

QA Matters: Diagnostic Confirmation Coding for Hematopoietic Neoplasms

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Accurate coding of Diagnostic Confirmation (NAACCR #490) is essential to maintaining high-quality cancer registry data. Diagnostic Confirmation is a key data item used in quality assurance activities and helps ensure consistency and comparability of cancer data across facilities, states, and national cancer surveillance programs.

A 2024 audit conducted by the Vermont Cancer Registry (VCR) identified a recurring coding issue involving Diagnostic Confirmation among hematopoietic neoplasms. This brief summarizes the findings and provides guidance for accurate coding.

Key Points

- **A 2024 VCR audit reviewed 345 abstracts for lymphoma, myeloma, leukemia, and non-malignant brain cancers.**
- **Fifty-two cases contained a Major Coding Error for Diagnostic Confirmation (NAACCR #490).**
- **Thirty-two of these cases originated from Vermont facilities, resulting in a 25% error rate.**
- **Additional testing, such as flow cytometry, immunophenotyping, or genetic testing, may change Diagnostic Confirmation from Code 1 to Code 3.**
- **Registrars should review all available diagnostic information before assigning the final Diagnostic Confirmation code.**

If you need help accessing or understanding this information, contact

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Why This Matters

- Diagnostic Confirmation is a key quality measure reviewed during audits.
- Coding errors can affect data quality and consistency across facilities and registries.
- Additional testing may change the appropriate Diagnostic Confirmation code.
- Reviewing all available diagnostic information helps ensure accurate reporting.



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Applying Diagnostic Confirmation Codes

Diagnostic Confirmation Codes

- **Code 1 – Positive Histology** (includes peripheral blood smear only)
- **Code 3 – Positive Histology PLUS** (includes positive immunophenotyping and/or genetic testing)

Coding Scenario

1. A patient undergoes a peripheral blood smear, and the physician diagnoses acute myelogenous leukemia (AML). At this stage, **Diagnostic Confirmation is coded as 1.**
2. The sample is subsequently analyzed using flow cytometry and identifies AML with inv(16)(p13.1q22) or t(16;16)(p13.1;q22), CBFB/MYH11. **Because additional testing was performed and further defined the diagnosis, Diagnostic Confirmation should be updated to Code 3.**

Recommendations for Registrars

- Review all available pathology, laboratory, flow cytometry, immunophenotyping, and genetic testing results.
- Reassess Diagnostic Confirmation when additional testing becomes available.
- Refer to the Hematopoietic Manual and Hematopoietic Database when coding hematopoietic neoplasms.
- Use STORE guidance to verify appropriate coding.

References

[Hematopoietic Manual](#), pages 18-21

[Hematopoietic Database](#)

[STORE 2025](#), pages 89-90

Questions?

If you have questions regarding this topic, need assistance interpreting coding guidance, or have other cancer registry-related questions, please contact the Vermont Cancer Registry at AHS.VDHHSICancerRegistry@vermont.gov.