

# Documenting malignant neoplasms

To capture the full disease burden of your patients' conditions, follow the guidelines below.

## Do

- ✓ **Document the type, location, histology and morphology**  
**For example:** C50.312 Malignant neoplasm of lower-inner quadrant of left female breast
- ✓ **Specify overlapping sites**
  - Use overlapping lesion codes ONLY when the malignant neoplasm overlaps two or more contiguous sites
  - For multiple neoplasms of the same site that are not contiguous, codes should be assigned for each site
  - **For example:** C34.81 Malignant neoplasm of overlapping sites of right bronchus and lung
- ✓ **Document metastatic sites in addition to primary sites**
  - For multiple sites, be sure to identify each one
  - **For example:** Primary esophageal cancer with metastasis to stomach
- ✓ **Document active versus “history of” and choose the appropriate code**
  - **Active:** Therapy for curative or palliative treatment
  - **History:** No evidence of disease present after completed treatment but still on surveillance for reoccurrence
  - Refer to our tipsheet for more information
- ✓ **Clearly state if therapy is curative, palliative or preventive (prophylactic)**
  - A “history of” code is still supported when the patient is on preventive therapy. **For example:** Tamoxifen used for preventive therapy after no evidence of disease codes to “history of”
  - Curative and palliative therapy supports an active code
- ✓ **Document any complications or adverse effects of treatment**
  - **For example:** Chemotherapy induced neuropathy

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## Don't

### Don't use an active cancer code for a suspected, probable or likely diagnosis in the outpatient setting

- **For example:** Code a lump in the breast, suspected to be breast cancer, with a pending biopsy as follows:
  - **Code N63.12** unspecified lump in the right breast, upper inner quadrant

#### Sources:

Bakshi, Maulik. (2022, August 1). *Dissect Z Codes for Oncology*. AAPC. [Dissect Z Codes for Oncology - AAPC Knowledge Center](#)

Bredehoeft, E. (2017, November 1). *Clear up confusion as to when cancer becomes "history of."* AAPC Centers for Medicare & Medicaid Services. [ICD-10-CM Official Guidelines for Coding and Reporting \(FY2023\): Guidelines I.A.21 C. 3.](#)

Nicoletti, Betsy. (2018, August 17). *Proper diagnosis coding for malignant neoplasms*. AAFP. [Proper diagnosis coding for malignant neoplasms | AAFP](#)

Walker, Penny. (2023, November 1). *Demystify the Challenges of Coding Hematology Oncology*. AAPC. [Words Are Important in Oncology Coding - AAPC Knowledge Center](#)

*Words are Important in Oncology Coding*. (2020, May 1). AAPC. [Words Are Important in Oncology Coding - AAPC Knowledge Center](#)

Visit our [Risk Adjustment webpage](#) for more resources and education on documenting your patients' conditions to the highest level of specificity.