

## 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<sup>1</sup>

- Document a clear and concise treatment plan for the condition (e.g., medication, compression stocking, intervention, etc.).
- 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).
- Document details of medications prescribed with clear linkage to the diagnosis or referrals for intervention, if necessary. Address any additional steps being taken to treat the patient.

### 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)

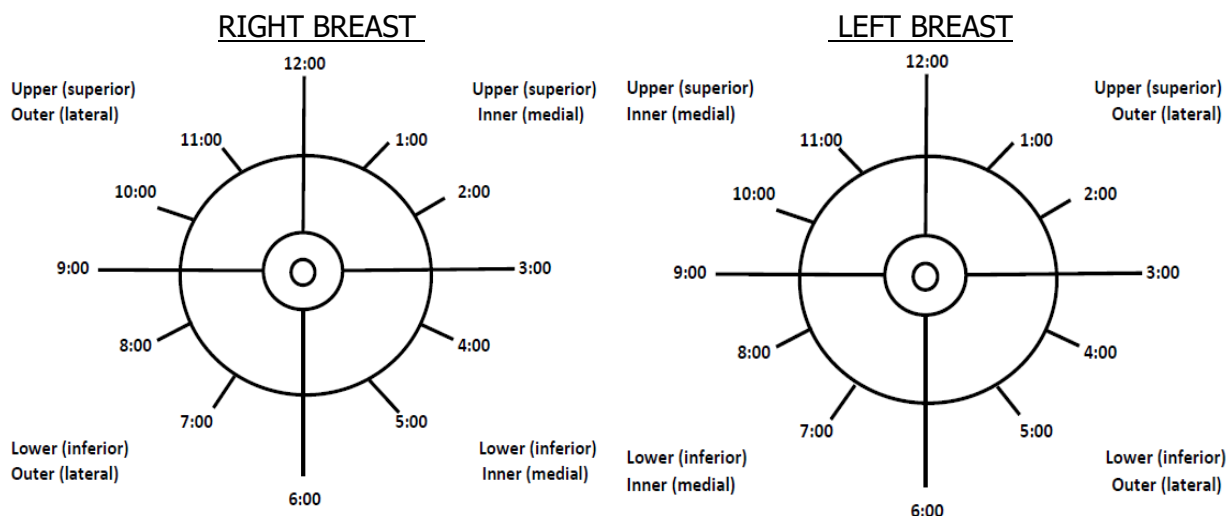
## ICD-10-CM coding tips

### 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<sup>3</sup>



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

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

## Coding examples

Example 1	
Medical record documentation	<b>HPI:</b> Mrs. Smith is a 69-year-old female, established patient. She has Type 1 diabetes along with severe neuropathy. Currently following with oncology for breast cancer on the left side with no nodal involvement, diagnosed 6 months ago. Completed chemo last month. <b>PE:</b> Neurologic-positive for numbness & tingling <b>A/P:</b> 1. Type 1 diabetes with diabetic neuropathy- Continue Rx Gabapentin x2 daily 2. Malignant neoplasm of unspecified site of unspecified breast-continue Rx Letrozole 2.5 mg daily. Advised to keep f/u with oncologist
ICD-10-CM codes	<b>E10.40</b> Type 1 diabetes mellitus with diabetic neuropathy, unspecified <b>C50.912</b> Malignant neoplasm of unspecified site of left female breast
Rationale	The history or present illness identifies the laterality as the left side. The documentation clearly identifies current treatment for breast cancer. <ul style="list-style-type: none"><li>• Code to the highest level of specificity when supported by the medical record documentation.<sup>5</sup></li></ul>

Example 2	
Medical record documentation	<b>HPI:</b> 65-year-old female presents for follow-up of recent biopsy which demonstrated cancer of the right breast. Recommended partial mastectomy however, the patient has refused treatment at this time. <b>PMH:</b> breast cancer, breast biopsy <b>Assessment:</b> Malignant neoplasm of right female breast, unspecified site of breast <b>Plan:</b> Advised patient to schedule one month follow-up
ICD-10-CM code	<b>C50.911</b> Malignant neoplasm of unspecified site of right female breast
Rationale	In general, code breast cancer as current when the medical record clearly documents active breast cancer even when the patient is refusing treatment.

Example 3	
Medical record documentation	<b>HPI:</b> 71-year-old female who has been under care for the past 10 years for hormone positive breast cancer. She is status post b/l mastectomy, adjuvant chemotherapy and then completed 5 years adjuvant hormone therapy. Recent CT CAP demonstrates several bone metastatic lesions. <b>Impression:</b> R breast invasive lobular carcinoma, ER/PR+, bone metastases- on Zometa q3mo, next due in 10 days
ICD-10-CM codes	<b>C79.51</b> Secondary malignant neoplasm of bone <b>Z85.3</b> Personal history of malignant neoplasm of breast
Rationale	The documentation identifies current treatment for metastatic bone lesions with completed treatment of breast cancer. <ul style="list-style-type: none"><li>• 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.<sup>5</sup></li><li>• The statement "metastatic to" indicates that the site mentioned is secondary.<sup>6</sup></li></ul>

## References

1. Mayo Clinic. Adjuvant therapy: Balance side effects with benefits. Mayo Clinic. Published May 5, 2022. <https://www.mayoclinic.org/diseases-conditions/cancer/in-depth/adjuvant-therapy/art-20046687>
2. *SEER Program Coding and Staging Manual 2025*; 2025. Accessed April 30, 2025. [https://seer.cancer.gov/manuals/2025/AppendixC/Coding\\_Guidelines\\_Breast\\_2025.pdf](https://seer.cancer.gov/manuals/2025/AppendixC/Coding_Guidelines_Breast_2025.pdf)
3. CMS. *ICD-10-CM Official Guidelines for Coding and Reporting*; 2024. Accessed October 3, 2024. <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf>
4. Lew V, Ghassemzadeh S, Podder V. SOAP notes. National Library of Medicine. Published August 28, 2023. <https://www.ncbi.nlm.nih.gov/books/NBK482263/>
5. Leon-Chisen N, Harper D, Love T, Young-Charles G. *ICD-10-CM and ICD-10-PCS Coding Handbook 2025 with Answers*. American Hospital Association; 2024.