

Cancer and Neoplasms

Primary vs. Secondary Malignant Neoplasms

Primary malignant neoplasms: Malignant tumors that are in their initial area of origin. Also called cancer.

Secondary malignant neoplasms The spread of cancer from one part of the body to another. Also called metastases.

Active Cancer vs. History of Cancer

When can cancer be documented as current?

Current chemotherapy, radiation, or anti-neoplasm drug therapy.

Current pathology reveals cancer.

A **newly diagnosed** patient awaiting treatment.

Patient declines **curative** treatment

Current treatment plan of **active surveillance** (aka watchful waiting)

Palliative treatment

The cancer is **not responding** to the treatment.

The cancerous organ has been removed (or partially removed) and the patient is still receiving **ongoing treatment**.

When does cancer become “history of”?

The cancer was **successfully treated**, and the patient is **not receiving treatment**.

The cancer was **excised or eradicated**, there is **no evidence of recurrence**, and further treatment is **not needed**.

The patient had cancer and is coming back for **surveillance of recurrence**.

There is currently **“no evidence of disease”**.

Patient declines adjuvant therapy.

If the treatment is **preventive or prophylactic**, in most instances, the correct code to report would be a “personal history of” or “family history of” diagnosis.

Documentation Tips & Examples:

Colon Cancer	Biopsy confirmed malignant stage 1 adenocarcinoma of transverse colon. Will plan for resection next week with surgeon. Further plans to be decided after reviewing pending results of pathology.
History of Breast Cancer	Lumpectomy completed, chemo and radiation completed. Patient no longer on tamoxifen. Continue with mammograms and Oncology follow up.

Diagnosis	Active vs “History of”
Breast, Prostate, Colon, or Lung Cancer	Once the cancer has been excised and there is no active treatment being administered, this should be reported as a history of. For patients with breast or prostate cancer currently on adjuvant hormonal therapy, such as tamoxifen or leuprolide, an active cancer diagnosis should be applied.
Malignant Melanoma	Although malignant melanoma requires a high degree of surveillance for recurrence, once the cancer has been excised and there is no active treatment being administered, it should be reported as a history of melanoma.
Lymphoma	If lymphoma is in remission and treatment was completed greater than five years ago, history of lymphoma is most appropriate.
Multiple Myeloma	Because this condition is rarely curable, multiple myeloma is coded as not having achieved remission, in remission, or in relapse.
Chronic Myeloid Leukemia (CML)	For most patients with CML, treatment and monitoring is indefinite, so they are coded as not having achieved remission, in remission, or in relapse.

Pearls:

- When cancer conditions are reported during the calendar year for patients who did not have treatments administered within a 6-month period, the diagnosis is under increased scrutiny for inappropriate coding.
- Do not use “history of” cancer and current cancer interchangeably in the same note.
- When the only support provided is “followed by oncology” or “followed by urology” this leaves the status of the cancer in question. If the patient’s past surgical history indicates the cancer has been excised and the patient, to your knowledge, is not currently receiving any treatment, this should be documented and coded as historical.

Resources: 1. Cancer | NIH- National Cancer Institute. 2. UpToDate. 3. ACDIS (acdis.org)