Question: 20130098

Status
Final
Question
Histology-Heme & Lymphoid Neoplasms: I have a question regarding question 20110035.

The answer to this question is opposite of what we have been coding for years. I am not opposed to the change, I just want to know why after all the years of coding SLL/CLL (Small Lymphocytic Lymphoma/Chronic Lymphocytic Leukemia) to lymphoma 9670/3 when both tissue and bone marrow/blood are involved to now coding to leukemia 9823/3. I know the hematopoietic rules have changed but sometimes it is nice to know why.

Answer
Yes, there has been a change in coding practice based on a change in clinical classification of leukemia/lymphomas. In the past, we did, indeed, default to lymphoma when both tissue and bone marrow were involved. The problem was that when only bone marrow was involved, the case was coded to leukemia with a primary site of bone marrow. When lymphoma symptoms developed later, there was a lot of inconsistency in how registries handed these cases. Some coded a new primary "lymphoma;" while others ignored the lymphoma calling it progression. The clinical world, including the hematopoietic experts on the World Health Organization and the Inter-lymph consortium agreed that for certain neoplasms(CLL/SLL being one of them) it was not useful or practical to code the leukemia and lymphoma separately OR to capture only one of the neoplasms(because these neoplasms almost always progress to lymphoma); so new codes for the leukemia/lymphoma were developed. According to the experts, this code most accurately portrays the neoplastic process for the neoplams assigned to a lymphoma/leukemia code.

Last Updated
08/12/2013

Question: 20130097

Status
Final

Question
Reportability--Heme & Lymphoid Neoplasms: Is heparin-induced thrombocytopenia reportable? If it becomes refractory is it reportable?

Answer
No, heparin-induced thrombocytopenia is not reportable. If the diagnosis changes to refractory thrombocytopenia, the case would be reportable

Last Updated
08/12/2013

Question: 20130095

Status
Final

Question
Grade--Heme & Lymphoid Neoplasms: In the 2012 Heme Database it says to use code 6 (B-cell) if you search on histology code 9811/3. However, if you search on the term 'acute lymphoblastic', you are directed to the same code – 9811/3 – but are told to 'Code grade specified by pathologist. If no grade specified, code 9. Rule G3 in the Manual says to use code 6 for grade.

Should all 9811/3 cases be coded to 6th digit 6?

Answer
Assign code 6 (B-cell) for all cases of 9811/3 per Rule G3 in the Hematopoietic manual.

Searching on "acute lymphoblastic" brings up code 9835/3. The abstractor notes explain that code 9835/3 should NOT be used after 2010. You are instructed to use code 9811/3 starting in 2010.

For pre-2010 cases coded to 9835/3 use the pathology report information to assign the appropriate 6th digit code. Assign code 9 if the pathology report does not specify the grade.

Last Updated
08/12/2013

Question: 20130093

Status
Final

Question
MP/H Rules/Histology--Lung: Do we code adenocarcinoma in situ / BAC -- 8140/2, 8250/2, or 8250/3? See discussion.

Discussion
Classification of lung malignancies has undergone a change. The bronchoalveolar carcinoma histology is being replaced by adenoca in situ and minimally invasive adenoca, using an evaluation of lepidic growth pattern.

We have a final diagnosis of "adenocarcinoma in situ / BAC" with a "Comment: the findings in the current biopsy are most compatible with low grade malignant lesions, which in this sample shows features of adenocarcinoma in situ (former bronchioloalveolar adenocarcinoma), since the proliferation of pneumocytes is limited to the alveolar lining with no evidence of invasion. However, classification of the lesion depends, per reference guidelines (Travis et al. J THOR ONCOL 2011 6,(2):244-275), on its size and its overall histologic features, to rule out the presence of an invasive component and therefore can only be performed upon examination of it in its entirety, upon resection." The radiation oncologist stages this T1N0M0, stage 1 BAC.

Answer
Assign 8140/2 for this case.

The comment for this case is consistent with information from the CAP protocol, which says "The diagnosis of bronchioloalveolar carcinoma requires exclusion of stromal, vascular, and pleural invasion—a requirement that demands that the tumor be evaluated histologically in its entirety. It is therefore recommended that a definitive diagnosis of bronchioloalveolar adenocarcinoma not be made on specimens in which the tumor is incompletely represented."

Since this tumor was not completely resected, code as adenocarcinoma in situ based on the information provided.

Last Updated
07/31/2013

Question: 20130092

Status
Final

Question
Reportability--Head & Neck: Is a glomus tympanicum tumor of the middle ear reportable? If so, what are the correct topography and histology codes?

Discussion

Answer
Glomus tympanicum tumors of the middle ear are not reportable. The 2005 WHO Classification of Head and Neck Tumors classifies these as /1 behavior and places them in the ICD-O-3 histology code of 8690: glomus jugulare tumor, NOS. According to WHO, "the distinction between jugular and tympanic paragangliomas can easily be made in the patient by modern imaging methods ... the jugular neoplasm is identified as arising from the jugular bulb region ... while the tympanic neoplasm is confined to the middle ear." Middle ear is C301 and is not one of the reportable sites for benign and borderline neoplasms.

Last Updated
07/26/2013

Question: 20130091

Status
Final

Question
Treatment, NOS--Heme & Lymphoid Neoplasms: Where are the guidelines for coding treatment located for Hematopoietic diseases that were diagnosed prior to 2010?

Answer
For cases diagnosed 1/1/2010 and later, use the Hematopoietic Manual for instructions on coding aspirin, blood thinners/anti-clotting medications, and transfusions in the field "Other Treatment."

For cases diagnosed 5/1/2002 – 12/31/2009, use the instructions in the SEER Manual AND the instructions in "Abstracting and Coding Guide for the Hematopoietic Diseases" to code aspirin, blood thinners/anti-clotting medications, and transfusions in the field "Other Treatment."

For cases diagnosed 1/1/2001 – 04/30/2002 use the instructions in the SEER Manual for collection of aspirin, blood thinners/anti-clotting medications, and transfusions in the field "Other Treatment."

Prior to 1/1/2001, these treatment modalities were not collected.

Last Updated
07/25/2013