

Risk Adjustment Coding Academy - Coding Focus

Colon Cancer



Overview

Colon cancer, also known as colorectal cancer, is the third most common type of cancer among men and women in the United States. It is the second leading cause of cancer death amongst all races and ethnic groups in individuals 50 years of age and older. The American Cancer Society estimates 95,520 new cases of colon cancer will be diagnosed in the United States in 2017.¹

Signs and Symptoms

In the early stages of colon cancer, individuals often do not have any symptoms. As the disease progresses, some common symptoms include:

- Diarrhea or constipation
- Irritable bowel syndrome
- Iron deficiency anemia
- Changes in stool

This is not an all-inclusive list and symptoms may vary from person to person. Screenings are recommended for individuals aged 50 years and older. For those who have a family history of

colon cancer, it is recommended to start screenings earlier than the age of 50.¹

Causes and Risk Factors

Colorectal cancer occurs when an overgrowth of precancerous or benign polyps form in the digestive tract of the large intestinal wall. These polyps can become malignant if not removed during early detection. In the event the polyps become cancerous, the overgrowth of such cells may begin invading healthy tissues throughout the body by way of the bloodstream and lymphatic system.

Currently, the cause of colon cancer is still unknown; however, there are several risk factors that may contribute to the onset of this disease. Eating a low fiber/high-fat diet, being obese, diabetes, heredity, and inflammatory intestinal conditions are all known to increase the risk of developing colon cancer.² Recent studies suggest calcium and vitamin D may help reduce the risk of developing polyps and even prevent colon cancer.³

Treatment

Depending on the type and stage of colon cancer, there are several treatment options. The most common treatments are surgery, chemotherapy and radiation therapy. To determine the best treatment, factors such as age, health status and other patient characteristics will be considered. Treatments are categorized as local and systematic. Local treatments will treat the tumor without affecting other areas of the body and systematic treatments will reach cancer cells throughout the body.²

Coding Guidance

According to the ICD-10-CM Coding Guidelines, "When a primary malignancy has been previously excised or eradicated from its site, there is no further treatment of the malignancy directed to that site, and there is no evidence of any existing primary malignancy, a code from category Z85 Personal history of malignant neoplasm, should be used to indicate that former site of the malignancy."⁴

C18 Malignant Neoplasm Of Colon (HCC 11)

- C18.0 – Cecum
- C18.1 – Appendix
- C18.2 – Ascending colon
- C18.3 – Hepatic flexure
- C18.4 – Transverse colon
- C18.5 – Splenic flexure
- C18.6 – Descending colon
- C18.7 – Sigmoid colon
- C18.8 – Overlapping sites
- C18.9 – Unspecified

Z85.038 – Personal history of neoplasm large intestine (no HCC)

Resources:

¹ American Cancer Society. (2016). Colorectal Cancer. Retrieved from: cancer.org

² Crosta, P. (2017). Colon cancer: symptoms, causes and treatment. Retrieved from: medicalnewstoday.org

³ National Cancer Institute. (n.d) Calcium and Cancer Prevention. Retrieved from cancer.gov

⁴ Schmidt, A., Kenney, A., Krawzik, K., & Willard, P., Patterson, L. (2018). ICD-10-CM professional for physicians 2018: The complete official code set. Place of publication not identified: Optum360°