Advanced Abstracting And Coding

Nancy Etzold, CTR
Cancer Program Manager
St. David’s Healthcare System

Overview

Overview
WHAT CAN WE RELY ON?

THE ECONOMY

POLITICIANS
OUR MEMORY

ONE THING WE CAN ALWAYS COUNT ON IS.....

CHANGE!
We have a choice!

• Fight it
• Ignore it

OR

• Embrace it and grow

First and most importantly.....

• READ
  • Updates
    – State Registry
    – Commission on Cancer
    – SEER

Webinar Objectives:
Advanced Abstracting & Coding Instruction

• Patient Identification
• Cancer Identification
• Stage
• Treatment
Cancer Death Rates* by Race and Ethnicity, US, 2001-2005

*Per 100,000, age-adjusted to the 2000 US standard population.
†Persons of Hispanic origin may be of any race.

Other Uses

- Data consolidation
  - Patient records
  - Tumor records
- Data linkages
  - Death data
  - Discharge claims data
- Geographic Information Systems (GIS)

Patient Identification
Sequence Number

- Code 00
  - One malignant or in situ primary only in the patient's lifetime (One and Only).
- Codes 01-59:
  - Indicate reportable neoplasms of in situ or malignant behavior (Behavior equals 2 or 3).

Sequence Number

- Codes 60 – 88
  - Indicate neoplasms of non-malignant behavior (Behavior equals 0 or 1).
- Code 99
  - Unspecified malignant or in situ sequence number or unknown

Example

- Patient had a sigmoid colon resection at reporting facility in 2006 to remove adenocarcinoma.
- Results from 6/14/09 colonoscopy indicate two new masses located in the descending and rectosigmoid colon.
- Biopsy confirms moderately differentiated adenocarcinoma.
Example

- 2006 Sigmoid colon
  - Sequence 00
  - Changed to sequence 01 in 6/09
- Descending colon
  - Sequence 02
- Rectosigmoid colon
  - Sequence 03

Example II

- Patient presents 6/12/09 with seizures and syncope.
- MRI indicates bilateral frontal lobe suspicious for malignancy.
- Craniotomy 6/20/09 confirms glioblastoma multiforme.

Example II

- Glioblastoma Multiforme
  - Sequence 00
- Frontal lobe meningioma
  - Sequence 60 changed to 61 in 2002
- Temporal lobe meningioma
  Sequence 62
Patient Address

• Address at diagnosis
• More than one primary, may be different for each primary
• Current address updated if patient moves
• Residence is home named by patient, legal status and citizenship not factors

Patient Address

• Persons with more than one residence
• Persons with no usual residence
• Persons away at school
• Persons in institutions
• Persons in the Armed Forces & on Maritime ships

Zip Code

• US Residents
• Canadian Residents
• Residents of other countries
• If patient has multiple malignancies, zip code may different for subsequent primaries
• http://zip4.usps.com/zip4/welcome.jsp
State

• US Postal Service abbreviation
• If patient has multiple tumors, may be different for subsequent primaries
• If the patient is a foreign resident the code is either XX or YY depending on the circumstance
• ZZ Residence is unknown

County

• US Residents
• List in FORDS
• Code Label Definition
  – 001–997 County at diagnosis Valid FIPS code.
  – 998 Outside state/county
  – 999 County unknown
• http://quickfacts.census.gov/cgi-bin/qfd/lookup
• http://zip4.usps.com/zip4/welcome.jsp
Race

- Race is analyzed with Spanish/Hispanic Origin
- If the person is multiracial and one of the races is Hawaiian, code Hawaiian as Race 1, followed by the other race(s).
- If patient is multiracial, then code all races using Race 2 through 5 and code all remaining Race items 88
Race

• If person is multiracial and one of the races is white, code the other race(s) first
• If Race 1 is coded 99, all other Race fields must be coded 99
• If the person is multiracial and one of the races is Hawaiian, code Hawaiian as Race 1, followed by the other race(s).

Spanish/Hispanic Origin

• Review admission information, history and physical, or additional physician documentation
• Persons of Spanish or Hispanic origin may be of any race
• Patients with multiple tumors will have the same codes

Race

• Race is analyzed with Spanish/Hispanic Origin
• If the person is multiracial and one of the races is Hawaiian, code Hawaiian as Race 1, followed by the other race(s).
• If patient is multiracial, then code all races using Race 2 through 5 and code all remaining Race items 88
Race

- If person is multiracial and one of the races is white, code the other race(s) first
- If Race 1 is coded 99, all other Race fields must be coded 99

Race

- The fields Place of Birth, Race, Marital Status, Name, Maiden Name, and Hispanic Origin are inter-related
  - Code the stated race, if possible
  - Refer to “Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics” for guidance
  - SEER Program Coding and Staging Manual 2007 Appendix D

Race

- NAACCR Asian Pacific Islander Identification Algorithm (NAPIIA v1.1)
  - Uses a combination of NAACCR variables to classify cases as Asian Pacific Islander
  - Focuses on coding cases with a race code of Asian NOS (96) to a more specific Asian race category using the birthplace and name fields
  - Does not replace data in any of the race fields
Spanish/Hispanic Origin

- Review admission information, history and physical, or additional physician documentation
- Persons of Spanish or Hispanic origin may be of any race
- Patients with multiple tumors will have the same codes

Spanish/Hispanic Origin

- NAACCR Hispanic/Latino Identification Algorithm (NHIA v2.1)
  - Uses a combination of NAACCR variables to classify Hispanic/Latino origin
  - Does not replace data in Spanish/Hispanic Origin data item

Comorbidities/Complications

- Comorbidities
- Complications
- Factors influencing health status
Comorbidities/Complications

- Comorbidities
- Complications
- Factors influencing health status

Comorbidities/Complications

- Secondary diagnoses for inpatient hospitalizations
- Information found in the discharge abstract
- Code the secondary diagnoses in sequence
- Info for Readmission To The Same Hospital Within 30 Days of Surgical Discharge

Comorbidities/Complications

- DO NOT record any neoplasms
- DO NOT record injury or poisonings
- DO NOT record specific “V” codes
- If no secondary diagnoses code 00000
- If fewer than 10 secondary diagnoses, leave remaining fields blank
Secondary Diagnosis
Priority Rules

• Surgically treated patients
  – Following the most definitive surgery of the primary site
  – Following other non-primary site surgeries
• Non-surgically treated patients
  – Following the first treatment encounter or episode
• In cases of non-treatment
  – Following the last diagnostic/evaluative encounter

Physician

• Managing physician
• Following physician
• Primary Surgeon
• Physician 3 (Radiation Oncologist)
• Physician 4 (Medical Oncologist)

NPI Physician

• NPI Managing physician
• NPI Following physician
• NPI Primary Surgeon
• NPI Physician 3 (Radiation Oncologist)
• NPI Physician 4 (Medical Oncologist)
National Provider Identifier (NPI) Physician

- NPI should be recorded as available for cases diagnosed during 2007, and is required to be recorded for all cases diagnosed January 1, 2008, and later.
- NPI may be blank for cases diagnosed on or before December 31, 2006.
- NPI Look-up page
  https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do

Questions?

Quiz
Cancer Identification

Class of Case

• For a hospital registry, Class of Case divides cases into two groups:
  – Analytic
  – Non-analytic cases.

Class of Case

• Class of Case can be used in conjunction with Type of Reporting Source.
• Type of Reporting Source is designed to document the source of documents used to abstract the cancer being reported.
Analytic Cases

• Analytic cases are grouped according to the location of diagnosis and treatment. Treatment and outcome reports may be limited to analytic cases.
• Analytic cases are coded 0, 1 or 2
• Abstracted within 6 months of diagnosis or first date of contact

Analytic Cases

• Class 0
  — Diagnosed at facility and first course of treatment elsewhere
• Class 1
  — Diagnosed at facility and all or part of first course of treatment performed at reporting facility
• Class 2
  — Diagnosed elsewhere and all or part of first course of treatment at reporting facility

Non-Analytic Cases

• Class 3
  — Diagnosed and all of first course of treatment performed elsewhere
• Class 4
  — Diagnosed and/or first course of treatment before reference date
• Class 5
  — Diagnosed at autopsy
Non-Analytic Cases

• Class 6
  – Diagnosed and first course of treatment at staff physician’s office
• Class 7
  – Pathology report only
• Class 8
  – Death certificate only
• Class 9
  – Unknown

Type of Reporting Source

• Identifies the source documents used to abstract the majority of information on the tumor being reported.
• The code in this field can be used to explain why information may be incomplete on a tumor.

Type of Reporting Source

• Codes
  – 1 Hospital inpatient
  – 2 Radiation Centers or Medical Oncology Centers
  – 3 Laboratory only
  – 4 Physician’s office
  – 5 Nursing/convalescent home/hospice
  – 6 Autopsy only
  – 7 Death certificate only
  – 8 Other hospital outpatient units/surgery centers
Date of First Contact

• Documents date patient first had contact with the facility
  – Can be outpatient visit
  – Autopsy or death certificate
  – Diagnosed in a staff physician’ office

Date of First Contact

• Patient first had contact with reporting facility
  – Diagnostic procedure
  – Review or administration of treatment
  – Palliative care
  – Pathology only
• Unknown date

Date of First Contact

• Histologic confirmation
• Physician statement
• Date therapy started
• Admission date may vary from date of diagnosis
Date of First Contact

- Date of First Contact can not be prior to Date of Diagnosis.

Date First Contact

- Patient is admitted as an in-patient on 1/1/2009 for pneumonia.
- Patient is diagnosed with lung cancer on 1/3/2009 (during same stay).

Date of Diagnosis 1/3/2009
Date of First Contact 1/3/2009

Date of Diagnosis

- Records the date of initial diagnosis by a physician for the tumor being reported.
  - The timing for staging and treatment of cancer begins with the date of initial diagnosis for cancer.
- Use the first date of diagnosis whether clinically or histologically confirmed.
Date of Diagnosis

- In Utero Diagnosis
  - Effective 1/1/2009, the date reflects the date the baby was diagnosed with cancer rather than the date of birth.

Grade

- Stay tuned for changes scheduled to be reviewed in CSV2 !!!
- Code grade according to ICD-O-3
- Code grade from FINAL pathologic diagnosis
- When more than 1 grade listed
- Primary tumor, not metastatic sites
- When no tissue diagnosis is available

Grade

- Unknown primary site
- In situ lesions
- In situ and invasive lesions
- Leukemia’s and Lymphomas
- Astrocytomas
- Glioblastoma Multiforme
### Coding 2 Grade Systems

<table>
<thead>
<tr>
<th>Code</th>
<th>Terminology</th>
<th>Histologic Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Low grade</td>
<td>1/2</td>
</tr>
<tr>
<td>4</td>
<td>High grade</td>
<td>2/2</td>
</tr>
</tbody>
</table>

### Three Grade System

- Peritoneum
- Breast
- Endometrium
- Fallopian Tube
- Prostate
- Kidney
- Brain
- Spinal Cord

### Coding 3 Grade Systems

<table>
<thead>
<tr>
<th>Code</th>
<th>Terminology</th>
<th>Histologic Grade</th>
<th>Nuclear Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Low grade, well to moderately differentiated</td>
<td>I/II or 1/2</td>
<td>1/2, 1/2</td>
</tr>
<tr>
<td>3</td>
<td>Medium grade, moderately undifferentiated, relatively undifferentiated</td>
<td>II/III or 2/3</td>
<td>2/0</td>
</tr>
<tr>
<td>4</td>
<td>High grade, poorly differentiated to undifferentiated</td>
<td>III/III or 3/3</td>
<td>2/0, 3/3</td>
</tr>
</tbody>
</table>
Breast Priority Rules

- Bloom-Richardson (Nottingham) Scores
- Bloom-Richardson Grade
- Nuclear Grade
- Terminology
- Histologic Grade shown on table

Breast Grade

<table>
<thead>
<tr>
<th>Code</th>
<th>Bloom-Richardson (Nottingham) Scores</th>
<th>Bloom-Richardson Grade</th>
<th>Nuclear Grade</th>
<th>Terminology</th>
<th>Histologic Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0-5 points</td>
<td>Low grade</td>
<td>2/3, 1/2</td>
<td>Well differentiated</td>
<td>2/3 or 1/3</td>
</tr>
<tr>
<td>2</td>
<td>6, 7 points</td>
<td>Intermediate grade</td>
<td>2/3</td>
<td>Moderately differentiated</td>
<td>1 or 2/3</td>
</tr>
<tr>
<td>3</td>
<td>8, 9 points</td>
<td>High grade</td>
<td>2/3, 1/3</td>
<td>Poorly differentiated</td>
<td>Tumor or 3/3</td>
</tr>
</tbody>
</table>

Kidney Priority Rules

- Fuhrman Grade
- Nuclear Grade
- Terminology
- Histologic Grad
- Rules do not apply to Wilm's tumor
Prostate Priority Rules

- Gleason Score
- Terminology
- Histologic grade
- Nuclear Grade (obsolete)

Prostate Grade

<table>
<thead>
<tr>
<th>Code</th>
<th>Gleason’s Score (sum of primary and secondary patterns)</th>
<th>Terminology</th>
<th>Histologic Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2, 3, 4</td>
<td>Well differentiated</td>
<td>I</td>
</tr>
<tr>
<td>2</td>
<td>5, 6</td>
<td>Moderately differentiated</td>
<td>II</td>
</tr>
<tr>
<td>3</td>
<td>7, 8, 9, 10</td>
<td>Poorly differentiated</td>
<td>III</td>
</tr>
</tbody>
</table>

Tumor Grade at AJCC Stage

<table>
<thead>
<tr>
<th>Site</th>
<th>ICD-0-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart, mediastinum, and pleura (soft tissue)</td>
<td>C36.0–C36.8</td>
</tr>
<tr>
<td>Bone</td>
<td>C40.0–C41.9</td>
</tr>
<tr>
<td>Peripheral nerves and autonomic nervous system (soft tissue)</td>
<td>C47.0–C47.9</td>
</tr>
<tr>
<td>Retroperitoneum and peritoneum (soft tissue)</td>
<td>C48.0–C48.8</td>
</tr>
<tr>
<td>Connective, subcutaneous and other soft tissues</td>
<td>C49.0–C49.9</td>
</tr>
<tr>
<td>Prostate (Stage A only)</td>
<td>C61.9</td>
</tr>
<tr>
<td>Thyroid (undifferentiated carcinoma only)</td>
<td>C73.9</td>
</tr>
</tbody>
</table>
Ambiguous Terminology
Terms that Constitute a diagnosis

• Apparent(ly)
• Appears
• Comparable with
• Compatible with
• Consistent with
• Favors
• Malignant appearing
• Most likely

• Neoplasm*
• Presumed
• Probable
• Suspect(ed)
• Suspicious (for)
• Tumor**
• Typical

Terms That Do Not Constitute a Diagnosis
(without additional information)

• Cannot be ruled out
• Equivocal
• Possible
• Potentially malignant
• Questionable
• Rule out
• Suggests
• Worrisome

Date of Conclusive Diagnosis

• Greater than two months from the date of initial diagnosis
• Date conclusive diagnosis was made
• Leave Blank if case diagnosed before 12/31/06
### Date of Conclusive Diagnosis

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1111111</td>
<td>No conclusive diagnosis made; the only diagnosis was by ambiguous terminology.</td>
</tr>
<tr>
<td>31111111</td>
<td>Date the conclusive cancer diagnosis is made at least 9 months after an initial diagnosis based on ambiguous terminology.</td>
</tr>
<tr>
<td>55555555</td>
<td>Not applicable; initial diagnosis made by definitive terminology.</td>
</tr>
<tr>
<td>99999999</td>
<td>Unknown date; unknown if diagnosis based on ambiguous terminology.</td>
</tr>
<tr>
<td>Leave blank</td>
<td>Patient was diagnosed on or before December 31, 2006.</td>
</tr>
</tbody>
</table>

### Revising the Original Diagnosis

- Over time, things may change
  - Information becomes more complete
- Changing information in abstract affects information in state and national databases
  - Be sure to re-submit updated cases to the state and NCDB!

### Questions?
Surgical Diagnostic and Staging Procedures

- Record initial diagnosis procedure
- Incisional biopsy of primary and metastatic sites
- Lymph node biopsies
Surgical Diagnostic Staging Procedures

- Lymph node aspirations & biopsies to diagnose and stage disease
- Brushings, washings, cell aspirations, & hematologic findings
- Excisional biopsies

### Table: Surgical Diagnostic Staging Procedures

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>No surgical diagnostic or staging procedure was performed.</td>
</tr>
<tr>
<td>01</td>
<td>A biopsy, excision, needle, or aspiration was done to a site other than the primary site. No exploratory procedure was done.</td>
</tr>
<tr>
<td>02</td>
<td>A biopsy, excision, needle, or aspiration was done to the primary site, or biopsy or removal of a lymph node to diagnose or stage lymphoma.</td>
</tr>
<tr>
<td>03</td>
<td>A surgical procedure only. The patient was not biopsied or treated.</td>
</tr>
<tr>
<td>04</td>
<td>A surgical procedure with a biopsy was performed, but no biopsy was done.</td>
</tr>
<tr>
<td>05</td>
<td>An exploratory procedure was performed, and a biopsy of either the primary site or another site was done.</td>
</tr>
<tr>
<td>06</td>
<td>A biopsy procedure was performed, and a biopsy of either the primary site or another site was done.</td>
</tr>
<tr>
<td>07</td>
<td>A procedure was done, but the type of procedure is unknown.</td>
</tr>
<tr>
<td>09</td>
<td>No information of whether a diagnostic or staging procedure was performed.</td>
</tr>
</tbody>
</table>

Stage and Treatment Planning

- New Standard 4.3:
  - The cancer committee, or other appropriate leadership body, develops a process to monitor physician use of stage, site-specific prognostic indicators, and evidence–based national treatment guidelines in treatment planning for cancer patients.
Stage and Treatment Planning

• Standard 4.3 (continued)
  • The findings of the monitoring are presented at least annually to the cancer committee, or other appropriate leadership body, and are documented in the minutes.

Stage and Treatment Planning

• Accurate data is needed to evaluate appropriate treatment choices
  – Physician clinical staging
  – Treatment planned/performed
  – Treatment guidelines for site/stage

AJCC, CS, & DERIVED STAGE

• Opportunity for visual review
• Forward issues to quality coordinator
• Present at cancer committee meetings
• Document process/corrections
Lymphovascular Invasion

• Coming soon…….
• Changes announced in CSV2!!!

Questions?

First Course of Treatment

• Treatment plan
  – Types of therapy
  – Physician directed
  – Discharge plan
  – Management guidelines
• No therapy
First Course of Treatment

- Surgery
- Radiation
- Systemic Therapy
- Other Treatment
- Palliative Care

First Course of Treatment

- Time periods
  - All malignancies except leukemia
  - Leukemia
- Earliest dates
  - Surgery
  - Radiation
  - Systemic Therapy
  - Other Treatment

First Course of Treatment

- Site-specific codes in Appendix B of FORDS
- Software capabilities
- Multiple procedures recorded
- Responses are hierarchical
- 98 Takes precedence over 00
First Course of Treatment

- Excisional biopsies
- Surgery to remove regional tissue
- Multiple surgeries of primary site
- Palliative procedures
- Incomplete treatment information

Date of Most Definitive Type of Surgical Procedure

- Records the date of the most definitive surgical procedure of the primary site performed as part of the first course of treatment
  - Date corresponding to Surgical Procedure of the Primary Site
  - Code 00000000
  - Code 99999999

Surgical Margins

- Records the final status of the surgical margins after resection of the primary tumor
- No surgery
- Lymphomas
- Unknown, ill-defined, or hematopoietic sites
Reason No Surgery Given
- Surgical procedure of primary site coded 00
- Multiple treatment options offered
- No treatment accepted
- Patient refused
- Unknown

Scope of Regional Lymph Node Surgery
- Collected even if surgery of the primary site was not performed
- Aspirations, biopsy or removal of lymph nodes to diagnose or stage
- Codes are hierarchical
- CNS primaries
- Lymphomas
- Distant lymph nodes
- Palliative care

Surgical Procedure-Other Site
- Non-primary tissue
- Highest number code
- Incidental removal
- Unknown, ill-defined, and hematopoietic sites
- Palliative care
**Date of Surgical Discharge**
- Length of stay
- Patient expired
- Outpatient surgery

**Readmission Within 30 Days**
- Quality of care
- Readmission to same hospital
- Treatment of this cancer
- Review treatment plan
- Review comorbidities and complications

**Radiation**
- Date treatment started
- Regional or Boost
- Treatment planned but not started
- Treatment information incomplete
- Number of treatments
- Radio embolization
Reason No Radiation

- Radiation coded as 00
- Surgical procedure of primary site coded 00
- Multiple treatment options offered
- No treatment accepted
- Patient refused
- Unknown

Systemic Treatment

- Therapy not administered
- Multiple treatment options offered
- Recommended, not administered
- Patient refused
- Recommended, unknown if given
- Unknown
- Chemoembolization

Other Treatment

- Hematopoietic diseases
- Transfusions
- Phlebotomy
- Aspirin
Hematologic Transplant and Endocrine Procedures

- Bone marrow transplants
- Stem cell harvests
- Endocrine irradiation/surgery
- Not administered
- Not selected
- Why treatment was not administered

Palliative Care

- Not used to diagnose or stage the primary tumor
- First course of treatment
- Prolong patient’s life
- Improve quality of life
- Not curative

Questions?
Helps you tell the story!
Be concise and thorough
Justify what you have coded
Good text is a sign of a true professional

- Dx PE (Physical Exam)
- X-Ray
- Scopes
- Lab Tests
- OP (Operative Findings)
- Path
- Primary Site
- Histology
- Staging
- Surgery
- Radiation-Beam
- Radiation-Other
- Chemo
- Hormone
- BRM
- Transplant/Endocrine
- Other
- Remarks
Thank you for participating in today's webinar!

- The next webinar is scheduled for 8/6/2009
  *Collecting Cancer Data: Breast*
- Forward questions from today's webinar to us. Per request of CoC, we will forward questions to them.
- Contact us at
  - Shannon Vann – svann@naaccr.org; 217-698-0800 X9
  - Jim Hofferkamp – jhofferkamp@naaccr.org; 217-698-0800 X5
Registration is Open for the 2009-2010 Season!!!

www.NAACCR.org