ORLANDO HEALTH®

Risk Coding Tips and Tools

Historical Neoplasms

Defining the status:

Cancer is considered historical when:

- The malignancy has been successfully excised or eradicated and there is no further treatment planned
- The patient is on prophylactic adjuvant therapy (examples: Lupron or Tamoxifen)
- The patient is being seen for routine surveillance of recurrence with no evidence of disease

Document the condition:

- Type and location of cancer (Primary and any secondary metastases)
- Status (active or historical)

Supportive documentation tips:

- Avoid using "History of" statements if the condition is active
  - "History of" = Resolved
- Adjuvant therapy that is prophylactic in nature does not support active neoplasms codes
  - "History of" codes should be used when therapy is preventative

Physician Documentation Examples
In both Examples 1 and 2, **"Personal History"** of neoplasms would be coded.

Example 1:
52-year-old woman with history of invasive ductal carcinoma of left breast, s/p lumpectomy, completed chemotherapy 12/2022.

Example 2:
47-year-old man with renal carcinoma, nephrectomy of right kidney 3 years ago, NED on latest scans, continue with Oncology for surveillance.

References:
Premera BCBS of Alaska. (2022). *Cancer: Active vs. historical*. Premera.com. https://www.premera.com/documents/047551.pdf
CMS. (2023). *ICD-10-CM Official guidelines for coding and reporting FY 2023*. CMS.gov. https://www.cms.gov/files/document/fy-2023-icd-10-cm-coding-guidelines-updated-01/11/2023.pdf

You can find this resource and others like it in the OHN Risk Coding Corner at www.OrlandoHealth.com/Network/Resources.
You can also contact us at RiskCoding@OrlandoHealth.com for additional questions or support needs.