

Types of Cancers

Cancer is one of the most frequent conditions not documented correctly, especially when documenting if it is still being treated actively or part of the patient’s personal history. It is important to identify if the cancer is primary, in situ, secondary or malignant, the site/location and laterality.

Malignant Neoplasm of	
Lip, Oral Cavity and Pharynx	Breast
Digestive Organs	Female Genital Organs
Respiratory and Intrathoracic Organs	Male Genital Organs
Bone and Articular Cartilage	Urinary Tract
Melanoma and Skin	Eye, Brain and CNS
Mesothelial and Soft Tissue	Thyroid and Endocrine Glands
Neuroendocrine	Lymphoid and Hematopoietic

Document as “active” if

Active Treatments	
The patient is currently undergoing (Irrefutable)	Chemotherapy
	Radiotherapy
	Hormone Therapy
The patient refuses treatment, but the condition persists	
Breast or Prostate Cancer on Adjunct Therapy (Tamoxifen, Arimidex, etc.)	

Document as “history of” neoplasm if

History of Statements	
Removed	Excised
Eradicated	Surveillance
No further treatment required	No longer has evidence of active disease (NED)
In remission, except in the case of leukemia	

Documentation Requirements

To ensure accurate coding of cancer, the documentation must clearly indicate:

- What treatment the patient is currently undergoing or completed
- If the cancer is “in remission”
- The location and laterality of the cancer
- If the cancer is primary, in situ, benign, secondary or malignant and to where it has metastasized
- It is best practice to report all complications that impact your medical decision making

Documentation Examples

Metastatic Cancer

HPI: Patient is here for a follow up on their Breast Cancer of right breast that has metastasized to bone. She is being followed closely by Oncology; complains of pain and side effects from chemotherapy treatments.

PE: Vitals normal: PE normal: ROS negative

A: **C50.911 Primary Malignant Neoplasm of Right Female Breast
C79.51 Secondary Malignant Neoplasm of Bone**

P: Continue to follow up with oncology, has regularly scheduled chemotherapy treatments that she is present for. She has been complaining of pain and side effects from treatments, discussed symptom management

Documentation tip: Identify the location of any cancer separately. Classifying which is primary and which is secondary with additional MEAT in the physical exam or assessment and plan section of the visit note.

Adjunct Therapy

HPI: Patient is here for a follow up on their Prostate Cancer. Patient is being followed closely by Urology; He is currently taking Lupron following a prostatectomy in 12/2021 for adjunct therapy.

PE: Vitals normal: PE normal: ROS negative

A: **C61 Malignant Neoplasm of Prostate**

P: Continue to follow up with Urology; Continue Lupron regimen, follow up with PCP in three months, will recheck PSA at that time.

Documentation tip: Clearly identify if the hormonal treatment is adjunct or prophylactic. If prophylactic, the cancer diagnosis must be documented as a "history of" condition.

History of Cancer

HPI: Patient is here for a follow up on their Lung Cancer. Patient had this excised in 8/2020, completed radiation treatments in 12/2020. He is doing well with no recurrence at this time.

PE: Vitals normal: PE normal: ROS negative

A: **Z85.118 Personal History of Malignant Neoplasm of Lung**

P: Continue yearly follow up appointments with oncology, contact PCP if any concerns arise.

Documentation tip: If a cancer is identified as "in remission", per CMS coding guidelines, this will be acknowledged as a "history of" cancer diagnosis.