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**The Utility of ICD-10 Code Z85.x Personal History
of Malignant Neoplasm for Case finding Purposes
Talking Paper**

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Methodology: This Talking Paper provides summary points regarding the utility of ICD-10 code Z85.x (Personal History of Malignant Neoplasm) for malignant neoplasm case finding purposes. Comprehensive Ambulatory/Professional Encounter Record (CAPER) encounters & Standard Inpatient Data Record (SIDR) visits were extracted from 01 OCT 2016 - 12 MAR 2024 for all Tri-Service Beneficiaries.
Results: The Z85.x codes were queried across all diagnostic positions (Diag 1 – Diag 20). A majority of records with Z85.x (77%) had no other cancer, follow-up, screening, nor therapy treatment codes, suggesting these codes are either entered regardless of the reason for the visit or entered in an inconsistent manner.
Conclusion: While personal history of malignancy codes may be beneficial for identifying individuals with a history of cancer, analysis of administrative data reveals that these codes lack the specificity to count an incident cancer case and are inconsistently used by providers, making it difficult to accurately identify individuals who are disease free after treatment.

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TALKING PAPER

ON

THE UTILITY OF ICD-10 CODE Z85.x – PERSONAL HISTORY OF MALIGNANT NEOPLASM FOR CASE FINDING PURPOSES

- FUNCTION: This Talking Paper provides summary points regarding the utility of International Classification of Diseases-10 (ICD-10) code Z85.x (Personal History of Malignant Neoplasm) for malignant neoplasm case finding purposes.

- DISCUSSION: Please see below for discussion points on the utility of ICD-10 code Z85.x:

-- Coding Instructions for use of Z85.x - Personal History of Malignant Neoplasm (from *CodingIntel*, <https://codingintel.com/icd-10-coding-for-suspected-cancer-diagnosis-coding-for-possible-malignance/>):

--- Primary malignancy previously excised: When a primary malignancy has been previously excised or eradicated from its site and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy.

-- Coding Instructions for use of Z85.x - Personal History of Malignant Neoplasm (from *ICD-10-CM Official Guidelines for Coding and Reporting 2022*, <https://www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines-updated-02012022.pdf>):

--- Personal history codes explain a patient's past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require continued monitoring.

--- Personal history codes may be used in conjunction with follow-up codes (Z08 - Encounter for follow-up examination after completed treatment for malignant neoplasm).

---- The follow-up codes are used to explain continuing surveillance following completed treatment of a disease, condition, or injury. They imply that the condition has been fully treated and no longer exists. Follow-up codes may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment. The follow-up code is sequenced first, followed by the history code.

--- History codes are also acceptable on any medical record regardless of the reason for visit. A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered.

---- Therefore, aftercare visit (Z51.0 - Encounter for antineoplastic radiation therapy/ Z51.1 - Encounter for antineoplastic chemotherapy and immunotherapy) and screening (Z12 - Encounter for screening for malignant neoplasms) codes may be used in conjunction with history codes.

-- Data Observations of Z85.x coding in Comprehensive Ambulatory/Professional Encounter Record (CAPER) encounters & Standard Inpatient Data Record (SIDR):

--- CAPER encounters & SIDR visits were extracted from 01 OCT 2016 - 12 MAR 2024 for all Tri-Service Beneficiaries. The Z85.x codes were queried across all diagnostic positions (Diag 1 – Diag 20).

---- Of the total of 546,962 encounters/visits found with at least one Z85.x code,

----- 68,395 had either a diagnosed C or D neoplasm code or both. This shows that a personal history was recorded even though a diagnosed cancer code was entered in the record. It is possible that the individual recovered from a specific cancer site which prompted the personal history code for that specific site, however, a new cancer site diagnosis may have been recorded.

---- In addition, among coded conjunction records

----- 14,804 had a recorded follow-up (Z08) only;

----- 40,605 had a recorded screening test (Z12) only;

----- 2,555 had a recorded therapy treatment

(radiation – Z51.0 and/or chemotherapy/immunotherapy – Z51.1);

----- 333 had both a recorded follow-up with a screening test;

----- 15 had both a recorded follow-up with a therapy treatment;

----- 19 had both a recorded screening test with a therapy treatment;

---- 420,236 (77%) total records with the Z85.x personal history code had no other cancer, follow-up, screening, nor therapy treatment codes in any diagnostic position. This high number of Z85.x codes with no other cancer, follow-up, screening, nor therapy treatment codes associated in the record suggests these personal history codes are potentially entered regardless of the reason for the visit, and potentially entered in an inconsistent manner.

- Data Observation Notes/Limitations:

--- Data represents number of records coded with Z85.x, and not unique individuals.

--- An individual's medical record with diagnosis of Z85.x was not reviewed in association with any other separate medical diagnosis record on the same service date, nor a previous service date.

--- An individual's medical record with diagnosis of Z85.x was not assessed whether coded conjunctions are associated to the same cancer site or not.

--- Purchase Care/Network Care medical records were not reviewed. It is likely to see the same pattern in coding use of Z85.x on off-base encounters/visits.

- POC for this evaluation is Mr. James Escobar at james.escobar.1@us.af.mil.