

Cancer of Solid Sites

Cancer is a disease in which some of the body's cells grow uncontrollably and can spread to other parts of the body.

ICD-10 CODES

C00-C14 Malignant neoplasms of lip, oral cavity and pharynx
C15-C26 Malignant neoplasms of digestive organs
C30-C39 Malignant neoplasms of respiratory and intrathoracic organs
C40-C41 Malignant Neoplasms of bone and articular cartilage
C43-C44 Melanoma and other malignant neoplasms of skin
C45-C49 Malignant neoplasms of mesothelial of soft tissue

C50 Malignant neoplasms of breast
C50-C58 Malignant neoplasms of female genital organs
C60-C63 Malignant neoplasms of male genital organs
C64-C68 Malignant neoplasm of urinary tract
C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system
C73-C75 Malignant neoplasm of thyroid and other endocrine glands
C76 Malignant neoplasm of other and ill-defined sites

DOCUMENTATION ACRONYMS

Be Laser Focused on your Cancer Documentation!

- L** - Location of the body affected?
- A** - Advanced beyond primary site?
- S** - Status (newly diagnosed, established or historical)?
- E** - Engagement in active treatment?
- R** - Review documentation for accuracy and completeness!

**If the cancer is no longer active, it should be documented as a personal history.

To be considered "Active" there should be evidence of TISSUE or TREATMENT.

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:

Malignant Neoplasm Diagnosis

- Location
- Histology

Status:

Active (no curative history)

- Type of treatment that is being administered
- Current symptoms
- Treatment complications

Historical (curative measure successful)

- Residual complications

Plan:

- Active Treatment (including day/month/year of next treatment)
- Chemotherapy
- Radiation
- Immunotherapy
- Hormone therapy
- Surgery
- Transplant
- Palliative treatment

BEST PRACTICES & TIPS

- Statements of 'in remission', 'no evidence of disease' or 'history of' will **always mean** the cancer has been eradicated, even with documentation of treatment.
- Always **specify neoplasms** as benign, malignant or metastatic.
- **Avoid** using terms such as 'probable', 'suspected', 'likely', 'questionable', 'possible' with a confirmed and active diagnosis of cancer. These terms should only be used when the diagnosis is yet to be confirmed.
- Avoid words such as mass, lump, neoplasm, lesion, tumor or growth as they do not denote a malignancy. **Histology** and more **specific language** should be used whenever possible.
- 'Awaiting results' or 'follow up with an oncologist' does **not** meet the requirement of active treatment and further detail should be documented.
- Treatment **must be** documented as directed towards the primary cancer, secondary site or both in order to clarify the complete disease process.
- If a patient has decided to **decline cancer treatment** it should be clearly documented including any efforts made to improve quality of life or control symptoms.
- In cases where treatment is palliative and not curative, document the **type and expected outcome** of the treatment, including pain management, interventions to slow cancer progression, symptom management, or referrals to hospice.

Documentation Examples of an Active Status

Active surveillance**
 Watchful Waiting**
 Observation**
 Chemotherapy Patient
 Awaiting treatment
 Adjuvant therapy
 Hormonal therapy
 Radiation therapy
 Pathology revealing cancer
 Immunotherapy
 Refusal of treatment
 Currently on treatment
 Newly diagnosed
 Terminal cancer

Documentation Examples of a Historical Status

Still to be ruled out
 History of
 Remission
 Eradicated
 Completely or partially removed
 No evidence of disease (NED)
 Status post (any) treatment
 Completed treatment
 Follow up with /To see
 Stable disease
 Awaiting imaging or labs
 Pending results of
 Sign(s) of
 Suspected

**Newly diagnosed cancer only



For more resources go to:

HIOSCAR.COM/PROVIDERS/RESOURCES

