



Coding...Abstracting...Education...



Tips from NCRA for coding 2018 Radiation

These changes are effective with cases diagnosed 1/1/2018 and later



Note: CoC accredited facilities will collect all the new Radiation Treatment fields but only the new field “**Radiation Treatment Modality**” is required by MCR

NCDB: The Corner STORE

Online March 28, 2019

CTR Guide to Coding Radiation Therapy

The Commission on Cancer Radiation Oncology Working Group is pleased to announce the distribution of the *CTR Guide to Coding Radiation Therapy Treatment in the STORE* version 1.0 to aid registrars in the coding of the 31 Radiation Data items defined in STORE.

This document may also be found in the Resources section of the [National Cancer Database web page](#).

https://www.facs.org/-/media/files/quality-programs/cancer/ncdb/case_studies_coding_radiation_treatment.ashx?la=en

CTR Guide to Coding Radiation Therapy Treatment - when the “Guide” coding instructions conflict with STORE, the “GUIDE” takes precedence per Wilson Apollo RTT.

Until the next version of STORE reflecting the most recent updates is released, registrars are encouraged to use the CTR Guide to Coding Radiation Therapy Treatment in the STORE, which takes precedence over the current version of the STORE.

IMRT vs. SBRT

Code IMRT if IMRT mentioned and conventional fractionation used (standard fx size and extended txt time)
Ex. 180 cGy x 28 fxs, 200 cGy x 25 fxs.

Code SBRT if hypofractionation used, with limited number of fxs (1-6 fxs) Ex. 600 cGy x 5 fxs.

Adapted from a presentation by and used with permission of Wilson Apollo, MS, RTT, CTR



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Radiation

- Enface = electrons
- Tangents = external beam radiation
- Number of phases change when there is a change in target volume, change in target site, change in planning technique, and change in fraction size or modality.
- SBRT does not target lymph nodes.
- IORT for breast cancer does not target lymph nodes.
- Chest wall or lumpectomy tumor bed/cavity boost (either photons or electrons) does not include lymph nodes.
- For pelvic sites, if pelvic/whole pelvis irradiation is mentioned, assume the regional lymph nodes for that site are included.
- Interstitial or intracavitary brachytherapy (HDR or LDR) does not target regional lymph nodes.

Order of Phases

- If dose across phases to a single point or region = chronologically.
- Multiple metastatic sites (same time frame) = Site with highest dose first.
- Primary and Metastatic Site 1. Primary site 2. Metastatic Site(s).
- Simultaneous Integrated boost (SIB) = Planned tumor volume (PTV) with highest dose first.

Total Dose

- If dose across phases to a single point or region = Sum of all phases.
- Multiple metastatic Sites = Highest Dose Site.
- Primary and Metastatic Site = Dose from Primary Site Only.
- Simultaneous Integrated Boost (SIB) = Highest Planned tumor volume (PTV) dose.

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