

Navigating the Gnarly Challenges of HCC Coding: Episode 1

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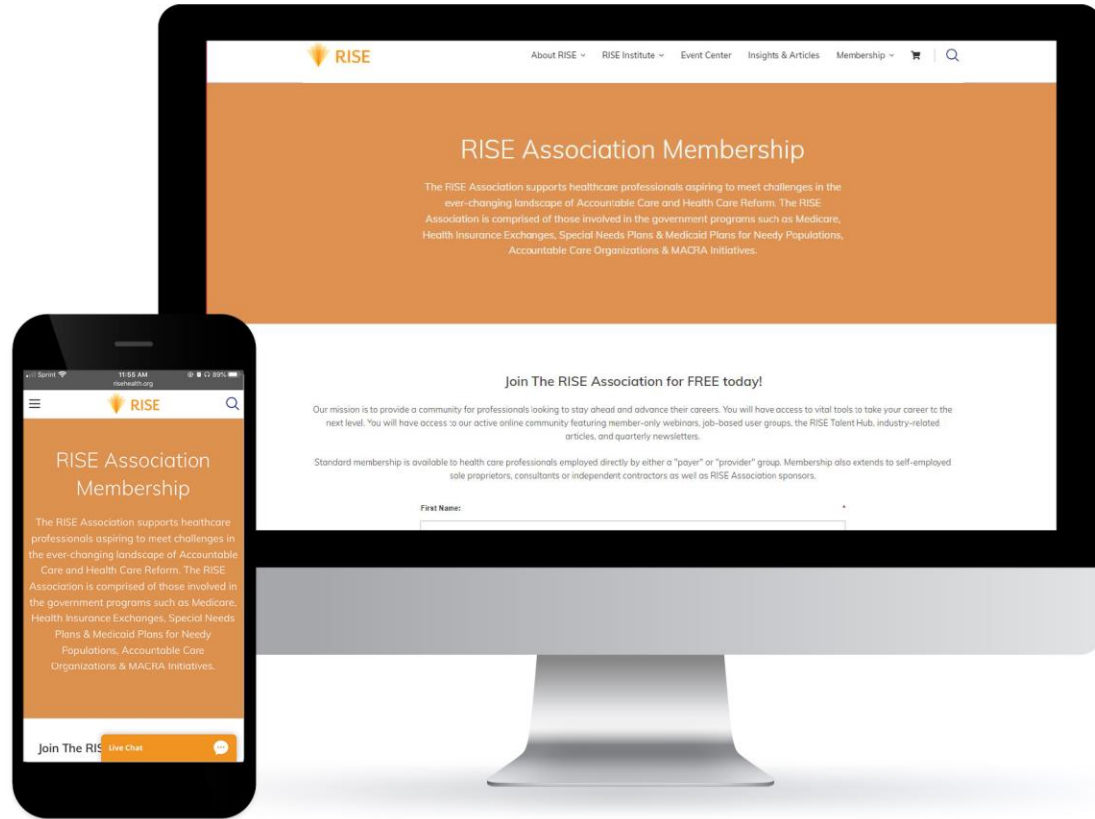
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Cancer Codes: Assigning 'active' versus 'history of' diagnosis codes



Assigning a ‘history of’ cancer diagnosis code

- Coding guidelines state that when a primary malignancy has been previously excised or eradicated from its site, and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy at that site, a Personal History code should be used
 - Personal history codes explain a patient’s past medical condition that no longer exists and is not receiving any treatment
 - Providers frequently code for active malignancies and benign neoplasms that have an HCC when the patient is merely being monitored for recurrence

Assigning an 'active' cancer diagnosis code

- An active cancer diagnosis should be assigned when the patient is being treated with adjuvant cancer medications to reduce the chance of recurrence even when a malignancy has been excised or eradicated
 - Examples of adjuvant cancer medications are Tamoxifen Lupron, and Arimidex and typically involve Breast or Prostate cancers.
 - MD definition of active treating in most instances is not the same as the Official Coding Guidelines rules/definitions
- Once the neoplasm has been excised but further treatment, such as an additional surgery for the malignancy, radiation therapy or chemotherapy is directed to that site, the primary malignancy code should be used until treatment is completed.

Cancer Coding Example #1

HPI: Bladder Control Issues; Pt has had some urinary leakage since his prostatectomy but he is not interested in treatment at this time.

Past Medical History: PROSTATE CANCER; 6/26/14 PSA <0.1

Past Surgical History: Prostatectomy; Abdominal (2006): Inpatient

Assessment & Plan: PROSTATE CANCER

Recheck PSA today. ULTRASENSATIVE (POST PROSTATECTOMY) Routine

- Do not code C61 for Malignant neoplasm of the prostate
- DO code Z85.46 for Personal history of malignant neoplasm of the prostate (No HCC)
 - Rationale: The patient is status-post prostatectomy per the HPI and PSH, with no mention in the documentation of current treatment of the malignancy. Therefore, the code for personal history of malignant neoplasm of the prostate should be assigned.

Cancer Coding Example #2

DOS: 10/12/2012

Patient Active Problem List: Breast Cancer (Date Noted 04/08/2010)

Past Surgical History: Mastectomy simple, complete

A/P: Breast Cancer, right. Continue Tamoxifen therapy.

- **ICD-10:** code **first** C50.911 for Malignant neoplasm of unspecified site of right female breast;
- Code **also** Z79.810 for Long term (current) use of selective estrogen receptor modulators (SERMs) (No HCC)
 - Rationale: The PSH states that the patient is status-post mastectomy. However, she is currently being treated with an adjuvant cancer medication, as documented in the A&P. Therefore, codes for malignant neoplasm of the breast and use of SERMs should be assigned.

Cancer Coding Example #3

Subjective: Ductal carcinoma of breast in situ

Past Medical History: Ductal carcinoma of breast in situ, grade 3, status-post radiation and chemotherapy. Partial mastectomy.

Assessment and Plan: Ductal Carcinoma of breast in situ

Actively receiving treatment from Dr. Soo. Currently taking anastrozole daily. She will be taking this for five years. Mammogram is up-to-date.

- ICD-10: code D05.10 for Intraductal carcinoma in situ of unspecified breast (no HCC)
 - Rationale: The Subjective, PMH, and A&P all state that the patient has ductal carcinoma of the breast in situ; this is a distinctly different type of breast cancer than unspecified malignant neoplasm of the breast and should be coded accordingly. While the patient is being treated with an adjuvant cancer medication, ICD-10 does not instruct the coder to assign the code for the use of aromatase inhibitors as an additional diagnosis to the DCIS.

Obesity and Body Mass Index: Guidelines on assigning obesity codes and capturing BMI codes



Morbid Obesity is an HCC... Obesity is not

- Morbid obesity is a serious health condition that results from an abnormally high body mass index
- There are varying methods used to define morbid obesity; however **Coding of this condition for risk adjustment is based on the provider documentation that the condition exists**
 - The assignment of a diagnosis code is based on the provider's diagnostic statement that the condition exists. The provider's statement that the patient has a particular condition is sufficient
 - The diagnosis **does not** have to be supported by a particular BMI measurement in order to support coding

When to capture the BMI per Guidelines

- General coding guidelines include specific instructions that BMI code assignment may be based on medical record documentation from clinicians who are not the patient's provider since this information is typically documented by other clinicians involved in the care of the patient
- Diagnosis such as overweight or obesity must be documented by the patient's provider
- BMI should only be reported as a secondary diagnosis
- **AHA Coding Clinic Fourth Quarter 2018** included a series of questions and answers to clarify coding morbid obesity and BMI codes based on the coding guidelines

Obesity/BMI Coding Example

Vitals: BMI 41.51 **Height:** 6'1" **Weight:** 350 lbs.

Assessment and Plan: Obesity. Patient counseled on the need to lose weight. Advised low fat diet and vigorous exercise for at least 30 minutes, 3 times per week.

- ICD10 Code **E66.9** Obesity, unspecified (No HCC)
- ICD 10 Code Z68.41- for BMI. (HCC)
 - Rationale: Provider documented Obesity, addressed plan to lower weight, and documented BMI. Cannot code for morbid obesity| but can capture HCC with coding of BMI.

Thoughts ~ Questions ~ Discussion



Thank YOU! Tune into the next Episode on



THANK YOU

