

Calendar Year 2024 (CY24) Medicare Part C Improper Payment Measure (Part C IPM) Cancer Supporting Documentation Reference Document



Cancer Hierarchical Condition Categories (HCCs) are one of the most common sources of discrepancies in the Part C Improper Payment Measure (Part C IPM) sample. To validate a cancer HCC, medical records must show the cancer is **currently being treated**. The Centers for Medicare & Medicaid Services' (CMS') medical record reviewers often see documentation that indicates a history of cancer, leading to HCC discrepancies.

Table 1 provides examples of common cancer documentation scenarios where current versus a history of cancer should be assigned. **Note:** This list does not cover all possible scenarios. CMS cannot provide advice on specific medical charts. Medicare Advantage Organizations should refer to the *ICD-10-CM Official Guidelines for Coding and Reporting* and the American Hospital Association (AHA) *Coding Clinic* publication for coding guidelines and advice.

Table 1: Common Cancer Documentation Scenarios

<input checked="" type="checkbox"/> Assign as Current Cancer (Validates HCC)	<input type="checkbox"/> Assign as History of Cancer (No HCC)
Cancer is documented as current (Diagnosis, Impression, Assessment) and there is no past treatment documented .	Cancer is only documented under the Past Medical History or Problem List and there is no current treatment .
Cancer is only documented in the Past Medical History or on a Problem List, but the patient is receiving current treatment .	Patient is status post treatment and is not receiving current treatment . This is considered eradicated.
Current or past cancer is documented with definite scheduled, continued, or future treatment planned.	The cancer is documented as a history, on a Problem List, or the patient had past treatment, and there is no definite scheduled, continued, current, or future treatment planned. Treatment is discussed but not confirmed .
Cancer is documented anywhere in the record (on a valid document) and is on current treatment .	Treatment is completed . No evidence of any remaining malignancy. No current or further treatment.
Recurrence of cancer is documented (considered current).	Follow-ups and surveillance are documented (not considered treatment). If previously eradicated and no current treatment , it is interpreted as only monitoring for a possible recurrence.
Cancer is documented as both a history and current (in the Impression, Diagnosis, Assessment). There is no mention of treatment. Without further context, it may be interpreted as current cancer.	Cancer is documented in the Impression, Diagnosis, or Assessment, but there is documentation of past treatment and no current treatment, and no definite planned treatment . This is considered eradicated and interpreted as only monitoring for possible recurrence.
Cancer is documented as current (Diagnosis, Impression, Assessment). Patient has never had past treatment and is refusing or declining treatment.	Patient had past treatment and is refusing further treatment or adjuvant therapy. This is considered eradicated.
Brachytherapy/prostate seed implantation is current or occurred less than six months prior (based on the date of service on the medical record) . If prostate cancer is documented, it will be assigned as current. Be mindful of the date of service on the medical record to support a current diagnosis.	Brachytherapy/prostate seed implantation occurred more than six months prior (based on the date of service on the medical record) , is in the Past Medical History, or timeframe is not documented. If prostate cancer is documented, it will be assigned as a history.