



## Malignant Neoplasm A Quick Reference Guide for Providers

The following may be used as a reference guide for Malignant Neoplasm documentation and coding. It is important to note that **solid tumor cancer** should be coded only when it is considered **active**.

### Cancer is considered active when:

- Patient is currently undergoing chemotherapy, radiation, or anti-neoplasm drug therapy (adjuvant therapy such as Arimidex)
- Current pathology revealing cancer
- Newly diagnosed patient awaiting treatment
- Refusal of therapeutic treatment by patient or watchful waiting
  - If a patient declines adjuvant therapy, the cancer would then be considered "history of" since initial treatment has been completed if there is no evidence of any remaining malignancy
  - The term "watchful waiting" (active surveillance) only applies if no treatment is directed at the cancer and is only monitored for progression
- The cancerous organ has been removed or partially removed, and the patient is still receiving ongoing treatment

### Cancer Documentation

- Type of cancer
- Malignant primary and secondary metastases
  - If multiple metastatic sites are involved, each site should be documented and coded
  - Include laterality when applicable
- Status of cancer (active or historical)
  - Avoid using "history of" if the patient receives active treatment
  - Cancer that has been fully eradicated and is no longer getting active treatment can be assessed with a "Personal History of" code
- Current treatment
- Remember to document and code any complications due to cancer that are present, such as malnutrition, cachexia, or secondary immunodeficiency due to cancer or chemotherapy

### Leukemias, Lymphomas, and Myelomas

- Ensure to document remission codes, as these codes also risk adjust
- Indicate:
  - Not having achieved remission
  - In remission
  - In relapse

**If no recurrence is documented, or if the record states no evidence of recurrence, then it would not be appropriate to code the cancer as active, even if treatment is being provided.**

**For questions or more information, please contact:**

Christine Gallego, RHIT, CCS, CCS-P, CRC  
Provider Educator  
**CGallego@mvphealthcare.com**  
**585-885-2555**

Julie Eisen, CPC, CRC, CPMA  
Provider Educator  
**JEisen@mvphealthcare.com**  
**518-901-0619**