

QA Matters: Surgery of Primary Site Coding for Non-Malignant Brain Tumors

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Following the 2024 CDC Data Quality Evaluation (DQE), the National Program of Cancer Registries (NPCR) developed guidance addressing Treatment Summary – Surgery of Primary Site for non-malignant brain tumors. While this issue was identified nationally, Vermont facilities demonstrated excellent coding accuracy in this area. No coding errors were identified among Vermont facilities during the review.

This QA Matters brief serves as a reminder of the coding guidance and common errors identified during the national review.

Key Points

- **Surgery of Primary Site was identified as a national data quality concern during the DQE.**
- **Vermont facilities demonstrated excellent coding accuracy for non-malignant brain tumors.**
- **Cases were frequently miscoded when the specific surgical procedure was not documented or was overlooked in text fields.**
- **Observation and surveillance-only cases should be coded appropriately when no surgery was performed.**

If you need help accessing or understanding this information, contact Linda.Bloschies@vermont.gov.

Why This Matters

- Surgery of Primary Site is required by NPCR, CoC, and SEER.
- [RX Summ–Surg Prim Site 03-2022](#) (NAACCR data item #1290) is applied to diagnosis years 2003-2022 (STORE 2022) and was replaced with [RX Summ–Surg Prim Site 2023](#) (NAACCR data item #1291) in 2023 (STORE 2024).
- Surgery of Primary Site captures the most invasive surgical procedure performed at the primary site during first-course treatment and is used to evaluate treatment patterns and outcomes.
- Accurate coding supports treatment analysis, quality assurance activities, and data comparability across registries.



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Common National Coding Errors

- Coding cases as subtotal or gross resection when documentation did not support the assignment.
- Failing to assign more specific surgery codes when the procedure was documented in text fields.
- Failing to assign code 00 when no surgery was recommended or performed and management consisted of observation or surveillance only.

Coding Guidance for Common Errors

The surgery code should be based on the operative documentation available in the medical record. Review operative and pathology reports carefully to determine the most appropriate code. When operative documentation does not provide enough detail to distinguish among more specific surgery codes, assign the appropriate less specific code according to STORE guidance.

00 – No surgery

20 – Local excision of tumor, lesion, or mass; excisional biopsy

21 – Subtotal resection of tumor, lesion, or mass in brain

30 – Radical, total, or gross resection of tumor, lesion, or mass in brain

40 – Partial resection of lobe of brain when the surgery cannot be coded as 20 or 30

55 – Gross total resection of lobe of brain (lobectomy)

Recommendations for Registrars

- Review operative reports and pathology reports carefully.
- Use text documentation to determine the most appropriate surgical code.
- Distinguish between biopsy, subtotal resection, partial resection, gross resection, and lobectomy procedures.
- Verify that observation-only cases are coded appropriately when no surgery was performed.

References

NPCR Data Quality Corner No. 2: *Treatment Summary Surgery of Primary Site for Non-Malignant Brain Tumors*

[STORE Manual 2018](#), Appendix B: Site-Specific Surgery Codes, Brain, page 484

[SEER Manual 2018](#), page 161, and SEER Appendix C: Site-Specific Coding

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.