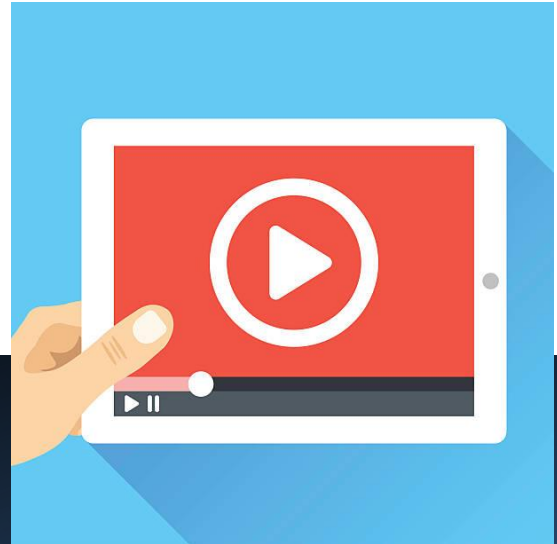


# **URINARY TRACT (BLADDER, RENAL PELVIS, URETER) WORK UP AND TREATMENT**

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## **WORKUP AND TREATMENT**

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## Work up

- **Cystoscopy:** Examination of the bladder using a fiberoptic instrument.
- **IVP** (Intravenous Pyelogram) filling defects seen in urinary system
- **Retrograde Pyelogram Cystogram:** X-ray to visualize bladder
- Ultrasound or CT Scans
- Urine Cytology

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## Urine Cytology

- Positive urine cytology is reportable (2013+)
  - SEER Manual page 14
    - Code primary site: **C689** (without more information)
  - **EXCEPTION:**
    - Subsequent biopsy of a urinary site is negative, do not report case
- Suspicious urine cytology is not reportable
  - Follow back on cases where cytology uses ambiguous terminology
  - **EXCEPTION:**
    - Reportable diagnosis confirmed later
    - Date of diagnosis is suspicious cytology

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# Treatment- Bladder

- **Surgery**
  - Transurethral resection of bladder tumor\*
  - Cystectomy for invasive tumor
- **Radiation**
  - External beam for superficial tumors
  - Not as common
- **Chemotherapy**
  - Intravesical for superficial tumor\* (look in op report)
  - Systemic for invasive tumor or metastases
- **Immunotherapy**
  - Intravesical BCG for superficial tumors (look in op report)

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# Surgery Codes

- SEER Appendix C  
<https://seer.cancer.gov/manuals/2024/appendixc.html>
  - Use site-specific surgery code and notes

Kidney	+
Renal Pelvis, Ureter	+
Bladder	+
Urethra, Urinary Other	+

<div>Bladder</div> <div><a href="#">Coding Guidelines: Bladder</a> (PDF, 255 KB)</div> <div><a href="#">Solid Tumor Rules: Urinary</a> (PDF, 7.9 MB)</div> <div><b>Surgery Codes</b><ul style="list-style-type: none"><li>• <a href="#">Bladder - (C670-C679)</a> (PDF, 168 KB)</li></ul></div>	<div>Renal Pelvis, Ureter</div> <div><a href="#">Coding Guidelines: Renal Pelvis and Ureter</a> (PDF, 102 KB)</div> <div><a href="#">Solid Tumor Rules: Urinary</a> (PDF, 7.9 MB)</div> <div><b>Surgery Codes</b><ul style="list-style-type: none"><li>• <a href="#">Kidney, Renal Pelvis, and Ureter - (C649, C659, C669)</a> (PDF, 140 KB)</li></ul></div>
<div>Urethra, Urinary Other</div> <div><a href="#">Coding Guidelines: Urethra</a> (PDF, 103 KB)</div> <div><a href="#">Solid Tumor Rules: Urinary</a> (PDF, 7.9 MB)</div> <div><b>Surgery Codes</b><ul style="list-style-type: none"><li>• <a href="#">All Other Sites - (C680-C689)</a> (PDF, 156 KB)</li></ul></div>	

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## Surgery- Bladder

TURB with or without fulguration

Segmental or partial cystectomy

Urinary diversion (video next slide)

Radical cystectomy

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## Bladder Surgery Codes

Code	Description	Notes
<b>A150</b>	Intravesical therapy	Intravesical therapy administered that is not immunotherapy; Use <b>code A150</b> when there is <u>NO</u> other surgery; <b>no path specimen</b>
<b>A160</b>	BCG or other immunotherapy	Code as both surgery and immunotherapy; Use code A160 when there is <u>NO</u> other surgery; <b>no path specimen</b>
<b>A270</b>	Excisional biopsy	<b>TURB/T</b>
<b>A220</b>	Electrocautery	Excisional biopsy/Polypectomy/ <b>TURB and Electrocautery</b> (fulguration)
<b>A300</b>	Partial cystectomy	Partial bladder removal – part of the organ
<b>A500</b>	Simple/total/complete cystectomy	Removal of the entire bladder; no reconstruction

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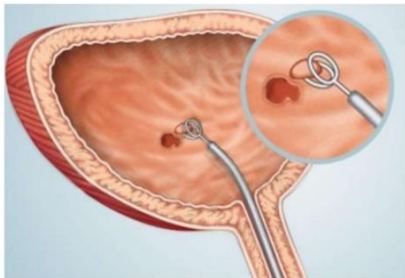
## Bladder Surgery Codes

NOS Surgery	Codes	Description	Notes
<b>A600</b> – Complete (radical) cystectomy with reconstruction	<b>A610</b>	<b>PLUS</b> ileal conduit	Portion of ileum is used to create tube and ureters connected to it
	<b>A620</b>	<b>PLUS</b> continent reservoir or pouch NOS	Piece of intestine is used to create a pouch inside the abdomen that is connected to ureters and a stoma in abdomen wall
	<b>A630</b>	<b>PLUS</b> abdominal pouch (cutaneous)	Piece of colon used to create pouch to hold urine in abdomen
	<b>A640</b>	<b>PLUS</b> in situ (orthotopic) pouch	Pouch created in the pelvis from a portion of small bowel and attached to urethra; near-normal voiding
<b>A700</b> – Pelvic exenteration NOS	<b>A710</b>	Anterior exenteration	<b>Females:</b> bladder, uterus, ovaries, entire vaginal wall and urethra <b>Males:</b> bladder and prostate - Cystoprostatectomy
	<b>A720</b>	Posterior exenteration	<b>Females:</b> vagina, rectum, anus and rad cystectomy <b>Males:</b> prostate, rectum, anus and rad cystectomy
	<b>A730</b>	Total exenteration	Anterior (A710) + Posterior (A720)
	<b>A740</b>	Extended exenteration	Total + pelvic blood vessels and/or bony pelvis

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## Bladder Surgery - TURBT



- Biopsy or remove an entire small tumor inside the bladder
  - Diagnose and/or treat bladder cancer
  - Surgery code: **A270**
    - With fulguration: **A220**
    - With electrocautery: **A220**
    - Fulguration/electrocautery burns tumor away and controls bleeding

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## Bladder Surgery - TURBT

- Surgical Margins of Primary Site
  - You will not often get margin information from a TURB
  - If your pathology report indicates...
    - Margins could not be assessed or indeterminate, **code 7**
    - Margins not mentioned, **code 9**

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## Instillation/Intravesical Therapy

- Drugs administered directly into bladder through a catheter
  - Affecting cells lining the inside of the bladder and have little to no effect on cells elsewhere
  - Chemotherapy: mitomycin or gemcitabine
  - Immunotherapy: BCG
- Can be given at the **same time as TURBT**
  - Code surgery **A270** and **appropriate systemic therapy**
- Administered **after TURBT or other surgery**
  - Surgery:
    - **A150** for chemotherapy
    - **A170** for immunotherapy
  - **Systemic therapy** also coded as appropriate

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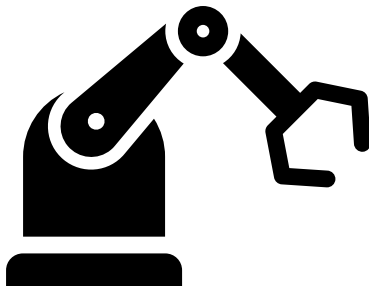
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## Treatment Coding

- **Date Therapy Initiated**
  - Start date of the **FIRST** therapy of **ANY** type of treatment
- **Date 1<sup>st</sup> Surgical Procedure**
  - Date of the **FIRST** surgery:
    - Surgery Primary Site 2023
    - SLN Bx
    - Scope of Reg LN Surgery
    - Surgical Procedure of Other Site
- **Date Most Definitive Surgical Resection Primary Site**
  - Date of the most invasive, extensive, or definitive surgery
- **Surgery of Primary Site 2023**
  - Entire Op report is the source document
  - Assign the code that reflects the cumulative effect
    - The most invasive, extensive, or definitive surgery if the patient had multiple surgical procedures
      - *STORE Manual*: If registry software allows only one procedure to be collected, document the most invasive surgery for the primary site

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## Robotic Neobladder Procedure



[https://youtu.be/\\_zYeoQFH5fY](https://youtu.be/_zYeoQFH5fY)

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## Bladder Treatment by Stage

Stage	Treatment
0, 0a, or 1 Non-muscle invasion	TURB <ul style="list-style-type: none"> <li>• Medium risk               <ul style="list-style-type: none"> <li>• Intravesical BCG or chemo <b>OR</b></li> <li>• Surveillance</li> </ul> </li> <li>• High risk               <ul style="list-style-type: none"> <li>• Intravesical BCG or chemo <b>OR</b></li> <li>• Partial or Radical cystectomy</li> </ul> </li> </ul>
2	TURB or partial cystectomy No cancer in LN: 3-6 cycles chemotherapy
3a	TURB Partial or Radical cystectomy <b>and/or</b> Neoadjuvant or adjuvant chemotherapy, immunotherapy or radiation
3b; 4a	TURB; Radical cystectomy <b>OR</b> Systemic treatment
4b	Systemic treatment

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## Treatment - Upper Urothelial Tract

- **Renal Pelvis and Ureter**
  - Localized:
    - Surgery (nephroureterectomy or segmental resection)
  - Regional:
    - Nephroureterectomy + Regional LND
    - Chemotherapy (adjuvant or neoadjuvant)
  - Metastatic:
    - Possible nephroureterectomy + Regional LND
    - Systemic therapy alone or as adjuvant or neoadjuvant therapy

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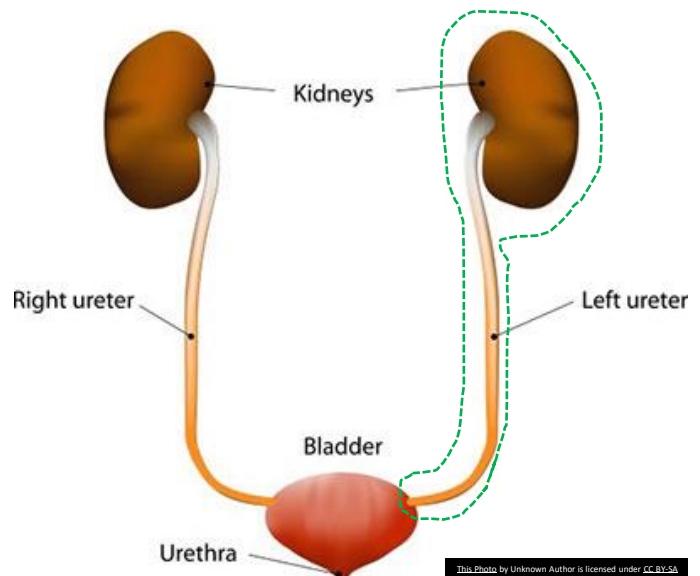
## Renal Pelvis & Ureter Surgery Codes

Codes	Description	Notes
<b>A200</b>	Local tumor excision NOS	
<b>A260</b>	Polypectomy	
<b>A270</b>	Excisional biopsy	
	If any of the following is performed with the codes above: <b>A210</b> Electrocautery/Fulguration <b>A230</b> Cryosurgery	
<b>A300</b>	Partial or subtotal nephrectomy <b>OR</b> partial ureterectomy	Segmental resection; Wedge resection
<b>A400</b>	Nephroureterectomy	Includes bladder cuff for RP or Ureter
<b>A800</b>	Nephrectomy, NOS <b>or</b> Ureterectomy NOS	

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### Nephroureterectomy


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# Urethra Surgery Codes

Codes	Description	Notes
A200	Local Tumor Excision NOS	
A260	Polypectomy	
A270	Excisional biopsy	
	<b>If any of these performed with the above codes</b> A220 Electrocautery/Fulguration A230 Cryosurgery	
A300	Simple/partial resection primary site	Portion of primary removed
A400	Total resection primary site	Entire organ removed
A500	Debulking surgery	Cytoreduction; Remove as much visible tumor as possible
A600	Radical surgery	Partial or Total resection primary WITH resection in continuity with other organs (en bloc)

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DOCUMENTATION

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## Documentation

- **H & P:**
  - Admission Date: Chief complaint, symptoms, Admission DX or IMPRESSION.
  - Physical exam: bimanual ABD and rectal exam to reveal firm or hard nodularity of bladder wall. (**NOTE** IF Bladder is **FIXED** on physical exam)
- **LABS:**
  - Dates: Urine cytology not necessary to document unless positive.
  - (There are no specific tumor markers for bladder cancer which are documented).
- **XR/SCANS:**
  - Dates: IVP, US; note tumor location.
  - CXR, CT Scan, or Bone Scan which reveal any metastatic cancer. Note negative findings.
- **SCOPES/EXPLORATORY:**
  - Dates: Cystoscopy and BX (and/or random mapping bx's of bladder): note size of tumor, location and appearance of lesion or lesions in bladder. Look for any drugs instilled during TURB.

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## Documentation

- **SURGERY:**
  - Dates: TURB and/or partial or total cystectomy with or without lymph node dissection, or radical cystectomy: document any pertinent findings of spread or metastatic disease noted during surgery
- **PATHOLOGY:**
  - Dates: BX of bladder- Final diagnosis as stated, note invasion if stated. (usually, won't get tumor size from bx's or TURB path specimens, use size from observation from scope or surgery).
  - Dates: TURB or Cystectomy with or without LNs: DX- histology, invasion and extent to spread, # reg LNs examined and # reg LN positive.
- **DISCHARGE SUMMARY:**
  - Date of Discharge: Final DX and comments on discharge summary report, any other treatment started such as radiation or chemo. Any future plans for treatment or follow up. Discharged or transferred to another hospital or nursing home.

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## Questions?

### Contact:

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