

Medicare Risk Adjustment Coding Focus

Colon cancer

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 104,610 new cases of colon cancer will be diagnosed in the United States in 2020.¹

Signs and symptoms

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

- Diarrhea or constipation
- Weight loss
- Iron deficiency anemia
- Blood in stool

This is not an all-inclusive list and symptoms may vary from person to person. Screening is recommended for individuals 50 years of age and older. For those who have a family history of colon cancer, it is recommended to start screening earlier than the age of 50.¹

Causes and risk factors

Colorectal cancer is typically preceded by the development of precancerous or benign polyps in the digestive tract of the large intestinal wall. These polyps can become malignant if not detected early and removed. That is why screening is key in the prevention of colon cancer. In the event the polyps become cancerous, the cancerous 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 increase the risk of developing colon cancer. These risk factors include a low fiber/high-fat diet, obesity, diabetes, heredity, and inflammatory intestinal conditions.² Recent studies suggest calcium and vitamin D may help reduce the risk of developing polyps.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 are 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 and there is no further treatment directed to that site, and there is no evidence of any existing primary malignancy at that site, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy."⁴ Based on this guideline, colon cancer should only be documented and coded as active after the diagnosis has been established and while active treatment is ongoing. When all active treatment has been completed, "history of colon cancer" should be documented. For accurate code assignment, the part of the colon involved must be specified.

Malignant neoplasm of colon			
C18.0	Cecum	C18.6	Descending colon
C18.1	Appendix	C18.7	Sigmoid colon
C18.2	Ascending colon	C18.8	Overlapping sites
C18.3	Hepatic flexure	C18.9	Unspecified
C18.4	Transverse colon	Z85.038	Personal history of neoplasm large intestine
C18.5	Splenic flexure		

Resources

- 1 American Cancer Society website, *Colorectal Cancer* (accessed July 2020): <https://www.cancer.org>
- 2 Crosta, P. (2019), *Colon cancer: symptoms, causes and treatment* (accessed July 2020): <https://www.medicalnewstoday.org>
- 3 National Cancer Institute website, *Calcium and Cancer Prevention* (accessed July 2020): <https://www.cancer.gov>
- 4 Optum360° (2019), *ICD-10-CM Expert for Physicians*, The complete official code set.

Reference the ICD-10-CM Codebook, CMS-HCC Risk Adjustment Model(s) and AHA Coding Clinic for complete code sets and official coding guidance.