



Chronic Condition Coding Awareness: Colon Cancer

March is Colon Cancer Awareness Month. In observance, we increase patient/member awareness by website, newsletters and text notification.

Colon Cancer

Colon cancer begins as a growth, called a polyp, usually on the inner lining of the colon (large intestine) or the rectum. The cancer cells can multiply outward into other layers and can then spread to other parts of the body¹. Colon cancer and colorectal cancer are used interchangeably as they have many features in common. The most common polyp that develops in the colon is adenomatous, known as adenomas that can sometimes change into cancer. Colon cancer is the third most common cancer for both men and women in the US. It is also the third leading cause of cancer-related deaths in men and in women (second leading cause of cancer-related deaths when combined)¹.

Risk Factors for Colon Cancer

The size and number of polyps can increase someone's risk of cancer¹. There are several risk factors that are linked to colorectal cancer, such as diet, weight, and exercise. Red meats (beef, pork, lamb) and processed meats can raise someone's risk. The risk for colon cancer is higher if you are overweight. Physical activities can decrease your chances of colon cancer¹. Other risk factors include: older than 50 years of age, African-American, chronic inflammatory intestinal conditions, diabetes, smoking, alcohol, and family history of colon cancer².

Symptoms of Cancer

The most common signs and symptoms of colon cancer are a change in bowel habits, such as diarrhea or constipation that lasts longer than four weeks. Rectal bleeding or blood in the stool, abdominal pain such as cramps, bloating, or gas, experiencing weakness or fatigue and unexplained weight loss can also be signs of colon cancer².

Treatment of Cancer

There are many types of treatment available for colon cancer. Surgery is the most common treatment including local excision, resection of the colon with anastomosis (connecting the healthy parts of the colon together), resection of the colon with colostomy (stoma-opening is created on the outside of body for waste to exit)¹. Other treatments include radiofrequency ablation, cryosurgery, chemotherapy, radiation therapy, targeted therapy, and immunotherapy^{1, 2}.

Colon Cancer Survival

Colorectal cancer can often be cured if detected early. Due to improvements in treatment and increased screenings, the death rate has been declining for colorectal cancer. The overall 5 year survival rate for colorectal cancer is 65%; colon cancer is 64%; rectal cancer is 67%. The 5 year survival rate is 90% for those individuals with localized stage colorectal cancer.

Colorectal Coding Guidance

TIPS:	ICD-10 Mapping & Education
➤ ICD-10-CM	<p>Malignant Primary C18- C21 code series</p> <p>Coding Note Adenoma is indexed/referenced to Neoplasm, benign, by site. <u>However, descriptors overrule the index</u> <i>Example:</i> Documentation states "Malignant adenoma of colon" this is coded to C18.9 (Malignant neoplasm of the colon, unspecified), rather than benign (D12- D13 code series).</p>



➤ Specify Anatomical Site and Behavior	<input type="checkbox"/> Malignant Primary (original site) <input type="checkbox"/> Malignant Secondary (metastasized) <input type="checkbox"/> Carcinoma in situ	<input type="checkbox"/> Benign <input type="checkbox"/> Uncertain <input type="checkbox"/> Unspecified Behavior
➤ Primary vs. Secondary	<input type="checkbox"/> Exam is for Primary Malignant site(s) with known/unknown secondary site(s): 1st Dx: [Primary] Cancer 2nd Dx: [Known/Unknown] Cancer <input type="checkbox"/> Exam is for Secondary Malignant site(s) with an active primary site(s): 1st Dx: [Secondary] Cancer 2nd Dx: [Primary] Cancer	
➤ Admission for treatment	1. Code FIRST : ○ Encounter for radiation therapy (Z51.0) ○ Encounter for chemotherapy (Z51.11) ○ Encounter for immunotherapy (Z51.12) 2. Code SECOND : ○ Malignancy for which the therapy is being administered.	
➤ Active vs. "History of"...	<p>Active: Malignancy is excised but patient is still undergoing treatment directed to that site. Primary malignancy codes should be used until treatment is complete. <i>Example: "Patient with ongoing chemotherapy after resection of colon with colostomy for colon cancer."</i></p> <p>History: Malignancy has been previously excised or eradicated, there is no further treatment directed to that site, and no evidence of any existing primary malignancy. Then malignancy is considered a "history of" for coding purposes (Z85.-). <i>Example: "Colon cancer treated with resection and adjunct chemotherapy 3 years ago."</i></p>	
➤ HEDIS Tips	Members 50-75 years of age who had any of the following screenings for colorectal cancer: <ul style="list-style-type: none"> • Fecal occult blood test during the measurement year. • Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. • Colonoscopy during the measurement year or the nine years prior to the measurement year. • CT colonography during the measurement year or the four years prior to the measurement year. • FIT-DNA test during the measurement year or the two years prior to the measurement year. 	

1. American Cancer Association/National Cancer Institute <http://www.cancer.org/>
2. Mayo Clinic <https://www.mayoclinic.org>
3. Elsevier Clinical Solutions (Understanding the ICD-10-CM Neoplasm Coding Guidelines)
4. 2019 HEDIS Technical Specifications
5. ICD-10-CM Official Guidelines for Coding and Reporting https://www.cdc.gov/nchs/data/icd/10cmguidelines_fy2018_final.pdf

➤ **Secure Portal Registration:** If you haven't already do so, please go to www.HomeStateHealth.com to register for our Secure Portal. Functions on the portal include: Verification of eligibility, submission of claims, entering authorizations, viewing patient care gaps, etc. Use of the portal is FREE for all services!

➤ **Electronic Funds Transfer / Electronic Remittance Advice**

- Home State Health Plan partners with PaySpan Health for EFT/ERA services.
- Please register with PaySpan Health at www.payspanhealth.com

Questions?

Contact Provider Relations at 1-855-694-4663.