

PINK "ME"™

A NON-PROFIT BREAST CANCER ORGANIZATION

Webinar Series Overview

Health Information, Documentation, and Breast Cancer Care Across the Continuum: A Systematic Review
(10 CEUs)



"It's All About Synergy; A Journey Worth Taking"



Keynote Speaker

Neisa Jenkins, EdD, RHIA, FAHIMA, Founder of I Am Beautiful Too Ministry

Compliance: Health Information Access and Release of Information



Presented by Vicki Delgado, CHS, RHIA

Presentation Summary

In my many years within healthcare I have seen the process of the "cancer records". Records for breast cancer patients and other cancers. I have experienced the pitfalls of getting the appropriate documentation from the providers, just as coders have experienced querying providers for information regarding diagnoses. There is a beginning and end of all medical records for any patient. All medical records take the same path throughout the

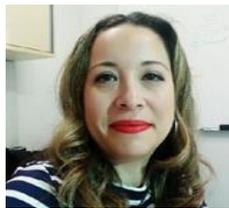
healthcare entity, just sometimes, some pieces take detours along the way. I will introduce you to that detour and how we can ensure that we keep everyone on the same road.

We will review the record and the path of that medical record documentation from the first encounter of illness to the patient's final steps and closing out the record. Not all the records are in the same location and we will cross the bridge of bringing that information into its centralized home to ensure that any patient with a cancer diagnosis. We will look at how obtaining records from other locations help to centralize and better the outcome of the patient. We will look at the role of the centralized Tumor Registry and how their data collection helps to better outcomes. We will close with how we all can work together to ensure that all cancer patients can get the best possible care and ensure that each leg of their journey is met with detailed documentation and a better tomorrow.

Objectives

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ICD-10-CM and PCS related to Breast Cancer



Presented by Angela Martinez, MBA, RHIA, CPC, CCS-P, CRC

Presentation Summary

Title: ICD-10 Coding and Documentation for Breast Cancer

- Introduction
- How Breast Cancer has impacted me
 - Coding
- ICD10 Coding Guidelines, general and chapter specific
 - ICD-10 CM
 - ICD-10 PCS
- BC Documentation Best Practices
 - Vignettes (2)

Objectives

1. Best practices for breast cancer documentation

Breast SSDIs – Increase Your Understanding to Increase Your Coding Accuracy



Presented by Marla Cole, CTR

Presentation Summary

The new breast SSDIs have proven to be one of the most difficult aspects of the 2018 changes. This presentation provides the rationale for each breast SSDI along with explanations regarding how and for what purpose(s) each data item is used. This is followed by the history behind the Total Allred Score including why it was created. The

Total Allred Score's impact on clinical practice and hormone treatment recommendations versus relying on individual tumor marker components is also discussed. A thorough review of how to calculate the Total Allred Score is provided. Finally, an in-depth look at each of the lab report factors used to code the single and dual probe ISH data item is undertaken. Slides showing the microscopic differences between single and dual probes are shown to enhance understanding. Throughout the presentation, case scenarios are used to reinforce concept application.

Objectives

1. Review the rationale behind each breast SSDI
 1. Explain the history and rationale of the Total Allred Score
 2. Identify and explain the coding components of single and dual probe ISH

Non-Malignant CNS Tumors – A High-Level Case Study Abstracting

Presented by Marla Cole, CTR

Presentation Summary

Non-malignant CNS tumors present unique challenges to both new and seasoned abstractors alike. This presentation begins by looking at CNS anatomy, specific to benign neoplasms, and discussing common coding pitfalls when assigning primary site. Significant time is also given to discussing multiple primary coding pitfalls. An advanced-level case scenario is then presented that takes session attendees through the steps to accurately code number of primaries, primary site, histology, grade, Summary Stage, and treatment. The treatment discussion focuses on radiation coding. Coding pitfalls are considered throughout the case study abstracting overview, as appropriate. The presentation concludes with a quiz requiring audience participation.

Objectives

1. Review CNS anatomy specific to benign neoplasms with special focus on the meninges and related terms that cause coding errors
2. Present advanced-level case scenario highlighting 2018 changes and incorporating usage of the AJCC Cancer Staging Manual 8th Ed., Grade Manual, SSDI Manual, the STORE, and Solid Tumor Rules Manual
3. Reinforce learning through interactive end-of-presentation “quiz”

Radiation Coding Deconstructed: Phases, Primary Treatment Volumes and Total Dose

Presented by Marla Cole, CTR

Presentation Summary

This presentation begins by discussing key points found in the introduction section of the CTR Guide to Coding Radiation Therapy Treatment in the STORE. A review of how instructions have evolved is included.

The primary focus and majority of time is spent discussing phases, including a visualization of different Primary Treatment Volumes/Planning Target Volumes (PTVs) and how those volume changes translate into new phases. The presentation also explains coding pitfalls related to draining lymph nodes when draining lymph nodes receive a different total dose amount than the PTV.

An in-depth examination and explanation of how to code the Total Dose data item when presented with one of the four common scenarios registrars encounter. The scenarios include a single target or region, multiple meets sites, primary and meets sites, and simultaneous integrated boosts.

The talk concludes with abstracting scenarios in which step-by-step coding explanations are provided.

Objectives

1. Identify and understand the criteria for coding new phase
2. Identify Number of Phases to This Volume and Total Dose coding pitfalls
3. Understand primary treatment that includes nodes and how they relate to the Radiation Treatment to Draining LNs field.

Inflammation and Breast Cancer, and Family History and Breast Cancer



Presented by Lopamudra Das Roy, MS, Ph.D., MBA Founder & President (Cancer Research Professor)
Breast Cancer Hub (BCH)

Presentation Summary

A. Inflammation & Breast Cancer

Metastasis is regulated not only by intrinsic genetic changes in malignant cells, but also by the microenvironment. Several studies have demonstrated that sites of chronic inflammation are often associated with the establishment and growth of various malignancies. In addition, the immune system appears to play an overseer's role in both diseases. Inflammation orchestrates the microenvironment around tumors, contributing to proliferation, survival, and migration. Inflammation is part of the body's immune response; without it, we cannot heal but when it is out of control - as in rheumatoid arthritis, it can damage the body. These insights are fostering new anti-inflammatory

therapeutic approaches to cancer development. Stress, lack of exercise, genetic predisposition, and exposure to toxins can all contribute to such chronic inflammation, but dietary choices also play a big role as well.

Objectives

1. Role of inflammation in Cancer Progression
2. Key risk factors leading to inflammation
3. Role of Diet & Lifestyle in combatting inflammation

B. Family History & Breast Cancer:

Genetics play an important role in Cancer and 5-10% of Breast Cancer cases are estimated to be contributed due to inherited gene mutations. People with Cancer running in the family should take necessary precautions. It is important to understand the genes driving Breast Cancer and ethnicity and other factors associated & our role in taking necessary precautions.

Objectives

1. Increase awareness and audience engagement regarding the genetics of breast cancer.
2. Discuss how breast cancer affect various ethnicities and the necessary steps to be taken.

Breast Surgical Procedures, Diagnostic, and Treatment



Presented by Jay Harness, MD, FACS

Presentation Summary

The surgical treatment of breast cancer is simply one aspect of the overall treatment of this disease. Surgery has a key role in what is referred to as "local regional control". In addition to surgery, the treatment of all invasive breast cancers does require treating the entire body (systemic therapy). The 2 fundamental approaches to surgical treatment are breast conservation versus mastectomy (with or without reconstruction). A basic tenet of breast surgery is an "oncoplastic approach". In other words, we are doing the appropriate cancer surgery ("onco-") followed by reshaping the breast or reconstructing the breast which is the "plastic" part of the surgery.

Diagnostic testing in patients with breast cancer not only includes breast imaging technologies but in general also includes hematologic and chemistry testing of the patient. The primary diagnostic modalities of the breast include: 3-D digital mammography; breast ultrasound; and breast MRI examination. It is the combination of these 3 technologies that gives us the best imaging results and anatomic details of the breast. By enlarge, hematologic and

chemistry testing of patient's blood tells us not only how other organ systems are working but they may give us clues if there is any systemic spread (Stage IV).

The treatment of breast cancer often requires several different modalities of treatment. Surgery is fundamental in removing cancers from the breast or the entire breast as part of the local regional control of the cancer. If patients undergo breast conservation ("lumpectomy") then the majority of these patients do require some form of radiation therapy. The radiation therapy can involve the entire breast or there can be radiation therapy of the region where the cancer originally resided (partial breast radiation therapy). Anti-hormonal therapy is utilized in patients with estrogen receptor positive breast cancers, whether those cancers are in situ or invasive. The anti-hormonal therapy can have multiple targets. If breast conservation was performed, then the anti-hormonal therapy will decrease the odds of the cancer reoccurring in the treated breast as well as having a prophylactic effect on the opposite breast.

Patients with estrogen receptor positive invasive cancers need to be treated with anti-hormonal therapy for a minimum of 5 years. Chemotherapy in this day and age is mandatory in patients with triple negative and HER-2/neu positive breast cancers. Over the past decade, fewer patients with estrogen receptor positive invasive cancers are requiring adjuvant chemotherapy because of additional testing with genomic profiling of the excised tumors.

All newly diagnosed breast cancer patients should be treated by a multidisciplinary team of specialists. That is the contemporary standard of care.

Objectives

1. Understand the concept that the surgical treatment of breast cancer is a component part of the overall approach to treatment.
2. Understand the concept of "oncoplastic approach" to breast surgery treatment.
3. Understand the fact that there is no single all-inclusive imaging technology for the breast.
4. Understand the roles of adjuvant anti-hormonal therapy, adjuvant breast radiation therapy, and adjuvant chemotherapy in the overall treatment of breast cancer.

Your Guide to Achieving Emotional Reconstruction®

Presented by Jay Harness, MD, FACS

Presentation Summary

The Breast Cancer Answers Book: Your Guide to Achieving Emotional Reconstruction®, is co-written by a breast cancer physician specialist and a long-term breast cancer survivor. To the best of our knowledge, this is a unique combination of authors creating such a book for breast cancer patients, their family members, and friends.

The book is designed to guide newly diagnosed breast cancer patients through their lifelong journey of dealing with their new diagnosis of breast cancer. There is a strong emphasis on a multidisciplinary approach for choosing the correct pathways for treatment. There is also a strong emphasis on patients realizing that "time is our friend"; meaning, that necessary time needs to be taken in order to fully evaluate the correct pathways for the various aspects of treatments needed for individual patients (personalized cancer care).

Breast cancer is really a "galaxy of diseases". At the molecular level there are probably 100s of different kinds of breast cancers. The needed treatments for this galaxy of diseases varies from patient to patient. Therefore, a detailed upfront analysis of all the factors associated with the new diagnosis is needed to design the appropriate treatment pathways.

Treatment planning includes: Making decisions on surgical options, systemic treatment options, radiation therapy options, diagnosing and treating lymphedema, needed exercise regimens, and long-term survivorship.

If patients are able to be empowered by fully understanding the nature of their breast cancer diagnosis, the nature of their treatment options, as well as complementary adjuncts needed during their treatment, then they are able to begin the process of achieving “emotional reconstruction” from what they believe is a terrible event in their individual lives.

Objectives

1. Understand that the diagnosis and treatment of breast cancer is a "lifelong journey".
2. Understand the concept of "time is our friend".
3. Understand the importance of being treated by a multidisciplinary team of specialists.
4. Understand the concept of "personalized cancer care"

Breast Cancer Health and the Role of the Nurse Navigator



Presented by Donna Banks, RN BSN OCN, CBCN

Presentation Summary

This presentation will review risk factors and prevention strategies related to breast cancer. We will discuss common benign breast conditions and screening recommendations. We will discuss the role of the nurse navigator as a patient progresses through the breast cancer continuum of care, as well as the many ways a navigator can benefit any cancer program.

Objectives

1. State the 4 breast self-awareness messages
2. Name the 2 most common risk factors for breast cancer
3. Name at least one action you can take to prevent breast cancer
4. Increase knowledge of available screening methods to aid in early detection
 5. Define the role of a Nurse Navigator
 6. Name 3 barriers to care patients may encounter

The Role of the Health Record in Breast Cancer Screening, Diagnosis and Treatment



Presented by Lisa Campbell, PhD, MPM, MHA, RHIA, CDIP, CCS, CCS-P, CPC, COC, CRC, CPMA, CPC-I

Presentation Summary

In this session, the presenter will explore the role of the health record and how its use by the patient and health care providers.

Objectives

Upon completion of this session, participants will be able to:

- Understand the importance of a personal health record
- Identify best practices for health record documentation
- Demonstrate how the patient provider collaboration supports continuity of care

Documentation and Misconceptions in Coding with Breast Procedures



Presented by Melanie Grant, RHIT, CPC, CPMA

Presentation Summary

We will go over guidelines and coding of the different types of Mastectomies and identify other types of breast procedures done for diagnostic, exploration, and therapeutic purposes. Our focus will cover primarily CPT 19000-19499; however, some reference to ICD-10-CM will be engrained within the presentation as well as it pertains to medical necessity.

Objectives

- Presentation objectives- after attending this presentation, attendees will be able to:
- Identify coding definitions for partial, simple complete, radical, and modified radical mastectomies.
 - Identify documentation needed for identifying different types of mastectomies based on listed definitions.

Identify needed information in abstracting CPT coding for procedures found in the 19000-19499 range.
Identify different types of procedures and documentation needed for various diagnostic and exploration procedures to the breast.

Identify differences between Mastectomies and Breast Excisions

Explore CPT and ICD-10-CM documentation for proper medical necessity identification.

Breast Health and the Prevention of Disease



Presented by Linda Smith, MD, FACS

Presentation Summary

The best way to avoid breast doctors is to follow healthy breast practices. The goal of our discussion is to outline community practices that promote health. Subjects include that of self-breast exams, healthy lifestyles, and a discussion of preventative breast imaging. The discussion reminds all to seek help if any changes are noted. These practices apply to all men and women, and especially survivors.

Objectives

1. Observe lifestyle practices that may lower the risk of breast cancer
2. Review attention to breast examination
3. Review imaging options
4. Emphasize the practice of calling a provider if any breast changes are noted