Coding Pitfalls 2023 Poll Questions

1. **Poll #1 Rationale**
   Scenario:
   - Mammogram: 1.7cm mass lower inner quadrant right breast
   - Operative Report: Mass excised from right breast tumor noted to be behind the nipple
   - Path Report Checklist: Tumor Site: Nipple

   Question:

   How would you code Primary Site?

   A. C500 Nipple
   B. C501 Central Portion of breast
   C. C503 Lower inner quadrant

2. **Poll#2 Use the STR, Not Your Memory**
   Scenario
   Patient diagnosed Breast Cancer - DCIS, solid type

   Question:
   How will you code histology?
   A. 8500/2 Duct/ductal carcinoma in situ
   B. 8230/2 Ductal carcinoma in situ, solid type

3. **Ductal & Lobular Carcinoma**
   Scenario:
- Dx year 2023
- Patient diagnosed with single tumor Right UOQ Breast 1.9 cm DCIS & 2mm invasive lobular carcinoma

   Question:
   How would you code histology?
   A. 8520/3 Lobular carcinoma, nos
   B. 8522/3 Infiltrating duct and lobular carcinoma

4. **Poll#4 FNA (-)**

   Scenario:

   - Scans show RUOQ R breast mass, fullness in right axilla questionable for mets
   - Biopsy of RUOQ Breast Mass+ Infiltrating ductal
   - FNA Right Axillary Node (-)

   Question:

   How will you assign the AJCC Clinic N Suffix?

   A. Blank
   B. (f) FNA or Core needle biopsy only

5. **Poll#5 IORT-Electronic Brachytherapy**

   Scenario:

   High dose rate intraoperative radiation treatment/IORT of 20 Gy, prescribed at the balloon surface, was delivered via the 50 kV x-ray electronic brachytherapy source, with XOFT Electronic Brachytherapy controller

   Question:

   How would you code Radiation Modality & Planning Technique?

   A. Modality: 02 External Beam, photon. Planning Technique: 02 Low energy x-ray photon therapy
   B. Modality: 12 Brachytherapy, electronic Planning Technique: 88 Not Applicable Treatment not by external beam

6. **Poll#6 Breast Surgery Codes**

   Question:

   How would you code the following surgeries done at your facility?

   - Unknown if contralateral breast removed
   - No reconstruction was done
   - All had needle biopsy prior to surgery that was positive for infiltrating ductal carcinoma
   - Surgery code options are below

A200 Partial mastectomy, NOS; less than total mastectomy, NOS
A220 Lumpectomy or excisional biopsy
A300 Subcutaneous mastectomy
- A subcutaneous mastectomy, also called a nipple sparing mastectomy, is the removal of breast tissue without the nipple and areolar complex or overlying skin. It is performed to facilitate immediate breast reconstruction. Cases coded A300 may be considered to have undergone breast reconstruction.

A400 Total (simple) mastectomy
- A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.

A500 Modified radical mastectomy
- Removal of all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin in continuity with the axilla. The specimen may or may not include a portion of the pectoralis major muscle

A. Lumpectomy
    a. A200
    b. A220
    c. A300
    d. A400
    e. A500
B. Nipple Sparing Mastectomy
    a. A200
    b. A220
    c. A300
    d. A400
    e. A500
C. Skin Sparing Mastectomy
    a. A200
    b. A220
    c. A300
    d. A400
    e. A500
D. Simple Mastectomy with SLN Bx
    a. A200
    b. A220
    c. A300
    d. A400
    e. A500
E. Mastectomy with SLN Bx and Axillary Node Dissection
    a. A200
    b. A220
    c. A300
    d. A400
    e. A500

7. **Poll#7 cT Category**

Scenario	cT
A. PSA Elevated 7.5. No DRE available in the EMR, Prostate biopsy confirmed bilateral Adenocarcinoma Gleason 3+3	Blank
B. PSA Elevated 7.5. No DRE available in the EMR, Prostate biopsy confirmed bilateral Adenocarcinoma Gleason 3+3, Radiation Oncologist stages as cT1c cN0 cM0 Stage 1	Blank or cT1c
C. PSA Elevated 7.5, DRE: Prostate nodule present right lobe suspicious for malignancy. Prostate biopsy confirmed bilateral Adenocarcinoma Gleason 3+3	cT2
D. PSA Elevated7.7.Per Urologist, DRE not done - telemedicine surgical consult only due to COVID.MRI 2.3cm suspicious area throughout majority of right gland & peripheral zone, extension into seminal vesicles, Pi-Rads 5,Biopsy: Gleason 7/4+3 in 12/12 cores both lobes of the prostate	Blank
E. Patient had TURP for chronic urinary retention and removal of bladder calculi. [No mention of DRE or PSA being performed in any documentation.] Path: Adenocarcinoma in less than 5% of tissue resected.	blank

8. **Poll#8 Difference Between M1a,M1b,M1c**

   Scenario:

   Elevated PSA, DRE (-) Biopsy+ Adenocarcinoma Gleason 4+4, Scans show Bone Mets & Retroperitoneal Lymph Node Mets

   Question:

   How would you assign cM1?

   A. cM1Distant Mets
   B. cM1a Nonregional Lymph node(s)
   C. cM1b Bone(s)
   D. cM1c Other site(s) with or without bone disease

9. **Poll #9 Primary Site**

Scenario:

Op report: TURB: 3cm tumor in the dome of the bladder & several smaller tumors covering the posterior and lateral walls sent for biopsy

Path Report: Bladder Tumor TURBT: Invasive high grade papillary urothelial carcinoma positive for lamina propria invasion muscularis propria present negative for invasion. papillary urothelial carcinoma Right Lateral and Anterior Wall biopsy: Papillary urothelial ca, grade 1/3. No definitive evidence of invasion in subepithelial connective tissue. Muscularis propria is present, neg for ca.

Question:

What is the primary site?

A. C671 Dome of the Bladder
B. C678 Overlapping lesion of bladder
C. C679 Bladder, NOS

10. **Poll #10 AJCC Pathological Stage**

Scenario:

- Path: urinary bladder, transurethral resection:
- Histologic type: Urothelial carcinoma
- Variant histology: No
- Grade (WHO 2004) Low-Grade
- Tumor configuration: Papillary
- Microscopic extent of tumor: Noninvasive
- Muscularis propria Present: Yes

Question:

How would pathological stage be assigned?

A. pTa cN0 cM0 Stage 0A
B. pTa pNX cM0 Stage 99
C. pT BLANK pN BLANK pM BLANK Stage 99

11. Poll #11 T Suffix

Scenario:

TURB : 1 cm bladder tumor on left wall, 1cm bladder tumor on posterior wall which were both fulgurated, and 3 cm bladder tumor on the bladder dome which was resected and the base was fulgurated.

Pathology from TURB showed non-invasive urothelial cTa bladder cancers for all 3 tumors

Question:

How would the clinical T suffix be coded?

A. (m) multiple tumors
B. BLANK

12. **Poll#12 Cystoprostatectomy**

Scenario:

Radical cystoprostatectomy with ileal conduit conversion and incidental appendectomy (appendix was not involved)

Question:

How would primary surgery be coded?

A. A610 Radical cystectomy PLUS ileal conduit
B. A710 Radical cystectomy including anterior exenteration

13. **Poll #13 Primary Site**

Scenario:

- CT Abdomen/Pelvis:13.1 cm right renal mass suspicious for renal cell carcinoma. Retroperitoneal lymphadenopathy. Soft tissue mass left adrenal gland concerning for mets.
- Renal biopsy: transitional cell carcinoma

Question:

What is the primary site?

A. C649 Kidney
B. C659 Renal Pelvis

14. **Poll #14 Histology**

Scenario:

Nephrectomy, Histology: Clear cell papillary renal cell carcinoma

Question: How would you code histology?

A. 8310 Clear cell renal cell carcinoma
B. 8260 Papillary renal cell carcinoma
C. 8323 Clear cell papillary renal cell carcinoma
D. 8050 Papillary carcinoma, NOS

15. **Poll#15 SSDI Invasion Beyond Capsule**

Scenario

Procedure: Right Nephrectomy
Tumor Size: 11.5 cm
Histologic Type: Renal Cell Carcinoma
Histologic Grade: WHO Grade 4
Extent of Invasion: Tumor extending through renal capsule and into hilar adipose tissue
- **Perirenal Adipose Tissue:** Invades
- **Gerota's fascia:** Involves
- **Renal Vein:** Involves
- **Ureter:** Does not involve
- **Renal Sinus:** Involves
- **Pelvicalyceal:** Involves
- **Adrenal:** NA
- **Other Organs:** N/A

Lymph Nodes: No lymph nodes submitted or found
AJCC: pT4 pNX

Question:

How would you assign SSDI Invasion Beyond Capsule?

A. 1-Perinephric (beyond renal capsule) fat or tissue
B. 2-Renal sinus
C. 3-Gerota's fascia
D. 4-Any combination of codes 1-3

16. **Poll#16 SSDI's Confined Kidney-No Surgery**

Scenario:

- CT ab: 2.5cm mass right kidney consistent with renal cell carcinoma **limited to the kidney**, no evidence of lymphadenopathy or distant metastatic disease
- Physician staged as cT1a cN0 cM0 Stage 1
- Plan: Due to patient's age and comorbid conditions no treatment active treatment recommended at this time will continue follow the patient with surveillance.

Question:

How would you assign SSDI Ipsilateral Adrenal Gland Involvement?

A. 0 involvement not present/not identified
B. 9 involvement not assessed or unknown if assessed