



Bladder Cancer

Quick Reference Guide

2026

Table of Contents

1. CLINICAL SNAPSHOT	3
HCC/RAF V28 Mapping	3
2. RECOGNITION AND DIAGNOSIS	5
Medicare Screenings (older adults, at-risk population)	5
Subtle Early Signs in Older Adults (>65)	7
AUA/SUFU 2025 Microhematuria Risk Stratification	9
Diagnostic Thresholds	9
Cardinal Symptoms	10
Common Oversights	11
Key Differentials in Elderly	12
Comorbidity Screening	13
Staging — NMIBC vs MIBC.....	14
3. MEAT DOCUMENTATION ESSENTIALS	15
Clinical Documentation Elements	16
Reframing Common Documentation Shortcuts	17
4. TREATMENT AND REFERRAL QUICK GUIDE	18
Therapy Escalation Criteria	18
NCCN-Aligned First-Line Therapy by Disease Stage	19
Non-Pharmacologic Care and Supportive Interventions	21
Medication Safety and Key Interactions	22
When to Refer	23
Follow-Up Timing — Surveillance	24
Comorbidity Management — Primary Care Role.....	24
Cost-Smart Options	26
Patient Education and Adherence	27
Quality Metrics Tie-In	27
5. CODING REMINDERS AND CASE EXAMPLES	29
Coding Specificity	29
Annual Clinical Review and Confirmation	30
Good Documentation is Comprehensive Coding	30
EHR Workflow Tips	31
Brief Case Examples.....	32
REFERENCES	33

1 CLINICAL SNAPSHOT

Definition: Bladder cancer is the most common malignancy of the urinary tract and the **10th leading cause of cancer death in the United States.**¹ Approximately 90% of cases are urothelial carcinoma (transitional cell carcinoma), arising from the urothelial cells lining the bladder.² Disease is classified into non-muscle-invasive (NMIBC, ~70% of diagnoses) and muscle-invasive (MIBC, ~30%) with markedly different prognosis and management;³ 5-year survival ranges from ~96% for NMIBC to ~5% for metastatic disease.³

ICD-10 Codes: Primary tumor: **C67.0** (trigone), **C67.1** (dome), **C67.2** (lateral wall), **C67.3** (anterior wall), **C67.4** (posterior wall), **C67.5** (bladder neck), **C67.6** (ureteric orifice), **C67.7** (urachus), **C67.8** (overlapping sites), **C67.9** (unspecified — avoid when subsite is documentable). Metastatic to bladder from elsewhere: **C79.11**. Traps: **D09.0** (CIS of bladder — does NOT map to HCC 22) and **Z85.51** (personal history — applies only after complete eradication and end of active surveillance). Hematuria workup codes: **R31.0** (gross), **R31.21** (asymptomatic microscopic), **R31.29** (other microscopic) — replace with **C67.x** once disease is confirmed.⁴

Prevalence and Burden: Estimated **84,530 new cases** and **18,870 deaths** projected in the United States in 2026.¹ Men are **three to four times** more likely to develop the disease than women, with a lifetime risk of **1 in 26** for men, and **1 in 88** for women.⁵ The median age at diagnosis is 73 years; and **90% of cases occur in patients ≥55 years** — predominantly a Medicare-age malignancy.⁶ Male-to-female incidence ratio 3-4:¹, yet **women present at more advanced stage (34% more likely to present with stage IV)** and carry significantly higher bladder cancer mortality when presenting with **UTI-like symptoms** (HR 1.37, 95% CI 1.10-1.71).⁷ Recurrence among the highest of any solid tumor: 50-70% of NMIBC patients recur; 10-25% progress to MIBC within 5 years.^{1,8}

HCC/RAF V28 Mapping

ICD-10 CODE(S)	HCC CATEGORY (V28)	RAF (CNA)	DOCUMENTATION REQUIREMENT
C67.0-C67.8 (specific subsite)	HCC 22 — Bladder, Colorectal, and Other Cancers ^{7,8}	0.363 ⁷	Active malignancy confirmed by pathology or imaging with anatomic subsite from cystoscopy/TURBT report — trigone, dome, lateral wall, anterior wall, posterior wall, bladder neck, ureteric orifice, urachus, or overlapping sites ^{7,8}
C67.9 (unspecified)	HCC 22 — Bladder, Colorectal, and Other Cancers ⁷	0.363	AVOID: avoid when pathology or operative report specifies subsite; PCPs should review cystoscopy/TURBT documentation to assign C67.0-C67.8 whenever the anatomic location is documented ⁷

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