

## Review and Resolving Coding Discrepancies

August 20, 2025

### Questions from webinar

1. **Are the slides available for folks outside of Florida? I cannot get the PDF to load from either link.**  
Yes, log onto FlccSC, the FCDS learning management system.
2. **How should we handle cases with 1st course treatment, radiation therapy administered more than 365 days from the date of diagnosis? We still have errors when the case is validated via FCDS edit metafile.** This type of edit can be overridden on the FCDS end if the treatment administered is the first course that exceeds 365 days from the date of diagnosis.
3. **Do not see the results.** Answers to all questions will be posted.
4. **A few years ago we were told not to abstract cases where a port was installed only, such as in a surgery center. When did this change, and do I correctly understand that we are now picking up those cases again?** Patients seen in an ambulatory care setting for “port-a-cath” placement only, where no chemotherapeutic or anti-neoplastic agent(s) are injected into the port, do not need to be reported to FCDS unless there is active cancer at the time of encounter or chemotherapy is planned. The case must be reported if any anti-neoplastic agent is administered at the reporting facility, either as an outpatient or an inpatient. Patients with active disease are reportable, whether being treated or not, at your facility. This is a basic rule. Abstract the case and assign 88 for chemo, which is recommended when the only information available is insertion of a port-a-cath. The class of case is coded to 32
5. **IDC is on the NAACCR-approved list of abbreviations. The answer has been corrected,** and IDC is an approved abbreviation for invasive ductal carcinoma.
6. **I used the date of imaging, but it was counted wrong?** Follow the FCDS rule. For 2024 cases, the diagnosis date is the date of the Bi-RADS 4-5 if later it was confirmed by a biopsy. Refer to FCDS DAM.
7. **For the question about race/ethnicity, what is FWS?** This is a White female with a marital status of single.
8. **Can you please ask Barbara to repeat the RADS casefinding changes for 2024 vs 2025?** For 2025 cases, FCDS will be aligned with COC. PI-RADS, BI-RADS, and LI-RADS 4 or 5 must be confirmed with biopsy or a physician statement and are reportable to FCDS. The date of diagnosis is the date of the positive biopsy or a definitive statement from a physician.
9. **NAACCR recommended abbreviations for abstrators, with IDC listed as an approved/recommended abbreviation for invasive ductal carcinoma. There are discrepancies between NAACCR and SEER.** Corrected.

10. **Do you have to have an abstractor code to get the CE?** No, you do not need an abstractor code to get CEs. You will need an account in FLccSC to complete the quiz to earn CEs.
11. **Is port placement a Class of Case 31 or 32?** It is recommended that you assign a Class of Case 32 and code Chemo 88.