

Prostate Cancer

Prostate cancer is a disease that occurs when malignant cells form in the prostate gland. Treatments may include chemotherapy, radiation, hormonal treatments, or active surveillance when determined as appropriate.

ICD-10 CODES

C61 Malignant neoplasm of prostate

Z85.46 Personal history of malignant neoplasm of the prostate

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support prostate cancer.

Diagnosis: Prostate cancer

Evidence: TRUS biopsy confirmed prostatic adenocarcinoma with PSA 6.0 ng/ml

Evaluation: Prostate Cancer, active and beginning treatment plan

Plan: Schedule for brachytherapy

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 of Prostate Diagnosis

- Stage of prostate cancer
- Metastasis to other organs

Status

Active

- Active surveillance or watchful waiting (no curative treatment attempted)
- Undergoing current treatment

Historical (curative measure performed)

Plan

- Continue Treatment (include frequency)
 - Chemotherapy
 - Radiation
 - Brachytherapy
 - Immunotherapy
 - Hormone therapy
 - Surgery
- Continue active surveillance (include frequency)
- Palliative treatment

BEST PRACTICES & TIPS

- Statements of ‘in remission’, ‘no evidence of disease’ or ‘history of’ **are indicative** that prostate cancer has been eradicated.
- Documentation of **BPH** or elevated **PSA** cannot be used in lieu of a diagnosis of a prostate cancer; all malignancies must be diagnosed and formally documented by the provider.
- ‘Awaiting results’ or ‘follow up with an oncologist’ does **not** meet the requirement of active treatment and further detail should be documented.
- If prostate cancer is in a **waiting period** prior to curative treatment, it should be indicated through the documentation.
- When documenting an **advanced stage prostate cancer**, the best practice is to document secondary sites as metastatic; as words such as extension, malignant spread, invasion, growth, or locally advanced are not always synonymous.
- If a patient has decided to **decline cancer treatment** it should be clearly documented along with any efforts 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.
- **Active radioactive seeds** should be documented including full date of initial insertion.
- When there has been a **biochemical recurrence** of a previously resolved prostate cancer, the metastatic site should be clearly documented, when known.



For more resources go to:

HIOSCAR.COM/PROVIDERS/RESOURCES

