

The from and to of metastatic cancer

Do the terms **metastatic**, **metastasis**, or **met** cause confusion to those reading your medical records? Sometimes these terms imply the site named is the primary cancer and sometimes the site named is secondary. But by far, the most common problem encountered with cancer documentation is omission of the metastatic or secondary site altogether.

In the following examples can you identify both the primary and secondary cancer sites?

- Metastatic lung cancer
- Metastatic bone cancer

In both examples above, documentation is insufficient to identify the primary and secondary sites **accurately**. **Metastatic lung cancer** would be coded as **primary** lung cancer (C34.92) while **Metastatic bone cancer** would be coded as **secondary** bone cancer (C79.51). Both would require a second code for the unknown or unspecified sites because the **“from and to”** are not documented; C80.1 for unknown primary site and C79.9 for unknown secondary site.¹

Examples of different ways to correctly document metastatic cancer diagnoses:¹

- Metastatic cancer from lung to brain (C34.92 & C79.31)
- Breast cancer (female) with mets to axillary lymph nodes (C50.919 & C77.3)
- Prostate cancer with mets to pelvic bone and retroperitoneal lymph nodes (C61, C79.51 & C77.2)
- Metastatic renal cell carcinoma to the lung (C64.9 & C78.00)
- Metastatic infiltrating duct cell carcinoma (female) to lung (C50.919 & C78.00)

Coding perils and pearls:^{1, 2}

Avoid the metastatic confusion! Clearly document both the primary cancer (even if history of (use Z codes)) and secondary cancer sites, if they are both known.

Use the **“FROM → TO”** question: Where did the cancer come from (primary site) and where did it go to (secondary site)?

- Metastatic “from” indicates the named site is primary
- Metastatic “to” indicates the named site is secondary
- If multiple metastatic sites are involved each site should be documented and coded.
- Morphology or cell type may also be used to specify a primary site.
- Malignant neoplasms of certain sites are classified as secondary unless otherwise specified, including these common sites:
 - Bone
 - Meninges
 - Diaphragm
 - Peritoneum
 - Heart
 - Pleura
 - Liver - Exception: use C22.9 for Liver, not specified as primary or secondary
 - Retroperitoneum
 - Lymph nodes
 - Spinal cord
 - Mediastinum
 - Sites classifiable to C76.-

If the primary or secondary site is unknown or not documented, code C80.1 (primary) or C79.9 (secondary), for the unknown or undocumented site.

Documentation Tip: The timeliness of clearly documenting, addressing, and coding a metastatic cancer for submission to CMS is critical. Don't forget to include any complications due to cancer such as malnutrition or cachexia.

For additional coding information please refer to the current ICD-10-CM Official Guidelines for Coding and Reporting and ICD-10-CM code set at: <http://www.cdc.gov/nchs/icd/icd10cm.htm>

1. Brown, Faye. Faye Brown's ICD-9-CM Coding Handbook 2010. 2010 Revised Ed. Chicago: Health Forums, 2009. 379-382. Print.
2. World Health Organization, "International Classification of Diseases, Tenth Revision, Clinical Modification." National Center for Health Statistics 2015I-115. Web. 30 July 2015 <http://www.cdc.gov/nchs/data/icd/10cmguidelines_2016_Final.pdf>.