AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Lung Cancer

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Lung cancer comprises **non-small cell lung cancer** (**NSCLC**, ~80–85% of cases) and **small cell lung cancer** (**SCLC**, ~10–15%).[1] Major NSCLC subtypes are **adenocarcinoma** (most common, non-smoker predilection), **squamous cell carcinoma** (smoking-associated, central airways), and **large cell carcinoma** (aggressive, peripheral).[1] Lung cancer is the **leading cause of cancer death** in the United States in both men and women, accounting for more deaths annually than colorectal, breast, and prostate cancers **combined**.[1]

ICD-10 Codes:

All primary lung cancers use **C34.xx regardless of histologic type**: **C34.01** (right main bronchus), **C34.02** (left main bronchus), **C34.11** (right upper lobe), **C34.12** (left upper lobe), **C34.2** (middle lobe; right only), **C34.31** (right lower lobe), **C34.32** (left lower lobe), **C34.81/C34.82** (overlapping sites by side), **C34.91/C34.92** (unspecified part by side), **C34.90** (unspecified; Avoid). **Carcinoid**: **C7A.090**. **Metastases TO lung from another primary**: **C78.00/C78.01/C78.02** = code the originating primary **AND** each lung site **separately**.[2] **Z85.118** (personal history) applies **ONLY** after complete eradication **and** end of active surveillance.[2]

Prevalence and Burden: Average age at diagnosis is **70 years**; approximately 70% of NSCLC cases occur in adults aged ≥65 years, making lung cancer predominantly a **Medicare-population burden**.[1,3,4] Approximately **60%** of lung cancers arise in the **right lung**; the right upper lobe is disproportionately affected, comprising **31.2%** of tumors despite representing only **17.6%** of total lung volume.[5] Cigarette smoking accounts for approximately **85-90%** of US lung cancer cases, with an estimated **85%** of lung cancer deaths in 2025 **directly caused by cigarette smoking**.[6,7] **LDCT screening** utilization remains critically low: only **~14-18%** of eligible individuals were up to date with screening nationally in 2022, representing the **largest gap in US cancer screening quality**.[8,9] Major **comorbidity burden** among Medicare beneficiaries with cancer is substantial: diabetes **27%**, COPD **22%**, peripheral vascular disease **14%**, and congestive heart failure **12%**.[10]

HCC/RAF V28 Mapping

ICD-10 CODE(S)[2]	HCC CATEGORY (V28)[11]	RAF (CNA)*[12]	DOCUMENTATION REQUIREMENT[13]
C34.01–C34.92 (specific subsite + laterality)	**HCC 20** Lung and Other Severe Cancers	1.136	Active primary lung malignancy confirmed by pathology or imaging; document **specific lobe and laterality** from CT and pathology reports
C34.90 (unspecified, unspecified side)	**HCC 20** Lung and Other Severe Cancers	1.136	**AVOID**: highest audit risk in lung cancer coding; Every CT and pathology report specifies lobe and laterality → transcribe into the encounter note to **support C34.01–C34.92**

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