

# 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 <i>Current Cancer</i> (Validates HCC)	<input type="checkbox"/> Assign as <i>History of Cancer</i> (No HCC)
Cancer is documented as <b>current</b> (Diagnosis, Impression, Assessment) and there is <b>no past treatment documented</b> .	Cancer is only documented under the Past Medical History or Problem List and there is <b>no current treatment</b> .
Cancer is only documented in the Past Medical History or on a Problem List, <b>but the patient is receiving current treatment</b> .	Patient is <b>status post treatment and is not receiving current treatment</b> . This is considered eradicated.
Current or past cancer is documented with <b>definite</b> 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 <b>no definite</b> scheduled, continued, current, or future treatment planned. Treatment is <b>discussed</b> but <b>not confirmed</b> .
Cancer is documented anywhere in the record (on a valid document) and is <b>on current treatment</b> .	Treatment is <b>completed</b> . No evidence of any remaining malignancy. No current or further treatment.
<b>Recurrence</b> of cancer is documented (considered current).	<b>Follow-ups</b> and <b>surveillance</b> are documented (not considered treatment). If previously eradicated and <b>no current treatment</b> , it is interpreted as only monitoring for a possible recurrence.
Cancer is documented as both a <b>history</b> and <b>current</b> (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, <b>but there is documentation of past treatment and no current treatment, and no definite planned treatment</b> . This is considered eradicated and interpreted as only monitoring for possible recurrence.
Cancer is documented as <b>current</b> (Diagnosis, Impression, Assessment). Patient has never had past treatment and is refusing or declining treatment.	Patient had <b>past treatment</b> and is refusing further treatment or adjuvant therapy. This is considered eradicated.
Brachytherapy/prostate seed implantation is <b>current</b> or <b>occurred less than six months prior (based on the date of service on the medical record)</b> . 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 <b>more than six months prior (based on the date of service on the medical record)</b> , is in the Past Medical History, or timeframe is not documented. If prostate cancer is documented, it will be assigned as a history.