Improved	D/C Meds
Tolerating Meds	Continue Current Meds
Deteriorating	Refuses Treatment
Uncontrolled	Refer

If the documentation is unclear, physician clarification may be necessary to assist in accurate code assignment



# Example of HCC Mapping

Malignant neoplasm of central portion of right female breast	Secondary malignant neoplasm of breast
Maps to HCC 12	Maps to HCC 10
Coding Note: Personal history of malignant neoplasm of breast does not risk adjust	

HCC- Hierarchical Condition Category

# Tip Sheet

Breast Cancer	Code	Tip
Malignant neoplasm of nipple and areola, right female breast	C50.011	Indicate primary, secondary or CA in situ; specific location (upper, lower, inner, outer quadrant, etc) Indicate male or female
Malignant neoplasm of lower-outer quadrant of left female breast	C50.512	
Intraductal carcinoma in situ of left breast	D05.12	
Secondary malignant neoplasm of breast	C79.81	
Personal history of malignant neoplasm of breast	Z85.3	Patients with a history of cancer, with no evidence of current cancer and not currently under treatment for cancer should be reported as "Personal history of malignant neoplasm."

# Examples

# Case Study 1

- ❖ This 25 year old female is treated for melanoma of the left breast and left arm.
- ❖ What diagnosis codes are assigned?

# Answer: Case Study 1

- C43.52          Melanoma (malignant), skin, breast  
(female) (male)
- C43.62          Melanoma (malignant), skin, arm.

**Rationale:** To code [melanoma](#), the code is [found directly](#) in the [Index](#) rather than the [Neoplasm Table](#). It is [incorrect](#) to assign primary site of skin (C44.52, C44.62) [when melanoma is documented](#). Melanoma in situ is classified in category D03.1-.



# Case Study 2<sub>1</sub>

- ❖ This female patient with terminal carcinoma of the central portion of the right breast, metastatic to the liver and brain, was seen for dehydration and chronic intractable neoplasm related pain. Patient was rehydrated with IVs and given IV pain medication with no treatment directed toward the cancer.
- ❖ What diagnosis codes are assigned?





## Answer: Case Study 2<sub>3</sub>

- E86.0            Dehydration
- G89.3            Pain(s) (see also Painful), chronic,  
neoplasm related
- C50.111          Carcinoma, see also Neoplasm, by site,  
malignant. Refer to Neoplasm Table,  
by site (breast), malignant, primary site,  
central portion
- C79.31           Refer to Neoplasm Table, by site, brain,  
malignant, secondary site
- C78.7            Refer to Neoplasm Table, by site, liver,  
malignant, secondary site



## Rationale: Case Study 2<sub>3</sub>

Rationale: ICD-10-CM chapter-specific guideline for neoplasms states that when the encounter is for management of dehydration due to the malignancy or the therapy, or a combination of both, and only the dehydration is being treated, the dehydration is sequenced first, followed by the code(s) for the malignancy.



# Rationale: Case Study 2

Code G89.3 is assigned to pain documented as being related, associated or due to cancer and may be assigned as the principal code when the stated reason for the encounter is documented as pain control or management. The underlying neoplasm should be reported as an additional diagnosis.



## Case Study 3<sub>1</sub>

- ❖ This 50 year old female was diagnosed with left breast carcinoma four years ago, at which time she had a left mastectomy performed with chemotherapy administration. She has been well since that time with no further treatment except for yearly checkups. The patient is now being seen with visual disturbances, dizziness, headaches, and blurred vision. Workup was completed which revealed metastasis to the brain, accounting for these symptoms. This was identified as being metastatic from the breast, not a new primary.
- ❖ What diagnosis codes are assigned?



# Answer: Case Study 3<sub>2</sub>

- C79.31 Refer to Neoplasm Table, by site, brain, malignant, secondary site
- Z85.3 History, personal (of), malignant neoplasm (of), breast
- Z90.12 Absence (of) (organ or part) (complete or partial), breast(s) (and nipple(s)) (acquired)
- Z92.21 History, personal (of) chemotherapy for neoplastic condition



# Rationale: Case Study 3<sub>3</sub>

**Rationale:** The reason for this encounter is the metastatic brain cancer. The breast cancer was previously excised with no further treatment directed at that site, therefore, it is coded as history of breast cancer. Because the patient had a previous mastectomy, a code for the acquired absence of the breast is also coded. Laterality can be specified in the Z90.1 subcategory. It was documented that the brain metastasis was causing the symptoms, so they are not assigned additionally.





# References:

- ICD-10-CM Official Guidelines for Coding and Reporting Effective October 1, 2015,
- [http://www.csscooperations.com/Internet/Cssc3.Nsf/files/participant-guide-publish\\_052909.pdf/%24File/participant-guide-publish\\_052909.pdf](http://www.csscooperations.com/Internet/Cssc3.Nsf/files/participant-guide-publish_052909.pdf/%24File/participant-guide-publish_052909.pdf) Module 7-16
- <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2014.pdf>
- <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/Prelim-IDC10Mappings.html?DLPage=1&DLSort=0&DLSortDir=descending>
- CMS 2014 Payment Year Risk Adjustment Model





# Contact

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