

# Metastatic Cancer

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Metastatic cancer is a cancer that spreads from one location to another. It is distinguished by the cancer cells from the original location being present in a new and separate location.

## ICD-10 CODES

**C77-** Secondary malignant neoplasms of lymph nodes

**C78-** Secondary malignant neoplasms of respiratory and digestive organs

**C79-** Secondary malignant neoplasms of other and unspecified sites

## DOCUMENTATION ELEMENTS

### Be Laser Focused with your Cancer Documentation!

**L** - location of the body affected?

**A** - advanced beyond primary site?

**S** - status (newly diagnosed, established or historical)?

**E** - engagement in active treatment?

**R** - review documentation for accuracy and completeness!

\*\*If the cancer is no longer active, it should be documented as a personal history.

**To be considered "Active" there should be evidence of TISSUE or TREATMENT.**

### Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

#### Diagnosis

##### Metastatic cancer diagnosis

- Location of metastasis (secondary)
- Originating cancer site (primary)
  - Present
  - Eradicated

#### Status

##### Active (no curative history)

- Type of treatment being administered
- Current symptoms
- Treatment Complications

##### Historical (curative measure successful)

- Residual Complications

#### Plan

- Active Treatment (including day/month/year of next treatment)
  - Chemotherapy
  - Radiation
  - Immunotherapy
  - Hormone therapy
- Surgery

### BEST PRACTICES & TIPS

- **Clarify the etiology and manifestation** of metastatic cancer using descriptive words such as ‘to,’ ‘from,’ ‘secondary to,’ or ‘primary’.
- **The status of each cancer must be documented.** If treatment is targeted at a secondary site only and the primary is eradicated, it should be clear that the primary is now historical; in contrast, if the primary has recurred along with a secondary, the presence and treatment for each should be clear.
- **Treatment must be specific!** ‘Awaiting results,’ ‘follow up with an oncologist,’ ‘patient to undergo surgery’ or ‘patient undergoing management’ do not provide adequate documentation of active status.
- Best practice is to **document** secondary neoplasms as metastatic. Words such as extension, malignant spread, invasion, growth, or locally advanced to any nearby structures can indicate presence of a secondary malignancy, but **require** additional clarity from the provider.
- Due to the nature of metastatic cancer, treatment may be palliative and not curative. When documenting palliative care, document the **type and expected outcome** of the treatment, including pain management, interventions to slow cancer progression, symptom management, or referrals to hospice.
- If a patient has decided to **decline cancer treatment** it should be clearly documented including any efforts made to improve quality of life or control symptoms.

#### Documentation Examples of an Active Status

Active surveillance\*\*  
Watchful Waiting\*\*  
Observation\*\*  
Chemotherapy Patient  
Awaiting treatment  
Adjuvant therapy  
Hormonal therapy  
Radiation therapy  
Pathology revealing cancer  
Immunotherapy  
Refusal of treatment  
Currently on treatment  
Newly diagnosed  
Terminal cancer

\*\*Newly diagnosed cancer only

#### Documentation Examples of a Historical Status

Still to be ruled out  
History of  
Remission  
Eradicated  
Completely or partially removed  
No evidence of disease (NED)  
Status post (any) treatment  
Completed treatment  
Follow up with /To see  
Stable disease  
Awaiting imaging or labs  
Pending results of  
Sign(s) of  
Suspected



For more resources go to:

[HIOSCAR.COM/PROVIDERS/RESOURCES](https://HIOSCAR.COM/PROVIDERS/RESOURCES)