

Insider

Informative and educational coding information for providers

Focus on: BREAST CANCER



Facts about breast cancer

One in eight women will develop breast cancer.¹ Although breast cancer usually can be treated successfully when detected early, it nevertheless is the second-leading cause of cancer-related deaths among women. Every woman is at risk, and the risk

increases with age. Mammography is an excellent screening tool for breast cancer.² Accordingly, screening mammography is a healthcare quality mandate from the Centers for Medicare & Medicaid Services (CMS) quality measures, including Healthcare Effectiveness Data and Information Set (HEDIS).³

Current cancer vs. History of cancer

To correctly report a diagnosis of cancer, determine whether the patient's cancer has been eradicated or is currently being treated. The neoplasm table in the ICD-10-CM code book establishes three categories of malignancy: primary, secondary and in situ. Malignant neoplasms should be coded as categorized; unknown sites (primary or secondary) must also be coded.

Current cancer

Patients with cancer who are receiving active treatment for the condition should be reported with the malignant neoplasm code corresponding to the affected site. This applies even when a patient has had cancer surgery, but is still receiving active treatment for the disease.

History of cancer

Patients with a history of cancer, with no evidence of current cancer, and not currently under treatment for cancer should be reported as "Personal history of malignant neoplasm." These Z85 codes require additional characters to identify the site of the cancer and should be reported only when there is no evidence of current cancer. If a patient's presenting problem, signs, or symptoms may be related to the cancer history or if the cancer history (personal or family) impacts the plan of care, then report the appropriate Z code and not the code for the active cancer.

Always remember ...

- Patients that are taking Tamoxifen for breast cancer are coded to the active code for malignant neoplasm for as long they are taking the anti-neoplastic medications⁴
- Use additional code to identify estrogen receptor status (Z17.0, Z17.1)

Documentation and coding tips

Documentation should include the specific site of tumor and laterality (e.g. right, left, bilateral).

C50 Malignant neoplasm of breast^{5,6}

- 4th character identifies site
- 5th character identifies sex
- 6th character identifies laterality

The following codes do not report which breast is affected; correct coding would identify the site and laterality.

Coding female breast cancer

- C50.019** Malignant neoplasm nipple/areola unspecified breast
- C50.119** Malignant neoplasm central portion unspecified breast
- C50.219** Malignant neoplasm UIQ unspecified breast
- C50.319** Malignant neoplasm LIQ unspecified breast
- C50.419** Malignant neoplasm UOQ unspecified breast
- C50.519** Malignant neoplasm LOQ unspecified breast
- C50.619** Malignant neoplasm axillary tail unspecified breast
- C50.819** Malignant neoplasm overlapping sites unspecified breast
- C50.919** Malignant neoplasm unspecified site unspecified breast

Coding male breast cancer

- C50.029** Malignant neoplasm nipple/areola unspecified breast
- C50.129** Malignant neoplasm central portion unspecified breast
- C50.229** Malignant neoplasm UIQ unspecified breast
- C50.329** Malignant neoplasm LIQ unspecified breast
- C50.429** Malignant neoplasm UOQ unspecified breast
- C50.529** Malignant neoplasm LOQ unspecified breast
- C50.629** Malignant neoplasm axillary tail unspecified breast
- C50.829** Malignant neoplasm overlapping sites unspecified breast
- C50.929** Malignant neoplasm unspecified site unspecified breast

History of breast cancer

Conditions classifiable to C50-

- Z80.3** Family history of malignant neoplasm of breast
- Z85.3** Personal history of malignant neoplasm of breast

Breast cancer screening

- Z12.31** Encounter for screening mammogram for malignant neoplasm of breast

This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2015, CMS announced the CMS-HCC Risk Adjustment model for payment year 2016 driven by 2015 dates of service. For more information see: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2016.pdf>, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2016.pdf>, and <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>.

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Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2016: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required." The bolding of ICD-10-CM codes represents those conditions that map to the 2014 CMS-HCC risk adjustment model for Payment Year 2016.

1 American Cancer Society. Breast Cancer Facts & Figures 2013-2014. Atlanta: American Cancer Society, Inc. 2013.

2 Mandelblatt JS, Cronin KA, Bailey S, et al. Effects of mammography screening under different screening schedules: model estimates of potential benefits and harms. *Annals of Internal Medicine* 2009;151(10):738-747

3 "Medicare Claims Processing Manual: Chapter 18 - Preventive and Screening Services." *Centers for Medicare & Medicaid Services (CMS)*. N.p., n.d. Web. 3 Sept. 2014. <<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/cim104c18.pdf>>.

4 AHA Coding Clinic, 4th Quarter 2008, pg 156

5 Optum360 ICD-10-CM: Professional for Physicians 2016. Salt Lake City: 2015.

6 The Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). "ICD-10-CM Official Guidelines for Coding and Reporting." Department of Health and Human Services. DHH5. 2015. September. Web. 1 September 2015 <http://www.cdc.gov/nchs/data/icd/10cmguidelines_2016_Final.pdf>