

# Provider Documentation: Cancer

## Documentation Tips & Best Practices

**Did you know that cancer should be documented as “history of” only when the cancer has been excised or eradicated from its site, with no further treatment directed to that site?**

Documentation components necessary to capture the severity of illness in your patients who have cancer:

- Primary
  - o Type (benign, in situ, malignant, or uncertain histologic behavior)
  - o Site of neoplasm
  - o Any treatment directed to that site including adjuvant therapy, chemotherapy, radiotherapy, immunotherapy, and targeted therapy
- Secondary (if applicable)
  - o If a neoplasm is malignant, report any secondary (metastatic) sites
  - o Secondary cancer should indicate the primary site if known
  - o Location of metastasis (i.e., bone, liver, lung, etc.)
- Document any cancer-related complications

Ensure that documentation specifies “active” versus “history of”:

- “Active” cancer indicates a current, active diagnosis of cancer when any of the following is true:
  - o Patient has evidence of current disease
  - o Patient is receiving cancer treatment, including current or long-term therapies
  - o Patient did not receive definitive treatment for their malignancy
- “History of” cancer indicates that the patient has successfully completed treatment for malignancy, has no current treatment for the condition, and has no evidence of the disease

**Utilize MEAT (Monitor, Evaluate, Assess, Treat) to specifically address patient conditions:**

Monitor	Evaluate	Assess	Treat
Signs Symptoms Disease progression Disease regression	Test results Medication effectiveness Response to treatment Physical exam findings	Test ordered Counseling Record review Discussion	Medication Therapies Referral Other modalities
<b>MEAT Examples: Cancer</b>			
Prostate cancer – Improved; continue monitoring with PSA.	Malignant neoplasm of lower-inner quadrant of right breast – Biopsy done on 9/4. Results show stage 2 breast cancer.	Malignant neoplasm of pancreas – Discussed palliative care options.	Malignant neoplasm of prostate – Getting Lupron injections every 6 mo. Follows with urologist.