

Pancreatic cancer is a cancer formed in the pancreas. The cells and tissues in the pancreas grow and divide in an uncontrollable way.

- Adenocarcinoma of pancreatic (C25)- The most common type of pancreatic cancer. Occurs in the lining of the ducts in the pancreas.
  - **Acinar cell carcinoma-** Adenocarcinoma may develop from the cells that create pancreatic enzymes.
  - **Squamous Cell Carcinoma of pancreatic cancer-** A rare non endocrine cancer of the pancreas which forms in the pancreatic ducts that are purely made of squamous cells.
  - **Adenosquamous Carcinoma-** More aggressive tumors than adenocarcinoma with very poor prognosis. The characteristics shown in the tumors are ductal adenocarcinoma and squamous cell carcinoma.
  - **Colloid Carcinoma-** These tumors tend to develop from a benign cyst called an intraductal papillary mucinous neoplasm. The pancreatic colloid tumor consists of malignant cells and float in a gelatinous substance.
- **Neuroendocrine Pancreatic Cancer-** Pancreatic NETs develop from the cells in the endocrine gland of the pancreas.

## Types of Pancreatic Cancer:

- Malignant neoplasm of head of pancreas (C25.0)
- Malignant neoplasm of body of pancreas (C25.1)
- Malignant neoplasm of tail of pancreas (C25.2)
- Malignant neoplasm of pancreatic duct (C25.3)

- Malignant neoplasm of endocrine pancreas (C25.4)
- Malignant neoplasm of other parts of pancreas (C25.7)
- Malignant neoplasm of overlapping sites of pancreas (C25.8)
- Malignant neoplasm of pancreas, unspecified (C25.9)

## Signs and Symptoms:

Signs and symptoms of pancreatic cancer include:

- Abdominal pain
- Jaundice
- Loss of appetite
- Fatigue
- Stool that is light in color.
- Urine that is dark in color.

## Risk factors:

Risk factors can increase a higher chance of one developing pancreatic cancer. These factors include:

- Smoking.
- Diabetes.
- Pancreatitis.
- Family history of genetic syndromes that can increase cancer risk, including a BRCA2 gene mutation, Lynch syndrome and familial atypical mole-malignant melanoma (FAMMM) syndrome.
- Family history of pancreatic cancer.
- Obesity.
- Older age, as most people are diagnosed after age 65.

## Complications

Complications pancreatic cancer include:

- Weight loss.
- Jaundice.
- Bowel obstruction.

## Diagnostics Tools:

- Imaging tests that create pictures of your internal organs.
- Using a scope to create ultrasound pictures of your pancreas.
- Biopsy.
- Blood Test.

## Treatment:

- Surgery for tumors in the pancreatic head.
- Surgery for tumors in the pancreatic body and tail.
- Surgery to remove the entire pancreas.
- Surgery for tumors affecting nearby blood vessels.
- Chemotherapy.
- Radiation therapy.

## Clinical Documentation and Coding Tips:

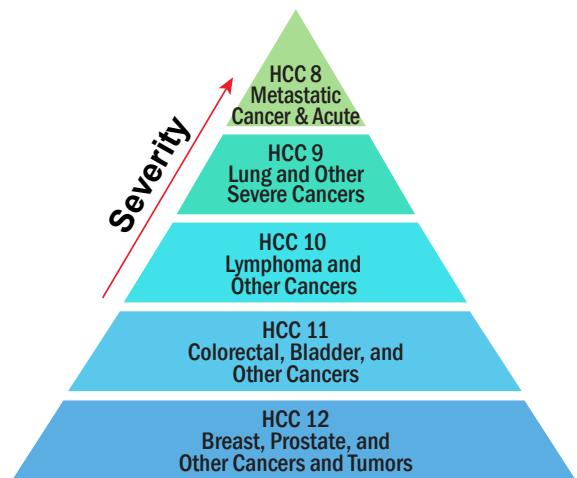
- SOAP Notes documentation tips:
  - **Subjective** – The subjective section of the office note should document the presence or absence of any current complaints or symptoms related to Pancreatic Cancer.
  - **Objective** – The objective section should include any current associated physical exam findings and results of diagnostic testing with clear dates and timelines.
  - **Assessment** – In the final diagnostic statement, describe the current state of the Pancreatic Cancer to the highest level of specificity.
  - **Plan** – Document a specific and concise treatment plan for the Pancreatic Cancer, including date of next appointment.

## Medicare Hierarchal Condition Categories (HCC)

Hierarchical condition category (HCC) coding is a risk-adjustment model designed to estimate future health care costs for patients. This model filters ICD-10CM codes into diagnosis groups (DxGs), and then into Conditions Categories (CCs). Hierarchies or **families** are placed to gain an HCC numeric code, which translates to a risk adjustment factor (RAF) value. Each diagnosis code found in the model, as a stand-alone diagnosis code or within a family or hierarchy, carries a value through RAF, but this value can change if the patient has other influencing factors such as ESRD, hospice, or are dual-eligible. Families or hierarchies set a value based on severity of illness, with more severe diagnoses carrying the overall risk score for that family. Diagnoses within families or hierarchies are inclusive of one another, while any additional diagnoses from other hierarchies or stand-alone diagnoses are additive and increase each patient's overall risk score.

Pancreatic Cancer is a condition that falls within the category "Lung and Other Severe Caners" (HCC 9) with an average RAF Score of 1.010.

There are Nine (9) ICD - 10CM applicable codes to use for coding Pancreatic Cancer.



## ICD 10 CODE DESCRIPTION

<b>C25.0</b>	Malignant neoplasm of head of pancreas
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<b>C25.1</b>	Malignant neoplasm of body of pancreas
<b>C25.2</b>	Malignant neoplasm of tail of pancreas
<b>C25.3</b>	Malignant neoplasm of pancreatic duct
<b>C25.4</b>	Malignant neoplasm of endocrine pancreas
<b>C25.7</b>	Malignant neoplasm of other parts of pancreas
<b>C25.8</b>	Malignant neoplasm of overlapping sites of pancreas
<b>C25.9</b>	Malignant neoplasm of pancreas, unspecified
<b>Z85.07</b>	Personal history of malignant neoplasm of pancreas

### Coding Pancreatic Cancer

- **Current-** Cancer is coded as active if the medical record states there is active treatment for curing or palliating the cancer. Statements such as “Cancer is present but unresponsive to treatment,” “The current treatment plan is observation or waiting,” “patient refused treatment” are supporting factors that cancer is active.
- **In remission-** The National Cancer institute defines “in remission” as this: “A decrease in or disappearance of signs or symptoms of cancer.”
  - **Partial remission-** some but not all signs of cancer have ceased.
  - **Complete Remission-** All signs and symptoms of cancer have ceased.
- **History of cancer-** Anytime a record describes the cancer as “history of”, “NED or No evidence of disease”, “cancer free” indicates the cancer is not current.
- Document the details of the Pancreatic Cancer treatment along with the outcome and status.
- Include beginning and ending dates of all treatments.