

Quality Control Abstract Record Review Findings

Sarah Manson BS, RHIT, CTR
Mayra Alvarez RHIT, CTR
Quality Control Field Coordinators



Introduction to Review Findings

- period November 2008 -February 2009
- every 25th case is reviewed
- reportability coding issues
- identifies questions on edits
- identifies areas for education and training

Visually Edited Data Items

- Primary site
- Histology
- Behavior
- Grade
- Laterality
- Class of case
- Diagnosis method
- Place of diagnosis
- Date of Initial Diagnosis
- CS Staging (15) fields
- 1st course treatment
- Text documentation

Common Errors

Common Errors-Demographics

- accession number
 - must begin with the same year as patient's first contact date to the facility
- report source 3-laboratory only (hospital-affiliated or independent)
 - FCDS does not collect report source 3 case

Common Errors-Class of Case

- class of case 0 misused
 - based on DAM pg 62
 - a patient diagnosed at the reporting facility and all of the first course treatment was performed elsewhere or the decision not to treat was made at another facility
- class of case 1
 - based on DAM pg 82
 - if it is unknown whether the patient received treatment elsewhere, should be a class 1

Common Errors-Class of Case

- why is the case being reported?
 - class of Case 3
 - recurrent- state that the patient presented to your facility with known active/recurrent disease

Common Errors-Diagnosis Method

- blood Smear-Diagnosis Confirmation 1
- diagnostic confirmation 2
 - FNA (no text description whether the FNA included cores of tissue)
 - diagnosis method for ascitic fluid

Common Errors-Primary Site

- the site code for spinal mass, T5-6 level, specimen, biopsy: schwannoma should be coded to C72.0
 - occasionally a schwannoma will develop INSIDE the dura (intradural) on the spinal cord (when that happens the case is reportable)

Common Errors- Primary Site

- renal transitional cell carcinoma
- coded to C649 vs. C659
 - based on the 2007 MP/H Coding Rules, pg 55 in the Terms and Definitions
 - transitional cell carcinoma rarely arises in the kidney parenchyma (C649). Transitional cell ca found in the upper urinary system usually arises in the renal pelvis (C659). Only code transitional cell carcinoma to the kidney in the rare instance when pathology confirms the tumor originated in the **parenchyma** of the kidney

Common Errors- Primary Site

- unknown head & neck cancer
- discrepancy-coded to C760 or C809
 - based on the 2007 MP/H Coding Rules, pg18 in the Terms and Definitions
 - when the point of origin **cannot be determined**, use a topography code for overlapping sites:
 - C02.8 Overlapping lesion of tongue
 - C08.8 Overlapping lesion of major salivary glands
 - C14.8 Overlapping lesion of lip, oral cavity and pharynx

Common Errors- Primary Site

- primary site for Meningioma
 - discrepancy-Coded to C71 vs. C70
 - a meningioma is a tumor that develops from the tissue covering the brain and spinal cord. This tissue is called the meninges and is comprised of three membrane layers: the outer layer is the dura mater, the middle is the arachnoid, and the inner layer is the pia mater.

Common Errors-Primary Sub site

- sub site must be documented in text field
 - examples-
 - midbrain -C71.7
 - lung: RUL text documented corrected to subsite C34.1
 - text stating UOQ breast should be coded to C50.4
 - Lt breast 11 o'clock should be coded C50.2
 - melanoma: text states skin r back, but site coded to C44.4
 - bladder: Posterior wall of bladder should be coded C67.4
 - lymphoma: C77.8 lymph nodes of multiple regions

Common Errors-Histology

- carcinoma should be coded 8010 and cancer, nos to 8000
 - renal cell clear cell is 8310 not 8312, see MPH rules pg 57
 - Code the more specific
 - x-rays states brain stem glioma
 - should be coded to 9380/3 not 8000/3

Common Errors-Histology

- VIN III should be 8077
- non-hodgkins lymphoma should be coded 9591/3
- bronchiolo-alveolar carcinoma should be coded 8250/3
- non small cell squamous cell carcinomas should be coded 8070/3

Common Errors-Tumor Grade

- tumor grade
 - discrepancy-not converting
 - documenting not coding
 - defer to the DAM pgs 74-79
 - codes are given with a number of variations of statements indicating grade, but it is recognized that terminology can vary widely

Common Errors- Collaborative Stage

- lymph nodes removed or examined
 - documented text vs. coded values
 - numbers don't match
 - discrepancy-coded in the reverse
 - regional nodes positive
 - code 98 for no nodes examined
 - regional nodes examined
 - code 00 for no nodes examined

Common Errors-Collaborative Stage

- brain
 - CS Ext 51 brain stem glioma extending supratentorially to involve cerebrum (thalamus) on MRI
- bladder
 - CS extension 01 or 03 if papillary in situ
- bladder
 - CS extension 60 invading prostatic urethra

Common Errors-Collaborative Stage

- colon
 - CS extension per text extends through wall into subserosa code is 40
 - CS extension 45 (mesenteric fat)
- prostate
 - CS extension 15 (clinically inapparent)
 - prostate: both lobes pos = 23 in CS extension, not 20

Common Errors-Collaborative Stage

- lymphoma tumor CSTS/Ext-Eval
 - code 0 if no staging laparotomy done
 - code 3 if staging laparotomy done

Common Errors-Collaborative Staging

- CS evaluation codes
 - code the evaluation based on the how the most extensive tumor was established
 - example: cecum ca with a negative chest x-ray and negative liver biopsy
 - code CS Mets to 01 (based on endoscopic exam or other invasive technique, including surgical observation without biopsy)
 - biopsy to metastatic site
 - code 3
 - primary site surgery w/out removal of lymph nodes
 - code 0 not 1

Common Errors-Site Specific Factors

- breast
 - document invasive and DCIS component if it is coded that it was in SSF 6
 - ER,PR documented as neg. SSF 1=020, SSF 2=020
- melanoma
 - SSF 3 should be coded to 000/no lymph node metastasis, if CS lymph nodes were coded to 00/none; no regional lymph node involvement

Common Errors-Site Specific Factors

- melanoma SSF 1
 - code measured thickness (depth) of tumor (Breslow's measurement) not size
 - code the measurement in hundredths of millimeters (not millimeters)
 - example, code 090 for Breslow .9mm
- CS tumor size
 - code the size of the tumor, not depth or thickness
 - any site-make sure you are converting the tumor size to the appropriate code.

Common Errors- Site Specific Factors

- brain grade coded to 4
 - should be coded 9 (grade IV is WHO grade, SSF 1)
- brain SSF 1
 - for primary tumors of the brain and spinal cord (C710-C729)
do not use the who grade in the grade field
 - code the WHO grade in the data item CS site-specific factor 1

Common Errors-Site Specific Factors

- breast SSF 4, SSF 5
 - discrepancy-coded to 001
 - use code 000-009 only to report results of IHC; otherwise, histologically negative lymph nodes on routine H and E stains, i.e., only when CS Lymph Nodes is coded 00.
- if it is not stated whether tests were done, assume they were not done-code 000.

Common Errors-Site Specific Factors

- Prostate
 - SSF 1: per text, PSA elevated at 100, PSA = 10.0, not 100
 - SSF 1, if PSA was 150 this field is coded 990
 - SSF 4, code 520 (Biopsy showed apex was positive)

Common Errors- Text Documentation

- 1st course information
 - discrepancy- omitted dates
 - 2nd course information is recorded and the case is not clear
 - remarks field
 - use this field to record your 2nd course information

Common Errors- Text Documentation

- no text documentation
 - discrepancy-coded values are not supported
 - Text- DX Proc- PE
 - Text- DX Proc- X-RAYS/SCANS
 - Text- DX Proc- PATH

Common Errors-Treatment

- surgical margins
 - document in the text
 - positive margins
 - does this pt still have disease at patient follow up status?

Common Errors-Treatment

- include all 1st course treatment
 - I-131
 - kidney
 - hormone treatment
 - breast
 - thyroid
 - prostate

Common Errors-Treatment

- chemotherapy regimens

C = Cyclophosphamide

H = Doxorubicin Hydrochloride (Adriamycin)

O = Vincristine (also called Oncovin)

P = Prednisone (a steroid)

CHOP- prednisone is coded as hormonal treatment

Common Errors-Treatment

- melanoma surgery codes
 - codes 30 to 33 include less than a wide excision, less than 1 cm margin or margins are unknown. If it is stated to be a **wide excision or re-excision, but the margins are unknown, code to 30**
 - code 45 represents a wide excision in which it is known that the margins of excision are greater than 1cm

Responding to FCDS

- agree or disagree- QC Report must come back to FCDS
- corrections- must be specific to the item that needs to be updated
 - stating agree, disagree, ok, etc. will result in returned QC
- do not submit any documentation

References

- 2008 FCDS Data Acquisition Manual-DAM
 - <http://fcds.med.miami.edu/inc/downloads.shtml>
- 2007 Multiple Primary & Histology Coding Rules
 - <http://seer.cancer.gov/tools/mphrules/download.html>
- Collaborative Staging Manual
 - <http://www.cancerstaging.org/cstage/manuals.html>

Thanks for your Participation!

Are there any questions?



Q & A Mode

- have a question?
 - Press the #1 then #0 on your phone
 - “You will be notified when the speaker/host is ready for your question”
 - Please ask your question after the tone”
- withdraw a question?
 - Press the #1 then #0 on your phone

(The participant asking the question remains on talk mode until the host releases them)



Florida Cancer Data System

A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

Certificate of Attendance

Quality Control Abstract Review Findings

Continuing Education Teleconference

March 17, 2009

2:00PM-3:00PM

Name

