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# REGISTRAR PIP

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## Have You Been Caught in a Treatment Trap?

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I'm back with another installment in the Treatment Trap series. As you probably recall, "traps" represent common errors we make when we forget to consider all the information available in the medical record and/or overlook coding resources available to help us improve the accuracy and consistency of our treatment coding.

What do we do when we aren't sure how to code a surgical procedure because the term used by the surgeon doesn't match any term/code combination in our abstracting software dropdown or coding manual? When dropdowns and manuals fail us, sometimes it is helpful to turn to one of the appropriate on-line resources such as either the SEER Inquiry System (SINQ) or CAnswer Forum to see whether another registrar had the same difficulty and turned to one of these standard setters for help.

If you don't find an answer to your question after accessing either of these websites, don't be shy about submitting your question to either the CAnswer Forum or **Ask a SEER Registrar** website. You may be the first to identify (or the first willing to post a question) a description of a new surgical procedure or perhaps you've stumbled across an existing procedure described in a new way that doesn't plug in nicely to the existing coding scheme. The sooner one of us at a registry lets a standard setter know about something new we observe in the hospital medical record or central registry abstracts, the quicker our abstracting software dropdowns, manuals and coding websites will be updated.

Here are the links to helpful coding-related websites:

- SINQ: <https://seer.cancer.gov/seer inquiry/index.php>
- CAnswer Forum: <http://cancerbulletin.facs.org/forums/help>
- Ask a SEER Registrar: <https://seer.cancer.gov/registrars/contact.html>

The following SINQ questions and answers are helpful in clarifying surgery codes for three common coding inconsistencies:

1. How is Surgery of Primary Site coded for a uterine corpus primary described as a total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH-BSO) if specimens include the uterine corpus, cervix, bilateral ovaries and fallopian tubes, bilateral parametria and the vaginal cuff?

After reviewing SINQ responses in 20170079 and 20170055, we opted to include additional information from the American Cancer Society in this article to help clarify the difference in the definition among some of the Surgery of Primary Site codes. Major factors to consider when trying to decide whether to use code 50 (total hysterectomy), 61 (modified radical hysterectomy) or 63 (radical hysterectomy) is to

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assess how much of the vagina and surrounding tissue needed to be removed because of the tumor size and depth of invasion.

- Code 50 (total hysterectomy): the vaginal cuff may or may not be removed, no removal of parametria is required
- Code 61 (modified radical hysterectomy): 1-2 cm of the upper vagina is removed, removal of the central portion of the parametria is performed
- Code 63 (radical hysterectomy: 2-3 cm of the proximal vagina is removed, removal of as much parametria as possible is performed

Figure 1 allows us to visualize what the surgeon is removing during some of the common hysterectomy procedures.

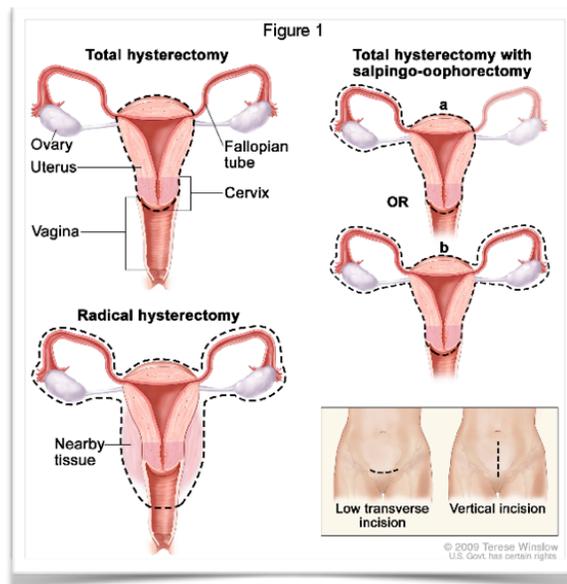
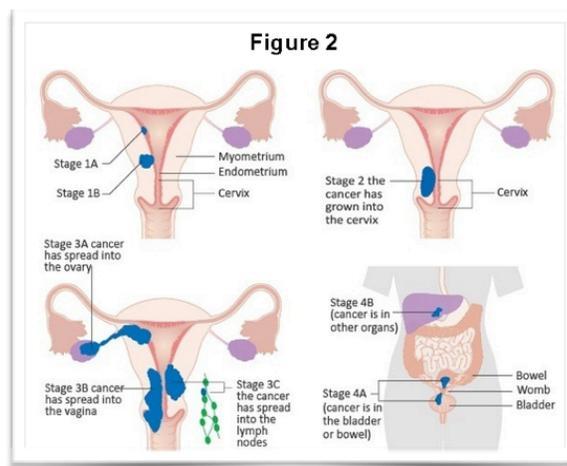


Figure 2 illustrates how knowing the stage of disease at diagnosis can help us understand how much or how little of the vagina and parametria likely needs to be removed by the surgeon and what the appropriate surgery code is. When code definitions lack the details necessary to quickly determine how to code this surgery field, checking a few pictures and learning additional descriptive terms can clarify what may have initially stumped us.



2. When is Surgery of Primary Site code 23 (Re-excision of the biopsy site for gross or microscopic residual disease) used for breast primaries?

Prior to 2018, standard setter instructions differed for coding a procedure involving an additional margin taken during a lumpectomy procedure. In this situation, code 22 (lumpectomy or excisional biopsy) was used by CoC facility registrars and code 23 (re-excision of the biopsy site for gross or microscopic residual disease) was used by central registrars. This inconsistency occurred because there was no explicit indication in the code definitions whether the re-excision had to be performed as a separate procedure on a different day, or whether it could be done as part of the same procedure on the same day. Each standard setter provided different clarification.

While prior to 2018, SINQ 20150024 instructed registrars to code these surgeries as 23, for cases diagnosed 2018 and later, this SINQ was updated to agree with the CoC guidelines. SINQ 20150024 now states that when a patient undergoes a lumpectomy or an excisional biopsy and additional margins are excised **during the same procedure**, we are to code Surgery of Primary Site to 22. According to this updated SINQ, re-excision of the margins intraoperatively during the same surgical event does not require additional resources so it is still considered a lumpectomy. If a subsequent re-excision of a lumpectomy margin occurs during a separate event and requires additional resources (e.g., anesthesia, operating room, and surgical staff), then the Surgery of Primary Site should be coded as 23.

3. How is an endoscopic mucosal resection (EMR) coded for an esophagus, stomach, colorectal, or anal malignancy ?

While it might be tempting to choose code 27 (excisional biopsy) for an EMR procedure, SINQ 20091109 states code 20 (local tumor excision, NOS) should be used for a procedure described as an EMR for these primary sites.

It is important to keep in mind that code 20 changes into codes 21 (photodynamic therapy (PDT)), 22 (electrocautery), 23 (cryosurgery) or 24 (laser ablation), when any of these modalities is described as having occurred with the EMR.

To sidestep a trap, if abstracting software application dropdowns or coding manuals lack the documentation you need to confidently code a case, remember to visit the appropriate online resources to see whether you can find an answer to your question. If not, submit your question to the CAnswer Forum or **Ask a SEER Registrar**.