

ICRA EDUCATION BLAST

Q2 2020



Hello ICRA members! Wishing you all the best and hope you are staying safe and sane out there! Please see below for a few tips and refreshers that I have gathered over the past few months. Keep in mind, if you have any ideas for educational topics or would like me to research anything to share with your fellow ICRA members, please reach out and let me know! – *Melissa Crow, ICRA Education Chair*



▪ SEER*Rx

- Mirena IUD for Early Stage Uterine Cancer
 - Per SEER*Rx, code as “Other Therapy” and assign code 1: *patient received a hormone therapy that could not be coded to hormone.* ([Link to SEER*Rx](#))
 - If physician states it is prescribed to shrink the cancer, then code as “Other Therapy”.
 - If given to control bleeding, consider it palliative treatment.
- Cyclosporine
 - Per recent SEER*Rx update, ***do not code this drug anymore**** ([Link to SEER*Rx](#))
 - It is listed as biologic therapy, **BUT** it now states that it should *not* be coded
 - Always be sure to scroll all the way down the page and read the ‘Remarks’ and ‘Coding’ sections. This is important when looking up any agents on SEER*Rx.

▪ Surgical Codes

- Stereotactic biopsy for brain primary
 - *Not* coded in Diagnostic and Staging procedures; this would be coded under Surgical Procedure to Primary Site per SEER note in *Appendix C: Site Specific Coding Modules / Surgery Codes*
 - 20 Local excision of tumor, lesion, or mass, excisional biopsy
 - 21 Subtotal resection of tumor, lesion or mass in brain
 - 22 Resection of tumor in spinal cord or nerve
- [**SEER Note:** Assign code 20 for stereotactic biopsy of brain tumor]
- SEER Appendix C is very helpful when it comes to surgery codes. Many times, there are extra helpful notes in SEER that do not appear in the STORE surgical codes. ([Link to 2018 SEER Appendix C](#))

▪ Lymphovascular Invasion – Benign Brain / CNS

- Not so new, but a good friendly reminder!
- 2018+ cases vs. Pre-2018 cases – the LVI rules changed for benign brain / CNS cases
 - Code as **8** for **2018+** cases per STORE
 - Code 8, Not Applicable for benign/borderline brain and CNS tumors.
 - Code as **9** for cases diagnosed **pre-2018** per Collaborative Stage instructions

0. If lymphovascular invasion is identified in any specimen, it should be coded as present/identified.
e. For cases with benign or borderline behavior, code the lymph-vascular invasion documented (negative or positive) and, if not documented, code unknown.
f. For cases treated with neoadjuvant therapy, refer to table below in order to code this field. However, if documentation in the medical record indicates