20140016

Question
MP/H Rules/Histology--Bladder: What is the correct histology code for this situation? See discussion.

Discussion
Patient has 2 bladder tumors, both invasive -- one is transitional cell carcinoma (8120/3) and the other is papillary TCC (8130/3). They have the same extent of disease, both involve the lamina propria. Is this 8120, because of the Note under rule H11 or is this 8130 because under rule H12, it says 'papillary carcinoma and transitional cell carcinoma'? If so, what is the meaning of the note under rule H11?

Answer
Rule H12 applies, code to 8130.

The note under H11 is intended to explain the order of the rules; that is, why the rule to code papillary transitional/urothelial cell carcinoma (H12) follows the rule to code transitional/urothelial cell carcinoma (H11).

Date Finalized
08/08/2014

20140015

Question
Primary site--Heme & Lymphoid Neoplasms: Is there an instruction missing under Rule PH22 of the 2014 Heme Manual that addresses when it might be appropriate to code primary site to C779 for a Stage II lymphoma? See discussion.

Discussion
It appears there is no instruction under PH22 that covers Example 5 (The patient has a history of Stage II lymphoma, no other information is available). All the bulleted instructions are for organ and lymph node combination involvement. Was the 2010 Heme Rule PH31 (Code the primary site to lymph nodes, NOS (C779) when lymph node(s) are involved but no primary site/particular lymph node region is identified) supposed to be listed under PH22? There does appear to be an empty bullet on the current web version.

Answer The 5th bullet under Rule PH 22 was inadvertently omitted. A corrected version of the Heme manual will be posted soon. Thank you for identifying this omission.

In the meantime, please add the following to PH22:

Code the primary site to lymph nodes, NOS (C779) when lymph node(s) are involved but no primary site/particular lymph node region is identified.

Date Finalized
08/08/2014

20140014

Question
First course treatment/Surgery of Primary Site--Anus: Would infrared coagulation be coded as treatment for AIN III of the anus/anal canal? See discussion.

Discussion
SINQ 20051064 indicates infrared coagulation is not treatment for cancer. Internet search explains that infrared coagulation delivers heat to destroy the tissue so it can be removed. In our region it is currently used to treat internal and external anal low grade squamous intraepithelial lesions (LSIL) and high grade squamous intraepithelial lesions (HSIL). While it is understandable that this wouldn't be coded as treatment for an invasive anal primary, could it be treatment for an in situ tumor? If it is treatment, should it be coded under Surgery code 15

Answer
The answer to SINQ 20050164 still applies. Do not code infrared coagulation as cancer treatment. It is used to coagulate blood vessels and not to destroy cancer tissue.

Date Finalized
08/08/2014

20140013

Question
Primary site--Brain and CNS: How should primary site be coded for a medulloblastoma described as a "posterior fossa mass" and "centered within the fourth ventricle"? See discussion.

Discussion
The associated site code for medulloblastoma in the ICD-O-3 is C716. However, the SEER Manual specifically instructs to ignore the associated site code if a different primary site is noted. Although most medulloblastomas appear to arise in the cerebellum, when described as "centered within the fourth ventricle" can we assume that is the primary site and not simply invasion of the fourth ventricle from the cerebellum?

Answer
Code the primary to C717 for this case.

Code the primary site according to the origin of a particular medulloblastoma when it differs from the site code listed in ICD-O-3. The description "centered within the fourth ventricle" suggests that this medulloblastoma originated in the fourth ventricle.

Date Finalized
08/08/2014

20140012

Question
MP/H Rules/Histology--Breast: What is the correct histology code for this final diagnosis of a breast tumor: INVASIVE POORLY DIFFERENTIATED DUCTAL CARCINOMA WITH SQUAMOUS DIFFERENTIATION (METAPLASTIC FEATURES)?

Answer
Code the histology to 8575/3.

The instruction for coding duct and another non-duct histology not listed in Table 3 was inadverantly left out of the rules. The default is to code to the histology with the numerically higher ICD-O-3 code which is 8575/3.

Date Finalized
08/08/2014

20140009

Question

Primary site: What primary site do I assign to a Squamous Cell Carcinoma of the parapharyngeal space when there is no other info available regarding a more definitive site within the parapharyngeal space? Each physician involved with the case states the primary site is the parapharyngeal space. This is a patient who was diagnosed and treated elsewhere and was seen at our hospital several months later for a radical neck dissection for suspected lymph node mets.

Answer

We recommend C490 for a primary originating in the parapharyngeal space. This space contains part of the parotid gland, adipose tissue, lymph nodes, nerves, arteries and veins.

Date Finalized
08/08/2014

20140008

Question
Primary site: If text supports a pancreatobiliary primary with no other information what primary site code would be assigned? C249 biliary tract NOS, or C269 GI tract nos, or C809 unknown?

Answer
Assign C269 in the absence of any additional information.

Date Finalized
08/08/2014