Cancer

Risk Adjustment Coding Guide

Solid tumor cancer should be coded only when it is considered <u>active</u>. Cancer is considered active when:

- Current chemotherapy, radiation, or anti-neoplasm drug therapy (also adjuvant therapy such as Arimidex)
- Current pathology revealing cancer
- Newly diagnosed patient awaiting treatment
- Refusal of therapeutic treatment by patient or watchful waiting
- The cancerous organ has been removed or partially removed and the patient is still receiving ongoing treatment

<u>Clearly document</u> the following information:

- Type of cancer
- Malignant primary and secondary metastases
    - Include laterality when applicable
- Status of cancer (active or historical)
    - Avoid using "history of" statement if the patient is currently receiving active treatment
    - Cancer that has been fully eradicated and is no longer getting active treatment can be assessed with a "Personal History of" code
- Current treatment

There are some benign neoplasms that risk adjust – those of meninges, brain, CNS, and endocrine glands.

Leukemias, lymphomas, and myelomas have HCC value even when in remission. Indicate:

- Not having achieved remission
- In remission
- In relapse

Other status codes that may be applicable: (document and code)

- Stem cell transplant status
- Ostomy status
- Immunodeficiency due to drugs

All HCC diagnoses must be documented and coded at least once per year

Does your documentation have MEAT? (Monitor, Evaluate, Assess, Treat)