
CANCER REPORTING IN CALIFORNIA:
ABSTRACTING AND CODING PROCEDURES FOR
HOSPITALS

California Cancer Reporting System Standards, Volume I

Changes And Clarifications – 7th Edition
Revised January 2006

<u>SECTION</u>	<u>CHANGE</u>
I.1.6	Reporting Change in reporting instruction for cases in which there is a history of cancer or there is no evidence of disease, but the patient is still receiving long-term therapy (such as hormone therapy). This change only affects those who were required to submit a full abstract for these cases previously. Beginning in January 2006, submission of a Confidential Morbidity Report (CMR) form only is required for reporting these cases. If these cases were never reported in your region, continue with this practice.
I.1.7	Reporting by Non-hospital Treatment Centers Removed references to Illustration I.1 and I.2 (sample abstracts were removed).
I.1.8	Abstracting Requirements for Non-analytic Cases 1.1.8.2 Class 3, 4 and 9 Cases Added the following statement: “Text information about diagnostic procedures limited to a brief statement of the patient’s history and the reason for the present admission must be included.”
II.1.7	Pathology Only, Tumor Board Only and Consultation Only Cases Clarifies instruction to report these cases to the regional registry by submitting one or both of the following: <ul style="list-style-type: none">• Pathology report• Confidential Morbidity Report (CMR)

II.1.10

Borderline Ovarian Tumors

Added the following statement:

“ Do not use Collaborative Staging Extension code 00 (in situ) for borderline ovarian tumors.”

III.1.4

Reporting Hospital

Deleted the references to Appendix F1 and F2 - California Hospital Listing, since these listings have been removed from Volume I. Instead, reporting facilities by code or alphabetic name listing can be found on the CCR web site at:

http://www.ccrca.org/edits/CA_Hosp_Codes_by_code.pdf
http://www.ccrca.org/edits/CA_Hosp_Codes_by_name.pdf

III.2.3

Social Security Number

Added clarification that the following values are not allowed:

- First three digits cannot be 000 or 666
- Fourth and fifth digits cannot be 00
- Last four digits cannot be 0000
- First digit cannot be 8 or 9 (except for 999 99 9999)

III.2.7

Sex

Added terms to codes 3 and 4 and expanded the definition of code 4 as follows:

Code 3 – Hermaphrodite/Intersexed

Code 4 – Transsexual/Transgendered (persons who desire, plan or have undergone sex change surgery)

III.3.6

Type of Reporting Source

Added the following codes for cases diagnosed 1/1/2006 forward:

Code 2 - Radiation Treatment Center or Medical Oncology Centers (Hospital affiliated or independent)

Code 8 - Other Hospital Outpatient Units/Surgery Centers

III.3.8

Casefinding Source

Added:

Code 75 – Managed Care Organization (MCO) or Insurance Records

Deleted the Note indicating that codes 10-29 can be used by cancer reporting facilities whichever way will best serve their casefinding efforts.

III.3.9

Payment Source (Primary and Secondary)

Added:

Code 21 – Private Insurance: Fee for Service

Code 62 – Medicare – Administered through a Managed Care Plan

Code 63 – Medicare with private supplement

Other payment source codes were renumbered, as follows:

Pre 2006 Code	2006 Code
36* Medicaid with Medicare Supplement	64 Medicare with Medicaid eligibility
50 Medicare	60 Medicare/Medicare, NOS
51 Medicare with supplement	61 Medicare with supplement, NOS
52 Medicare with Medicaid supplement	64 Medicare with Medicaid eligibility
53 Tricare	65 Tricare
54 Military	66 Military
55 Veterans Affairs	67 Veterans Affairs
56 Indian/Public Health Services	68 Indian/Public Health Services
60 County Funded, NOS	89 County Funded, NOS

*Code 36 will no longer be valid, 1/1/2006 forward.

III.3.10 and 11

Hospital Referred From/ Hospital Referred To

This data item now has a 10-digit field.

Delete reference to Appendix F1 and F2 as they have been removed. California Hospital lists by code or by facility name are now posted to the CCR web site at the following links:

http://www.ccrca.org/edits/CA_Hosp_Codes_by_code.pdf

http://www.ccrca.org/edits/CA_Hosp_Codes_by_name.pdf

III.3.12.2

Entering Physician Codes

Under Surgeon, added:

Code 99999999 - Primary Surgeon is unknown or an identification number is not assigned

Under Radiation Oncologist and Medical Oncologist, deleted:

Code 88888888 - Non-radiation therapist or non-medical oncologist performed procedure

III.3.13

Comorbidity/Complications

Comorbidity/Complications fields 7-10 were added, thus there are now 10 fields available for this data item. This data item is not required by the CCR, but will be collected from facilities completing the field(s).

III.3.14

ICD Revision Comorbidities and Complications

This is a new data item indicating the coding system from which the Comorbidities and Complications codes are provided. ICD Revision Comorbidities and Complications is to be recorded for patients diagnosed on or after January 1, 2006. This data item is not required by the CCR, however, it is required for ACoS approved facilities. The CCR will collect this data item from facilities completing the field.

The codes are:

- 0 – No secondary diagnosis reported
- 1 – ICD-10
- 9 – ICD-9

III.3.15

Discovered by Screening

This is a new data item, added for the purpose of tracking which cancer cases were first diagnosed via screening programs. If this information is not available, the field may be left blank (defaults to 9). This item is an existing optional data item in CNEXT introduced as part of the Department of Defense Data Set. This data item is not required by the CCR, but will be collected from facilities completing the field.

The codes are:

- 0 – No (discovered by some other method such as symptomatic patient)
- 1 – Routine screening exam (e.g. routine screening mammogram in an asymptomatic patient)
- 2 – Hospital screening program (targeted to a particular cancer)
- 3 – State-sponsored screening program
- 4 – Nationally-sponsored screening program
- 5 – Other type of screening (e.g., American Cancer Society screening project)
- 9 – Unknown if via screening (default)

- IV.1 Diagnostic Procedures Performed**
Added the following statements:
“Reporting diagnostic procedures is optional for non-analytic cases, however, a brief statement of the patient’s history and reason for the present admission is required. Enter the statement in the Physical Exam text area.”
- IV.1.1 Diagnostic Procedures, General Instructions**
Added the following statement:
“It is acceptable to continue into another text field with free space available if text limits have been reached. However, it is important to note into which field the text is continued. A unique non-alpha numeric symbol (such as * or #) may be used as the last entry in the originating text field. The same symbol should be the first entry in the new text field to indicate that the text is a continuation from another field. Do not re-use symbols that indicate a continuation.”
- V.2 Laterality**
V.2.3 Site Coding Restrictions
Added clarification to the following statement:
“Beginning with cases diagnosed 1/1/2004 forward, all other non-paired sites, *including unknown primaries*, must be coded to 0.”
- VI.2 First Course of Treatment: Surgery Introduction**
Added to the statement:
“In abstracting surgical treatment, the total or partial removal (except in incisional bx) of tumor tissue *must be recorded in the text field*, whether from primary or metastatic site.”
- VI.2.1 Surgery of the Primary Site**
Added “Tumor embolization (arterial block)” to the list of surgical procedures.
- VI.2.10 Diagnostic or Staging Procedures**
Added the following statement under the “Do Not Code” heading:
“Brushings, washings, cell aspirations and hematologic findings (peripheral smears), as they are NOT considered surgical procedures and should not be coded in the Diagnostic or Staging Procedures field. Code positive brushings, washings, and cell aspirations and hematologic findings (peripheral smears) as cytologic diagnostic confirmation in the Diagnostic Confirmation field.”

VI.2.14

Systemic Therapy with Surgery Sequence

This is a new data item required by the CCR for cases diagnosed 1/1/2006 forward. This field designates the sequence in which systemic therapy and surgical procedures were performed as part of the first course of treatment.

The codes are:

- 0 – No systemic therapy and/or surgical procedures
- 2 – Systemic therapy before surgery
- 3 – Systemic therapy after surgery
- 4 – Systemic therapy both before and after surgery
- 5 – Intraoperative systemic therapy
- 6 – Intraoperative systemic therapy with other therapy administered before or after surgery
- 9 – Sequence unknown

VI.3

First Course of Treatment: Radiation

Added to the statement:

“The name or chemical symbol and method of administration of any radiation therapy that is directed toward tumor tissue or given prophylactically *must be documented in the text field.*”

VI.3.1.3

Other Internal Radiation

Deleted the following statement:

“I-131 labeled immunoglobulin is coded both as Radioisotopes and Immunotherapy.” This is no longer valid effective with the implementation of SEER*Rx.”

VI.4.1

Names of Chemotherapeutic Agents

VI.5.1

Hormones

VI.6.1

Immunotherapy Agents

Added the following statement:

“For cases diagnosed 1/1/2005 forward, registrars must use SEER*Rx, for coding systemic treatment (i.e. chemotherapy, hormone therapy, and immunotherapy). SEER*Rx is a downloadable, interactive antineoplastic drug database that replaces SEER Self-Instructional Manual Book 8, Antineoplastic Drugs. The software can be downloaded from the SEER*Rx Web Site: <http://seer.cancer.gov/tools/seerrx/>”

- VI.4.2** **Chemotherapy Codes**
- VI.5.4** **Hormone Therapy Codes**
- VI.6.2** **Immunotherapy Codes**
- VI.7.1** **Transplant/Endocrine Procedure Codes**
- VI.8.1** **Other Therapy Codes**

Added the following statement:

Note: For recording Therapy at this Hospital, do not use code 99 if Class of Case is coded to 0 or 3.

- VI.8** **First Course of Treatment: Other Therapy**
Deleted “Tumor embolization (arterial block)” from the listing of Other Therapy. Tumor embolization moved to the Surgery of Primary Site listing.

- VII.1** **Follow-Up Information**
Added the following statements:

“The CCR requires follow-up on all benign and borderline CNS tumors as well as borderline ovarian tumors.”

“Beginning with cases diagnosed January 1, 2006 forward, the CCR no longer requires follow-up on class 0 cases. Follow-up is still required for class 0 cases diagnosed prior to 2006. This is consistent with the CoC follow-up requirement change for 2006.”

- IX.1** **Transmittal of Case Information**
Changed the word “should” to “must” in the following sentence:
“The frequency of transmittals must be arranged between the reporting hospital and the regional registry, but *must* be quarterly at least.”

- IX.1.2** **Corrections**
Added the following new fields:

Comorbidity/Complications 7-10
Discovered by Screening
ICD Revision Comorbidities
Systemic/Surgery Sequence

Appendix B **Postal Abbreviations for States and Territories of the United States**

Added the following code:

UM – US Minor Outlying Islands

Changed the code for Canada, NOS, from XX to ZZ, in the Canadian Province/Territory section

Appendix F **California Hospital Listings**

Deleted the appendices hospital listings. California Hospital lists by code or by facility name are now posted to the CCR web site at the following links:

http://www.ccrca.org/edits/CA_Hosp_Codes_by_code.pdf

http://www.ccrca.org/edits/CA_Hosp_Codes_by_name.pdf

Appendix H **Summary of Codes**

Added the new field codes and revised codes and definitions where needed.

Appendix U **Table of Data Items and Their Required Status**

Revised the table to reflect the required status of the new data items for 2006.