Coding for Cancer

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Agenda

• Some of this material is review from December 2014
• Cancer, metastatic cancer, and history of cancer
• Active disease or active management
• Quiz
Cancer

• Cancer is considered present when there is clinical evidence of disease or active ongoing treatment
• Surveillance for recurrence is not considered active treatment
• Monitoring of existing disease ‘counts’
• If disease is not present, there is no risk adjustment and we use “history of” codes
Cancer coding tips

• Separate coding for the primary tumor and for metastatic disease. This is critically important in order to get credit for the full disease burden of the patient

• All cancers risk adjust except skin and lip
  – NB: Melanoma and metastatic skin cancer risk adjust
## Hierarchical Condition Categories (HCCs) Associated with Cancer

<table>
<thead>
<tr>
<th>HCC</th>
<th>Name of HCC</th>
<th>RAF value</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Metastatic Cancer and Leukemia</td>
<td>2.484</td>
</tr>
<tr>
<td>9</td>
<td>Lung and Other Severe Cancers</td>
<td>.973</td>
</tr>
<tr>
<td>10</td>
<td>Lymphoma and Other Cancer</td>
<td>.672</td>
</tr>
<tr>
<td>11</td>
<td>Colorectal, Bladder, and Other Cancers</td>
<td>.154</td>
</tr>
<tr>
<td>12</td>
<td>Breast, Prostate, and Other Cancers and Tumors</td>
<td>.154</td>
</tr>
</tbody>
</table>
Clinical Examples

• Breast cancer, on aromatase inhibitor
• Prostate cancer with metastases on Lupron
• Widespread cancer of unknown primary, palliative care
• Lung cancer metastatic to the brain
• Lung cancer, s/p lobectomy, no residual disease
• Colon cancer, s/p hemi-colectomy, no residual disease
“Well, now that you have it, you can stop worrying about getting it.”