

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

Cancer



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Agenda

1. Overview of the condition
 2. Coding & documentation considerations
 3. Documentation example
 4. Additional resources
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Cancer

Cancer is a disease characterized by the uncontrolled growth and spread of the body's cells. With over 100 different types, cancer can originate in nearly any part of the human body. Cancers are classified based on their origin in organs or tissues, and also by the type of cell they develop from. However, not all tumors are cancerous.

Types of Tumors

Benign (Noncancerous)

Localized (does not spread)
Rarely life threatening
Many do not need treatment

Examples

Fibroids

Cysts

Lipomas

Precancerous

Can become cancerous if not treated
Monitor closely, provide treatment as needed

Examples

Dysplasia

Hyperplasia

Malignant (Cancerous)

May metastasize (spread)
Some curable, other life threatening
Can come back after treatment

Examples

Carcinoma

Sarcoma

Lymphoma

<https://www.cancer.gov/about-cancer/understanding/what-is-cancer>; <https://my.clevelandclinic.org/health/diseases/21881-tumor>; <https://www.cancer.org/cancer/understanding-cancer/what-is-cancer/precancer.html>

Types of Malignant Cancer

Breast

Breast cancer is the most common cancer among women in the US. **The median age at diagnosis is 62, and a US woman has a 13% lifetime risk of being diagnosed.**

Treatment Options: Surgery, Chemotherapy, Biological therapy, Radiation therapy, Hormonal therapy (can be used as a prophylactic)

5 Year Relative Survival Rate
(All SEER stages combined) **91%**

Colon

Colorectal cancer is the **second leading cause of cancer deaths when considering both men and women.**

Screenings: Average-risk individuals see the greatest colorectal cancer risk reduction by starting regular screening at age 45.

Treatment Options: Surgery, Chemotherapy, Radiation therapy, Targeted therapy, Immunotherapy, Liver directed therapy

Lung

Lung cancer is the leading cause of cancer death in the US, responsible for about 1 in 5 cancer deaths, and claims more lives annually than colon, breast, and prostate cancers combined.

Screenings: Early detection significantly improves lung cancer treatment success, emphasizing the importance of screening

Treatment Options: Surgery, Chemotherapy, Radiation therapy, Targeted therapy

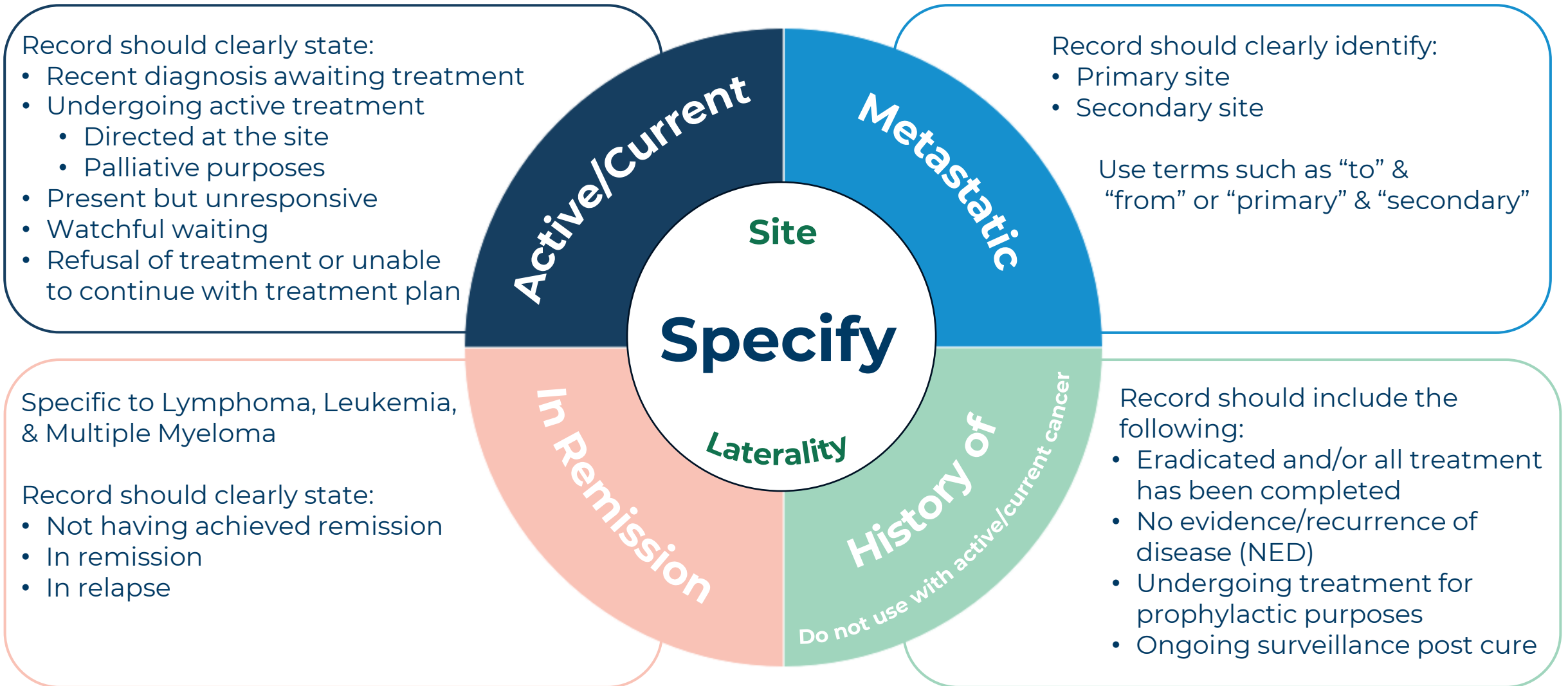
Prostate

On average, men are diagnosed at age 67, and one in eight will develop prostate cancer in their lifetime, making it the second-leading cause of cancer death for American men.

Treatment Options: Active surveillance or watchful waiting, Surgery, Radiation therapy, Hormone therapy, Chemotherapy

5 Year Relative Survival Rate
(All SEER stages combined) **97%**

Cancer Documentation Considerations



Additional Documentation Considerations

Interpret and incorporate diagnostic/imaging findings

Document current treatment or follow up care

- Specify current chemotherapy, radiation or hormonal therapy
- Document the purpose of the adjuvant therapy
 - Prophylactic hormonal therapy does not support active treatment (historical cancer)
 - Therapy directed to treat active or residual cancer (active cancer)
- Indicating follow-up for recurrence is not synonymous with active treatment

Treatment by Specialist

- Document type of treatment delivered by treating specialist
- Specify if the treatment is completed, and the patient is being followed for recurrence

Note any symptoms related to treatment



Cancer Coding Considerations

To correctly assign an ICD-10-CM code for neoplasms the documentation must include the following details: the **type**, the **location**, **laterality**, and the **status**. Refer to the current ICD-10-CM Alphabetic Index and Tabular List for a full listing of complete codes and all applicable coding instructions.

Examples:

Female patient has **primary malignant** neoplasm of the **right upper-outer quadrant of breast** and is **currently undergoing chemotherapy**.

- ICD-10 code: C50.411

Patient underwent an excision for a **primary malignant** tumor of the **descending colon**, and **treatment has been completed with no evidence of disease**.

- ICD-10 code: Z85.038

| Type | |
|---|----------------------------------|
| Benign | Primary malignant |
| In situ | Secondary (metastatic) malignant |
| Uncertain behavior | |
| Location <i>(Not all inclusive)</i> | |
| Upper outer quadrant of breast | |
| Descending colon | |
| Lower lobe of lung | |
| Prostate | |
| Laterality <i>(If applicable)</i> | |
| Bilateral, left, and/or right | |
| Status/Presence | |
| Active/Current (C00 – D49) | |
| History of malignant (Z85.XXX), benign (Z86.01X), carcinoma in situ (Z86.00X) | |
| In remission (ICD-10 coding uses "in remission" or "in relapse" only for leukemia and multiple myeloma (C90.XX – C95.XX)) | |
| Additional Information | |
| Neoplasm is not synonymous with cancer; specify if malignant | |
| Avoid generic terms such as "mass" or "lesion" | |

Prostate Cancer Example



Problem List:

Malignant Neoplasm, Prostate

History of Illness:

79 y/o male coming in today for his 6 month follow up visit for chronic conditions. **Patient has a low-grade prostate cancer diagnosed in 2022 by biopsy. The patient has elected not to pursue treatment at this time. PSA performed 7/2023 is stable at 7.0.**

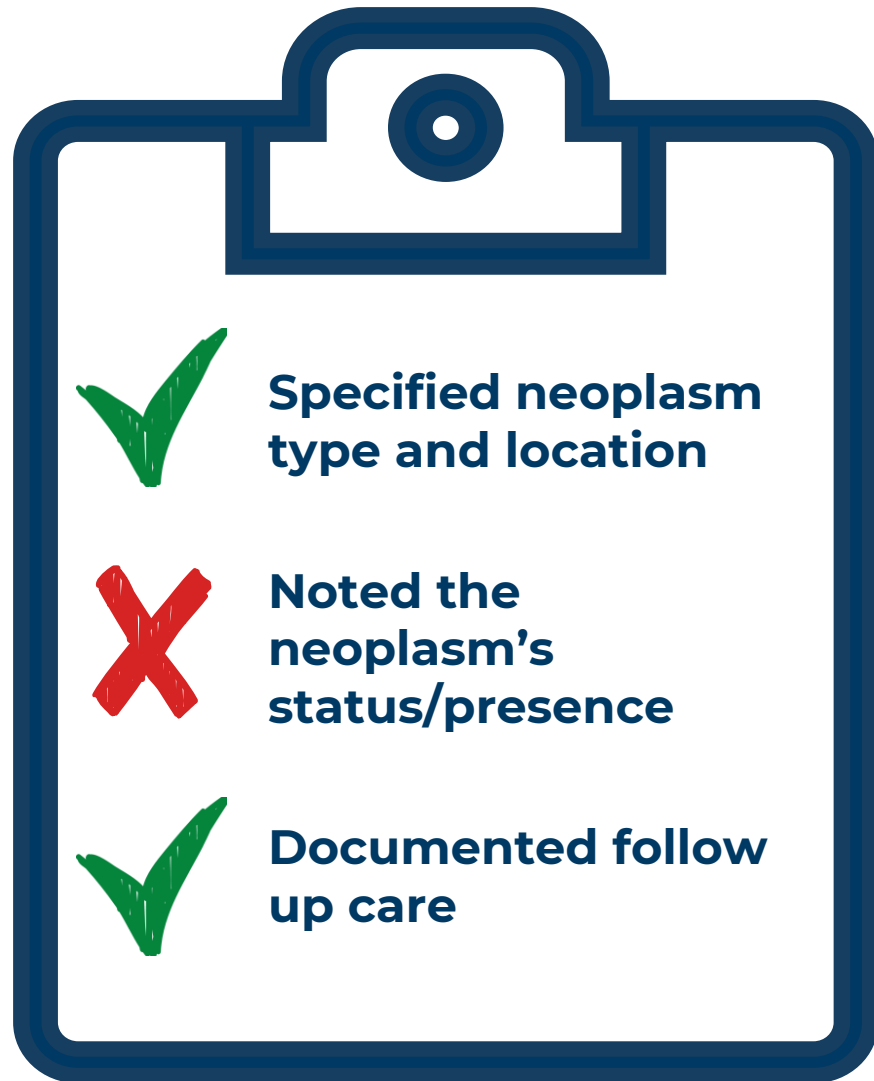
Assessment & Plan:

Primary Malignant Neoplasm, Prostate (C61)

Patient to follow up in 6 months with updated labs. He will contact us if he has any additional symptoms. We will continue active surveillance.

The documentation clearly indicates there is an active and present prostate cancer as evidenced by confirmation of the biopsy result. The clinician has documented the patient's refusal of treatment, opting for surveillance with monitoring of labs only. Based on the documentation in the note, it is appropriate to code this as active prostate cancer.

Breast Cancer Example



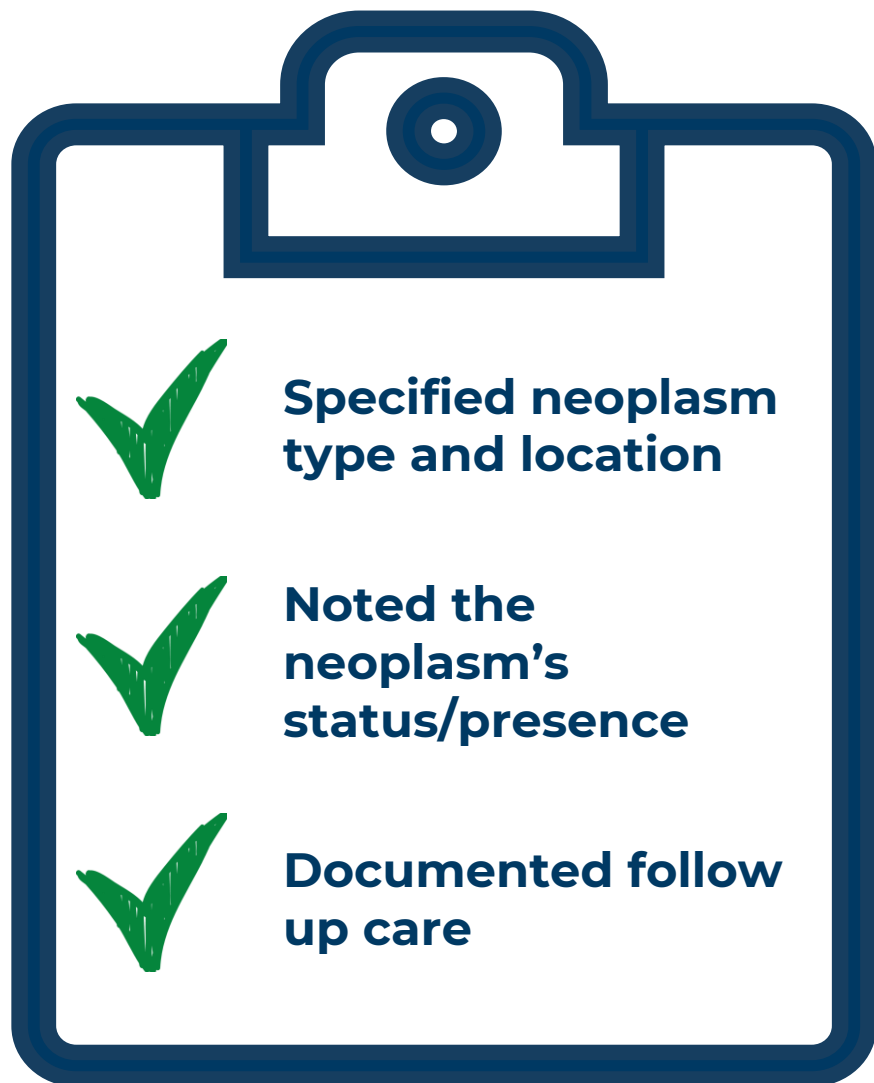
Surgical History:
s/p right mastectomy

History of Illness:
66 y/o female coming in today for her 6 month follow up visit. Patient has a history of right sided breast cancer diagnosed in 2008 and treated with surgery, radiation therapy, and hormonal therapy, finishing Arimidex in 2015.

Assessment & Plan:
Primary Malignant Neoplasm, Right Breast, Upper Outer Quadrant (C50.411)
Successful completion of treatment. Skin is smooth and supple without evidence of mass. Per Oncology, patient to follow up yearly with a mammogram. Last imaging showed no evidence of disease. 6-month f/u with updated labs and imaging.

The clinician's documentation includes active breast cancer in the Assessment and Plan but also indicates no evidence of disease with successful treatment completion. This documentation suggests that the active breast cancer is resolved, and a diagnosis code of Z85.3, indicating a personal history of breast cancer, would be more appropriate.

Lung Cancer Example



Subjective:

Patient presents for COPD check-up. Symptoms stable, using Ventolin only as needed for occasional flares. Denies increased cough, SOB or wheezing. She also reports recent f/u with oncologist and **annual PET scan was favorable and NED for previously resected NSCLC of the right lung.**

Past Medical History:

Non-small cell lung cancer(right lung), Stage IA1 **treated with VATS lobectomy** 12/2021

Assessment & Plan:

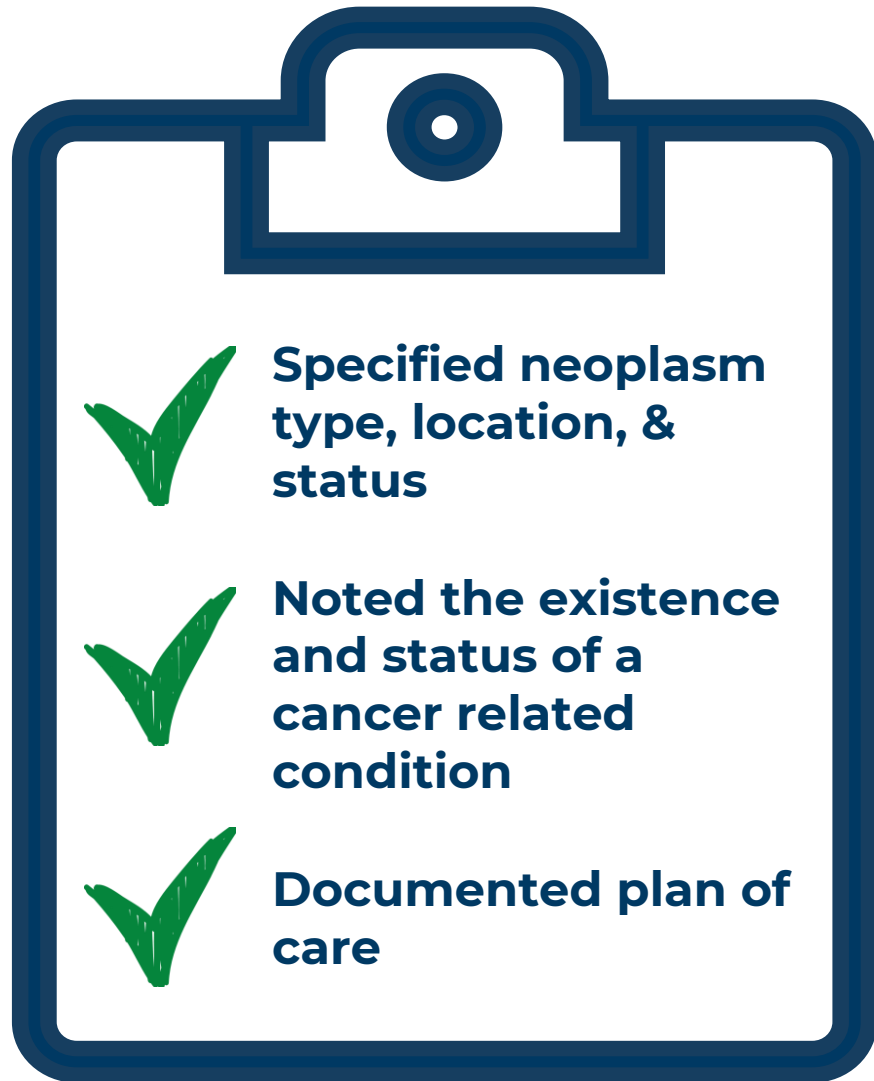
COPD (J44.9) – Stable, continue Ventolin PRN. PFT's next month. Encouraged continued smoking cessation

History of Primary Malignant Neoplasm of Lung (Z85.118)

Recent PET-NED. Stressed importance of reporting new or concerning symptoms with oncology and keep scans up to date

The documentation accurately reflects a personal history of cancer, including a review of a recent PET scan showing no evidence of disease. The clinician has provided appropriate recommendations for continued monitoring.

Colon Cancer Example



History of Present Illness:

67 y/o male here for check up. He **follows with oncology**, continues to report **polyneuropathy** related to treatment with **FOLFOX** for **Malignant neoplasm of sigmoid colon**. He reports no new/worsening symptoms, tolerating well overall with little impact to daily activities.

Past Medical History:

Colon cancer – **surgical resection with anastomosis** 4/12/25

Assessment & Plan:

Drug-induced polyneuropathy (G62.0) Very mild, no need for reduced chemo

Primary Malignant Neoplasm Sigmoid Colon (C18.7)

Post-surgical resection, **currently undergoing adjuvant FOLFOX**, 4 cycles remaining. Next cycle to begin in 2 weeks, **repeat CBC** prior to infusion.

The documentation, encompassing the HPI and Assessment & Plan, substantiates active colon cancer. Evidence includes ongoing treatment, specification of the colon subsite, chemotherapy-related symptoms, specialist management, and continuous laboratory monitoring.

Additional Resources

Documentation Best Practice Checklist



Annually assess all chronic conditions and document a plan for each one



Link medications to help establish ongoing treatment especially if the medication is used to treat multiple conditions.



Use the term “History of” before a condition if it no longer exists or has resolved



Validate patient reported findings



Code and document all coexisting conditions that require or affect patient care, treatment or management



Avoid using uncertain terms when a diagnosis has been confirmed for a patient



Choose the highest level of specificity when selecting an ICD-10 code



Keep problem list up to date by removing acute and one-time conditions

Highmark Provider Resource Center

KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians comply with CMS standards and ICD-10-CM guidelines

1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care



CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements



Have questions about risk adjustment?

**Want to share feedback or suggest topics
for future presentations?**

Email:

RiskAdjustmentCoding@Highmark.com