

Closing Gaps & Meeting Metrics

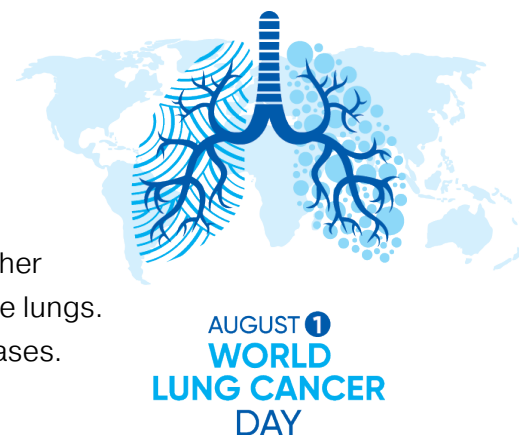
Coding Tips & Best Practices

August 2023

Lung Cancer

Lung Cancer is the third-most common cancer in the United States. In 2020, the U.S. reported 197,453 new cases of lung and bronchus cancer. Since 2012, World Lung Cancer Day has been observed every year on August 1 to raise awareness of lung cancer issues and magnify the need for more research funding.

Lung cancer begins in the lungs and may spread to lymph nodes or other organs, such as the brain. Cancer from other organs may spread to the lungs. Cancer cells that spread from one organ to another are called metastases.



Risk Factors

- Smoking tobacco products, including cigarettes, cigars, or pipes
- Being exposed to secondhand smoke
- Being exposed to harmful substances like radon, asbestos, uranium, coal products and others

Who Should Be Screened?

Screening tests are done when no cancer symptoms exist. Screening tests include:

- **Physical exam and history:** An exam of the body to check general signs of health, including checking for signs of disease, such as lumps or anything else that seems unusual. This will also include a history of the patient's health habits, and past illnesses and treatments.
- **Laboratory tests:** Medical procedures to test samples of tissue, blood, urine, or other substances.
- **Imaging procedures:** Procedures to create pictures of areas inside the body.
- **Genetic tests:** Laboratory tests in which cells or tissue are analyzed to look for changes in genes or chromosomes. These changes may be a sign a person has or is at risk of having a specific disease or condition.

The U.S. Preventive Services Task Force (USPSTF) recommends yearly lung cancer screening with low-dose computed tomography (LDCT) for people who meet all three of the following conditions:

- Have a history of smoking 20 packs or more a year
- Smoke now or have quit within the past 15 years
- Are between 50 and 80 years old

How Is Lung Cancer Treated?



Lung cancer is treated in several ways depending on the type of lung cancer and how far it has spread.

- **Surgery:** an operation to cut out cancer tissue
- **Chemotherapy:** special medicines (pills, intravenous or both) to shrink or kill the cancer
- **Radiation therapy:** high-energy rays (similar to X-rays) to kill the cancer
- **Targeted therapy:** drugs to block the growth and spread of the cancer. The drugs can be pills or intravenous medicines. Tests determine if targeted therapy is right for a specific cancer type before this treatment is used.

Documentation and Coding Tips

The ICD-10-CM classifies neoplasms by anatomical location and histology. Proper documentation for lung cancer should include the following elements:

1. Classification

- Behavior: malignant (indicate if primary or secondary), carcinoma in situ, etc.
- Morphology or histological: carcinoma, neuroendocrine, etc.
- Anatomic site: location, contiguous sites, etc.
- Laterality: right, left, bilateral

2. “History of” vs. Active Cancer

When specific documentation of ongoing current anti-neoplastic treatment is not present and provider documentation is inconsistent to the active status of the malignancy, assign the history of lung cancer code. Use a diagnosis code from category “Z85.- Personal history of malignant neoplasm” to indicate the former site of the malignancy.

Report patients who are receiving active treatment for lung cancer with the malignant neoplasm diagnosis code corresponding to the affected site. This applies even after surgical excision, but the patient is still receiving current treatment for the disease.

Example:

- Radiotherapy, chemotherapy, or a combination
- Adjunctive and/or adjuvant therapy following initial treatment of the cancer (active treatment vs prophylactic treatment)

Active surveillance involves monitoring or watchful waiting on a confirmed lung cancer over time, attempting treatment only if necessary. Note that routine surveillance (monitoring) for recurrence of a previously treated cancer is not considered active treatment and should not be documented/validated as active lung cancer.


In general, a malignant neoplasm diagnosis has specific guidelines outlined for selecting the appropriate code: “current” or “history of.” Diagnosis code assignment depends on the provider documentation, whether administered treatment is active treatment or prophylactic for patients with personal history of cancer to prevent future recurrence.

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Topics include:

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- Cancer
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- **Congestive heart failure** 
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References

[Cancer Screening Overview - NCI](#)

[How Is Lung Cancer Diagnosed and Treated? | CDC](#)

<https://www.EncoderPro.com/>

<https://www.CodingClinicAdvisor.com/>

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