

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

DOCUMENTATION ELEMENTS

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**If the cancer is no longer active, it should be documented as a personal history.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