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Cancer

DOCUMENTATION AND CODING

It is estimated by the American Cancer Society (ACS) that about 40% of newly diagnosed cancers in U.S. adults are potentially avoidable, with lifestyle factors such as smoking, obesity, and alcohol consumption contributing significantly to cancer risk.¹ Correct reporting of a cancer diagnosis requires documentation of whether the cancer is currently active or has been eradicated.

Include in medical record

When documenting cancer to the highest level of specificity, include:

- Anatomic site: location, quadrant, multiple and contiguous sites.
- Laterality: right, left or bilateral for paired organs and extremities.
- Behavior: Malignant, carcinoma in situ, benign, or unspecified behavior.
- Morphology: histological type (lymphoid, hematopoietic, neuroendocrine, melanoma, carcinoma), state (0-4) and grade (I-III)
- Treatment: current plan, medications and reason for medication.

Coding information

Coding breast cancer:

ICD-10-CM code ²	Condition
C50.x-	Malignant neoplasm of breast
C50.8-	Malignant neoplasm of overlapping sites of breast
C50.9-	Malignant neoplasm of breast of unspecified site
Z17.0	Estrogen receptor positive status (ER+)
Z17.1	Estrogen receptor negative status (ER-)
Z79.810	Long-term (current) use of selective estrogen receptor modulators (SERMs)
Z79.811	Long-term (current) use of aromatase inhibitors
Z85.3	Personal history of malignant neoplasm of breast

Coding other cancers:

ICD-10-CM code	Condition
C18.x-	Malignant neoplasm of colon
C22.x-	Malignant neoplasm of liver and intrahepatic bile ducts
C25.x-	Malignant neoplasm of pancreas
C61	Malignant neoplasm of prostate
C71.x-	Malignant neoplasm of brain
C77.0x-	Secondary and unspecified malignant neoplasm of lymph nodes
C78.x-	Secondary malignant neoplasm of lung
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site

Tips for success

It is important to document the most accurate and specific ICD-10-CM neoplasm codes as possible.

- Current malignancy should be used until treatment is complete, even after surgical excision.
- Active versus routine surveillance involves monitoring or observation of confirmed malignancy and only attempting treatment if necessary.
- Routine surveillance of previously treated cancer is not active treatment.
- History of cancer should be used when a primary malignancy has been excised or eradicated from site and there is no further treatment directed and no evidence of any existing primary malignancy.
- Cancer drugs prescribed for reason other than a malignancy should not be reported with an active cancer diagnosis or personal history of malignancy.
 - Example: prophylactic treatment with an estrogen receptor modulator.

¹American Cancer Society. 2026. Latest ACS Cancer Statistics Report Outlines Notable Gains, Remaining Gaps Across Tumor Types. [Latest ACS Cancer Statistics Report Outlines Notable Gains, Remaining Gaps Across Tumor Types | OncLive](#).

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