

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 ACRONYMS

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**If the cancer is no longer active, it should be documented as a personal history.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
- Transplant
- Palliative treatment

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.

Active Status Documentation Examples

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

Historical Status Documentation Examples

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

**Newly diagnosed cancer only



For more resources go to:

HIOSCAR.COM/PROVIDERS/RESOURCES

