

**CANCER REPORTING IN CALIFORNIA: ABSTRACTING
AND CODING PROCEDURES FOR HOSPITALS**
California Cancer Reporting System Standards, Volume I

SUMMARY OF YEAR 2006 DATA CHANGES

This document will provide a summary of data changes for 2006 for hospitals, abstracting vendors, and regional registry data collectors. The change pages to Volume I will be available in January 2006. This document is divided into sections – Additions (New Data Items) and Changes.

ADDITIONS (New Data Items):

RX SUMM-Systemic Surgery Sequence (NAACCR Item # 1639)

This data item records the sequencing of systemic therapy (RX Summ-Chemo, RX Summ-Hormone, and RX Summ-Transplant/Endocrine) and surgical procedures given as part of the first course of treatment. This data item is required by the CoC, NPCR and the CCR.

Rationale

The sequence of systemic therapy and surgical procedures given as part of the first course of treatment cannot always be determined using the date on which each modality was started or performed. This data item can be used to more precisely evaluate the time of delivery of treatment to the patient.

Comorbidity/Complication 7 (NAACCR Item #3161)

Comorbidity/Complication 8 (NAACCR Item #3162)

Comorbidity/Complication 9 (NAACCR Item #3163)

Comorbidity/Complication 10 (NAACCR Item #3164)

These additional Comorbidity/Complication fields will be collected and transmitted from CoC facilities only. The CoC has required these fields since 2003. These fields are not required by the CCR and will not be edited.

Rationale

Comorbidities may affect treatment decisions and influence patient outcomes. Complications may be related to the quality-of-care.

ICD Revision Comorbidities (NAACCR Item #3165)

This item indicates the coding system in which the Comorbidities and Complications (secondary diagnoses) codes are provided.

Rationale

Currently, the use of ICD-10-CM is not mandatory in the U.S. hospitals, though may become so in the future. In the event this occurs, cancer registries that maintain or collect this information will need to differentiate between ICD-9-CM and ICD-10-CM code use.

Discovered by Screening

This item is an existing optional data item currently in CNExT as part of the Department of Defense data set. It is used to track which cancer cases were first diagnosed via screening programs. This item will be collected and transmitted from facilities completing the Department of Defense data set. This item is not required by the CCR.

Rationale

This item is used to track which cancer cases were first diagnosed via screening programs. Although this data item is not required by the CCR, analysis will be done on the cases that are submitted to determine the feasibility of collecting this item from all California facilities.

CHANGES (Revised Data Items):**Type of Reporting Source (NAACCR Item # 500)**

Added the following codes:

- 2 Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent)
- 8 Other hospital outpatient units/surgery centers

Rationale

The source facilities included in the previous code 1 (hospital inpatient and outpatient) are split between codes 1, 2 and 8. Sources coded with “2” usually have complete information on the cancer diagnosis, staging, and treatment. Sources coded with “8” would include, but would not be limited to, outpatient surgery and nuclear medicine services. The addition of these new codes is required by all national standard setters as well as the CCR.

Primary Payer at Diagnosis (NAACCR Item # 630)

Added the following codes:

- 21 Private Insurance: Fee-for-Service
- 62 Medicare – Administered through a Managed Care Plan
- 63 Medicare with private supplement

Other codes were renumbered, thus a conversion will be required for the following codes:

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

Rationale

The National Program of Cancer Registries (NPCR) is requiring new codes and revisions to existing codes for Primary Payer at Diagnosis. The CoC and the CCR will also be requiring these new codes and revisions.

Physician 3 (NAACCR Item # 2490) **(Radiation Oncologist)**

Deleted Code 88888888 - Physician who performed a radiation therapy procedure was not a radiation oncologist.

Rationale

The Commission on Cancer has deleted this code for Physician 3. The CCR will also delete this code.

Physician 4 (NAACCR Item # 2500) **(Medical Oncologist)**

Deleted Code 88888888 - Physician who administered systemic therapy was not a medical oncologist.

Rationale

The Commission on Cancer has deleted this code for Physician 4. The CCR will also delete this code.

Deleted Appendix F, California Hospital Code Numbers from Volume I

This will be replaced with a lookup file on the CCR web site: (see CA_Hosp_Codes.dbf in <http://www.ccrca.org/edits/eureka10b.zip> -- <http://www.ccrca.org> under Registrar Resources for the file CA_Hosp_Codes.dbf.).

Rationale

Provide a timely listing of facilities to hospital registries and software vendors.