Radiation Oncology Codes			
DIAGNOSES	ICD-10 Code Root	Sub Codes	Hierarchical Condition Category (HCC)
Malignant neoplasm of bladder	C67.X	C67.o-C67.9	Colorectal, Bladder, and Other Cancers
Malignant neoplasm of cervix uteri	C ₅₃ .X	C53.0-C53.1, C53.8-C53.9	
Malignant neoplasm of brain	C71.X	C71.o-C71.9	Lymphoma and Other Cancers
Secondary malignant neoplasm of breast	C79.81	-	
Secondary malignant neoplasm of genital organs	C79.82	-	
Malignant neoplasm of breast	C50.X	C50.011-C50.629, C50.811-C50.829, C50.911-C50.929	Breast, Prostate, and Other Cancers and Tumors
Malignant neoplasm of esophagus	C15.X	C15.3-C15.5, C15.8-C15.9	Lung and Other Severe Cancers
Malignant neoplasm of stomach	C16.X	C16.0-C16.9	
Malignant neoplasm of bronchus and lung	C ₃₄ .X	C34.00-C34.43, C34.80-C34.92	
Secondary malignant neoplasm of brain	C79.31	-	Metastatic Cancer and Acute Leukemia
Secondary malignant neoplasm of bladder	C79.11	-	
Secondary malignant neoplasm of skin	C79.2	-	
Secondary malignant neoplasm of other digestive organs	C78.89 & K68.81	-	
Secondary malignant neoplasm of respiratory organs	C ₇ 8.oX	C ₇ 8.00-C ₇ 8.39	
Carcinoma in situ of breast	Do ₅ .X	D05.00-D05.12, D05.80-D05.92	Non-Specific Symptom Codes and Non-HCC Codes
Carcinoma in situ of bladder	Dog.o	-	
Estrogen receptor status	Z17.X	Z17.0-Z17.1	
Carcinoma in situ of cervix uteri	Do6.X	Do6.o-Do6.1, Do6.7, Do6.9	
Basal cell carcinoma of skin of trunk	C44.5X	C44.510-C44.529	

Please remember, the diagnoses chosen must meet MEAT criteria, one of the following has to be supported: M-Monitored, E-Evaluated, A-Assessed, T-Treated. Documentation must be complete and accurate before selecting the specific diagnosis code, and always choose the most specific/or combination ICD-10 CM code(s) to fully describe the patient condition(s).



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Monitored

Disease progression/ regression, ordering labs/rads/diagnostic tests

Review of logs (blood sugar, BP)

Evaluated

Reviewing labs/ test results
Relevant physical examination
Medication/ treatment effectiveness

M.E.A.T.

Assessed

Stable, improving, worsening, etc
Exacerbation of condition
Discussion/ counseling
Relevant record review

Treated

Referral to specialist
Adjusting, refilling, prescribing
medication

- •1 element required per DX code; more is better
- •These factors help providers to establish the presence of a diagnosis during an encounter ("if it wasn't documented, it doesn't exist")
- •Review problem list, document as 'current' or 'active'
- •Do not use 'history of' for chronic conditions unless is fully resolved. Instead use 'stable

Limbs

Hemiplegia, Amputation, Paralysis status

Organs

Dialysis status, Transplant status, respiratory failure

L.O.S.T.

Secondary Dx

diabetic nephropathy+chronic kidney disease stage IV, tie conditions togeter (because of/ related to/ secondary to)

Tubes/Tummy

any "ostomy", morbid obesity

*other commonly lost conditions: substance abuse. HIV. mental health severity

- Document anything that impacts your medical decision making to reflect the complexity and level of care provided.
- Documentation improves care, coverage, costs and compliance.
- •other commonly lost conditions: substance/alcohol abuse, AIDS or HIV, mental health severity and status

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Accountable Care Organization