

Risk Adjustment Coding Corner

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Commonly Miscoded Conditions

Cancer remains one of the most frequently miscoded medical conditions and is a primary focus during audits by the Office of Inspector General. The most scrutinized cancers include lung (C33-34-), breast (C50-), colon (C18-), and prostate (C61).

With the implementation of HCC model v28, there is a heightened need for specificity in both documentation and code assignment. OIG audits often identify discrepancies where cancer codes are billed without corresponding therapy, treatments, or drug administration.

Key Documentation Practices for Accurate Cancer Coding

- **Active Cancer**
 - Avoid “history of” language, instead state “patient has” or “patient with.”
 - Clearly document the cancer’s type, location and ongoing treatments.
 - For patients refusing treatment or under watchful waiting, document the reason, note the rationale and any observed progress.
 - For adjuvant therapies like SERMs (e.g., tamoxifen), specify whether they are for treatment or prophylactic purposes. Note that patients on preventive therapy to avoid recurrence are not considered to have active cancer.

- **History of Cancer**
 - Use phrases such as:
 - History of
 - Cancer free
 - Resolved
 - In remission
 - No evidence of disease (NED)
 - Routine follow up care (surveillance)

References

- <https://www.premera.com/documents/047550.pdf>
- <https://providernews.anthem.com/connecticut/articles/accuracy-in-documentation-documenting-cancer-history-vs-1-15378>
- <https://www.agshealth.com/blog/understanding-the-changes-in-the-cms-hcc-model-v28/>

We want to hear from you! Neighborhood Health Plan of Rhode Island is seeking ideas for future risk adjustment content. What would you like to learn more about? Please send any suggestions, feedback, or questions to RiskAdjustment@nhpri.org.