

October 2020 | October is Breast Cancer Awareness Month

FOCUS ON: Breast cancer

Facts about breast cancer

More women are diagnosed with breast cancer than any other cancer (excluding skin cancer); one in eight women will develop breast cancer over a lifetime. Breast cancer is the second most common cause of death from cancer in the United States following lung cancer. Since 1989, thanks to early detection and improved treatments, the number of women who die from breast cancer has steadily declined. Currently in the United States, there are approximately 3 million women living with breast cancer. Although rare, men are also at risk, accounting for less than 1% of all breast cancers.¹ The risk of developing breast cancer increases as a woman ages, with most cancers developing in women older than 50. Mammography is an excellent screening tool for breast cancer.² Screening mammography is a Five-Star Quality measure from the Centers for Medicare & Medicaid Services (CMS) and also a Healthcare Effectiveness Data and Information Set (HEDIS)[®] quality measure.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 or unspecified sites (primary or secondary) must also be coded.

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. 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 impacts the plan of care, then report the appropriate Z code and not the code for the active cancer.

Documentation and coding tips

- Patients taking antineoplastic medications (for example, tamoxifen, Femara) for treatment of breast cancer are coded to an active malignant neoplasm as long as they are taking the medications.
- Use additional code to identify estrogen receptor status (Z17.0, Z17.1), and for long-term (current) use of anti-neoplastic medications (Z79.810, Z79.818).

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

C50.- Malignant neoplasm of breast

- Fourth characters identify nipple/areola (0), central region (1); quadrants (2–5) or overlapping boundaries (8)
- Fifth characters identify female (1), male (2)
- Sixth characters identify laterality right (1), left (2), unspecified (9)

Examples of coding female breast cancer

- **C50.411** Malignant neoplasm of RUOQ of female breast
- **C50.919** Malignant neoplasm of unspecified site of unspecified female breast

Examples of coding male breast cancer

- **C50.029** Malignant neoplasm of nipple/areola, unspecified male breast
- **C50.829** Malignant neoplasm of overlapping sites of unspecified male breast

History of breast cancer

- 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

Coding example

A 68-year-old female seeing hematology-oncology for Stage IIA, ER+ breast cancer, RUOQ, previously removed by ultrasound-guided biopsy. Radiation therapy completed, currently on Femara.

- **C50.411** Malignant neoplasm of upper-outer quadrant of right female breast
- Z17.0 Estrogen receptor positive status [ER+]
- Z79.811 Long-term (current) use of letrozole (Femara)

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2021: "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 the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2021.

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification 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, 2020, the Centers for Medicare & Medicaid Services (CMS) announced that 2020 dates of service for the 2021 payment year model are based on the Centers for Medicare & Medicaid Services Announcement.

Website: cms.gov/files/document/2021-announcement.pdf

The following references were used to create the content in this document:

Optum360 ICD-10-CM: Professional for Physicians 2021. Salt Lake City, UT: 2020.

1. American Cancer. Cancer Facts & Figures 2017; and the National Cancer Institute Surveillance Epidemiology and End Results (SEER) database.

2. Mandelblatt JS, Cronin KA, Bailey S, Berry DA, de Koning HJ, Draisma G, et al. Breast Cancer Working Group of the Cancer Intervention and Surveillance Modeling Network. *Ann Intern Med.* 2009; Nov 17;151(10):738-47. doi: 10.7326/0003-4819-151-10-200911170-00010. Effects of mammography screening under different screening schedules: Model estimates of potential benefits and harms.

3. Centers for Medicare & Medicaid Services. 2019 Quality Rating System Measure Technical Specifications. cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/QRS-2019-Measure-Technical-Specifications.pdf. Published September 2018. Accessed September 3, 2020.