

Prostate cancer forms in the prostate. The cells and tissue divide in the prostate grow and divide in an uncontrollable way.

- **Adenocarcinoma also known as glandular prostate cancer. (C61)-**
 - **Acinar adenocarcinoma-** Acini cells line the prostate's fluid secreting glands. This cancer grows in the periphery of the prostate and felt during a digital rectal exam. PSA levels are increased.
 - **Prostatic ductal adenocarcinoma** A rare form of prostate cancer but a very aggressive form of adenocarcinoma. PSA levels are not usually increased, but it is harder to detect.
- **Transitional cell carcinoma/ urothelial cancer(C67-C68)-** Starts in the urethra or bladder and spread to the prostate.
- **Neuroendocrine tumors/ carcinoids (C7A.1)-** this does not produce PSA, appears in the nerve and gland cells and release hormones into the bloodstream.
- **Squamous cell carcinoma (C61)-** this form of prostate cancer is a fast-growing type in the flat cells that cover the prostate gland.
- **Small cell carcinoma (C61)-** The most aggressive type of neuroendocrine cancer in that prostate hat develops in the small round cells of the neuroendocrine system.
- **Prostate Sarcoma (C61)-** Develops outside the prostate glands in the soft tissue-the muscles and nerves of the prostate.
- **Metastatic Prostates cancer-** The cancer has spread beyond the pelvis, the most common areas are
 - The bones (C79.51)
 - The brain (C79.31)
 - The liver (C78.7)
 - The lungs (C78.00)

Signs and Symptoms:

Signs and symptoms of prostate cancer include:

- Blood in urine
- Blood in semen
- Difficulty urinating
- Erectile dysfunction
- Weight Loss
- Bone pain

Risk factors:

- Old age such as 50 or greater is at a higher risk for prostate cancer.
- Family history of anyone have prostate cancer or any form of cancer.
- People with obesity are at a higher chance of developing prostate cancer.

Complications

Complications of prostate cancer include:

- Cancer that spreads (metastasizes).
- Incontinence.
- Erectile Dysfunction.

Diagnostics Tools:

- Digital rectal exam (DRE).
- Prostate-specific antigen (PSA) test.
- Ultrasound.
- Magnetic resonance imaging (MRI).
- Collecting a sample of prostate tissue.

Treatment:

- Radical Prostatectomy.
- Radiation Therapy.
- Freezing Prostate Tissue.
- Heating Prostate Tissue.

- Hormone Therapy.
- Immunotherapy.

Clinical Documentation and Coding Tips:

- Generally, prostate cancer is coded as current when the medical record clearly documents active treatment directed to the cancer for the purpose of cure or palliation and/or when the record clearly shows prostate cancer is still present but:
 - Is unresponsive to treatment.
 - The current treatment plan is observation only or “watchful waiting”; or
 - The patient has refused any further treatment.
- Prostate cancer is coded as historical (Z85.46) after the prostate cancer has been excised or eradicated, there is no active treatment directed to the prostate cancer and there is currently no evidence of disease or recurrence. Encounter for follow-up examination after treatment for malignant neoplasm has been completed is coded as Z08. Carefully review and follow all instructional notes
- For a current diagnosis of “metastatic prostate cancer” without further specification – and no more definitive information regarding the primary versus secondary site is obtained upon review of the entire medical record – the prostate is coded as the primary site (C61) with the secondary/metastatic site unknown (C79.9).

SOAP Notes documentation tips:

- **Subjective** – In the subjective section of the office note, document the presence or absence of any current symptoms related to Prostate Cancer..
- **Objective** – The objective section should include any current associated physical exam findings
- **Assessment** – Describe each final diagnosis clearly, concisely and to the highest level of specificity. Use all applicable descriptors.
- **Plan** – Document a specific and concise treatment plan for prostate cancer

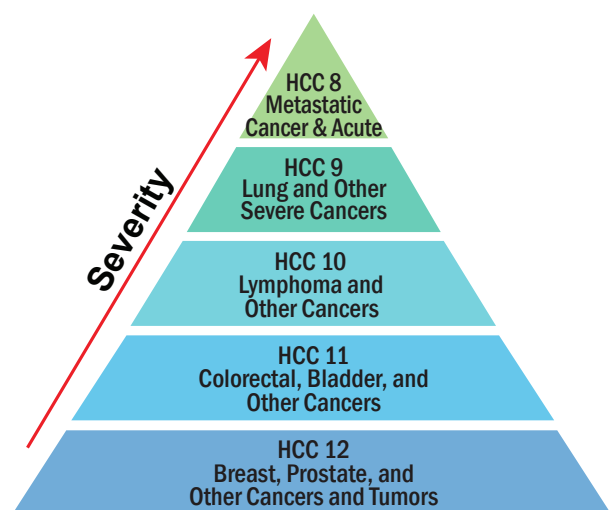
including date of next appointment. Link any medications or treatment related to Prostate Cancer. Document to whom or where referrals are made or from whom consultation advice is requested.

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.

Prostate Cancer is a condition that falls within the category “Breast, Prostate, and Other Cancers and Tumors” (HCC 12) with an average RAF Score of 0.158.

There are three (3) ICD - 10CM applicable codes to use for coding Prostate Cancer.



ICD-10 Code	Code description
C61	Malignant neoplasm of prostate
C79.82	Secondary malignant neoplasm, genital
D07.5	Carcinoma in situ of prostate
Z85.46	Personal history of malignant neoplasm of prostate

Coding Prostate 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 prostate cancer treatment along with the outcome and status.
- Include beginning and ending dates of all treatment.
- For permanent radioactive seed implantation (also known as brachytherapy or internal radiation therapy):
 - Include the date seed implantation was performed.
 - Indicate when seeds are considered no longer active and thus, therapy is complete.
 - Clearly document when prostate cancer has been eradicated.