

## Best documentation practices for healthcare providers

### Current versus historical breast cancer

- Do not use the phrase “history of” to describe a current primary breast cancer. In diagnosis coding, “history of” means the condition is historical and no longer exists as a current problem.
- In the final impression, do not document a simple statement of “breast cancer” to describe a historical primary breast cancer that was previously excised or eradicated and for which there is:
  - No active treatment; and
  - No evidence of disease or recurrence.In this scenario, it is appropriate to document “history of breast cancer,” along with details of past diagnosis and treatment.

### Breast cancer site – primary and secondary

Document whether current breast cancer is primary, secondary or in situ. Also document:

- Laterality (right or left)
- The specific site of primary cancer, including the location within the breast (areola, nipple, upper outer quadrant, central portion, etc.)
- Any specific secondary site(s)

### Treatment plan

- Document a clear and concise plan of care.
- Clearly indicate whether current therapy represents:
  - Active treatment of current breast cancer; *versus*
  - Palliative treatment of current breast cancer; *versus*
  - Surveillance of a historical breast cancer to monitor for recurrence
- When adjuvant therapy is used, clearly state its purpose (whether the goal of adjuvant therapy is curative, palliative or preventive).
- Indicate in the office note to whom or where any referral or consultation requests are made.
  - Document when the patient will be seen again, even if only on an as-needed basis.

### Adjuvant therapy for breast cancer

Adjuvant treatment is additional treatment given after the primary treatment has been completed to:

- Destroy any remaining cancer cells that may be undetectable and/or
- Lower the risk that the cancer will come back.

Adjuvant treatment may include chemotherapy, radiation therapy, hormone therapy, targeted therapy or biological therapy.

Neoadjuvant therapy is treatment given as a first step to shrink a tumor before the main treatment (usually surgery) is given. Examples of neoadjuvant therapy include chemotherapy, radiation therapy and hormone therapy. It is a type of induction therapy

**Document the purpose of adjuvant treatment of breast cancer in each individual case, i.e., whether it is:**

- **Curative** – given to cure breast cancer
- **Palliative** – given to relieve the symptoms and reduce the suffering caused by breast cancer without affecting a cure
- **Prophylactic/preventive** – given to keep breast cancer from recurring in a person who has completed treatment for breast cancer that is now historical (Mayo Clinic, 2022)

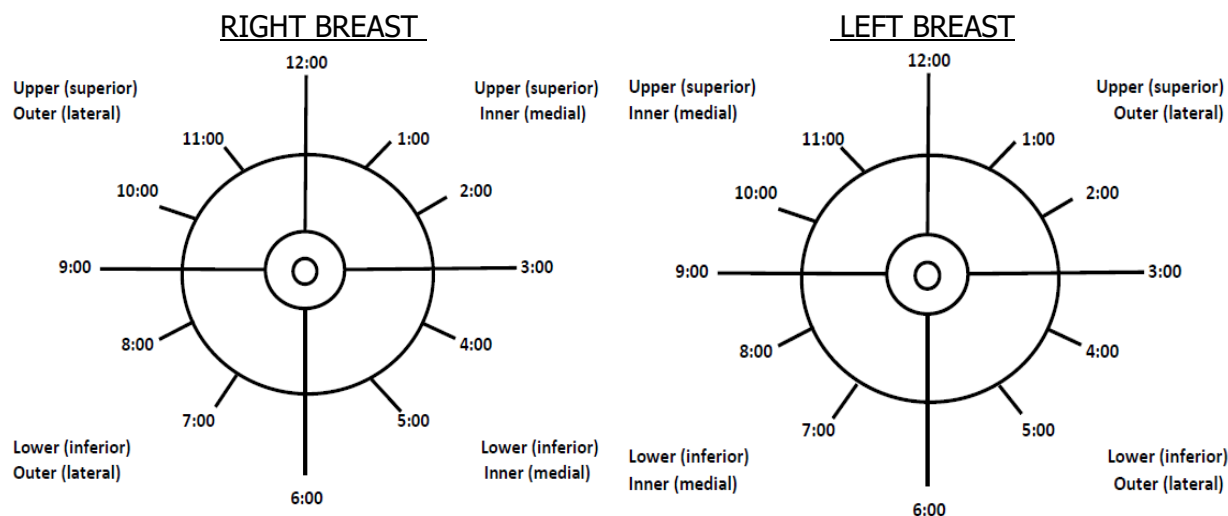
## Coding tips

### Coding the breast cancer type

Always code breast cancer with the highest level of specificity. Carefully review the medical record documentation, noting the particular site of cancer within the breast.

Sometimes healthcare providers describe the site of breast cancer as positions on a clock. In those cases, the following illustrations of breast cancer quadrants and “clock” positions can be used to assist in code selection.

### Breast cancer quadrants and “clock” positions



Malignant neoplasm of overlapping sites within the breast classifies to subcategory C50.8- with fifth and sixth characters to specify gender and laterality. Subcategory C50.8 includes (but is not limited to) the following:

12:00    6:00  
3:00    9:00  
Midline of breast

(SEER Program Coding and Staging Manual 2023, 2023)

### Coding breast cancer as current

In general, code breast cancer as current when the medical record clearly documents active breast cancer that is receiving current active treatment; and/or when the record clearly shows breast cancer is still present but:

- It is unresponsive to treatment;
- The current treatment plan is observation only or “watchful waiting;” or
- The patient has refused further treatment.

### Coding breast cancer as historical

Breast cancer is coded as historical (Z85.3) after the breast cancer has been excised or eradicated, there is no active treatment directed to the breast cancer and there is currently no evidence of disease or recurrence.

(ICD-10-CM Official Guidelines for Coding and Reporting, 2024)

Encounter for follow-up examination after treatment for malignant neoplasm has been completed is coded as Z08. Carefully review and follow all instructional notes.

## References

- ICD-10-CM Official Guidelines for Coding and Reporting*. (2024). <https://www.cms.gov/files/document/fy-2024-icd-10-cm-coding-guidelines-updated-02/01/2024.pdf>
- Mayo Clinic. (2022, May 5). *Adjuvant therapy: Balance side effects with benefits*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/cancer/in-depth/adjuvant-therapy/art-20046687>
- SEER Program Coding and Staging Manual 2023. (2023). In *National Cancer Institute*. [https://seer.cancer.gov/manuals/2023/AppendixC/Coding\\_Guidelines\\_Breast\\_2023.pdf](https://seer.cancer.gov/manuals/2023/AppendixC/Coding_Guidelines_Breast_2023.pdf)