



**Sending Radiation Therapy data to FCDS**

Beginning January 1, 2003, all Florida Radiation Therapy Centers must send a list of patient identifiers to the Florida Cancer Data System. There are two methods of submitting these data items: file upload or single web entry. With the file upload method, you must send a file in a specific format and layout. With the single web entry method, you must enter and save each record on the web data entry screen.

NOTE: Casefinding Lists for both ICD-9-CM and ICD-10-CM have been updated/added.

NOTE: The 2016 update includes expanded field size for existing ICD Code Entry to support ICD-10-CM Diagnosis Codes. This is the same data item as before, it is now is a 7-character data item. ICD-10-CM Diagnosis Codes to be used beginning with 10/1/2015 patient encounters. The updated field will support either ICD-9-CM or ICD-10-CM Codes. Codes should be left-justified to ensure proper placement of the Chapter Marker.

**Tab separated file layout for uploads via FCDS IDEA**

<b>Field #</b>	<b>Item Name</b>	<b>Maximum Field Length</b>
1.	FCDS Facility Number	4
2.	Patient ID / Medical Record	12
3.	Facility Name	4
4.	Patient Last Name	25
5.	Patient First Name	14
6.	Patient Social Security Number	9
7.	Patient Date of Birth (YYYYMMDD)	8
8.	Patient Sex	1
9.	Patient Race	2
10.	Patient State	2
11.	Patient Zip Code	5
12.	Patient Encounter Date (YYYYMMDD)	8
13.	ICD-9-CM or ICD-10-CM Diagnosis Code	7

## File structure notes:

- Files must be in ASCII, with one CR/LF sequence at end of each record.
- Fields are separated by 1 tab character, beginning after field 1 and no tab after field 12. Since there are 12 fields, each record must have exactly 11 separating tabs. Files with extra/missing tabs - in any record - will be rejected.
- No embedded CR/LF, TABS other than as field separators, or other control characters in text fields.
- No quotes "" around fields, just data.
- Dates are in YYYYMMDD format – do not add “/” or “-“. Dates will be validated (don’t submit 99999999 or 20030229).
- No "Header" records with variable names, just data.
- All fields are required. Do not use blanks for missing information. Required fields that are missing/unknown, such as Sex, have codes for missing.
- Field lengths are the maximum allowed length for that field. Don’t add extra trailing spaces to field.
- Files may be compressed before upload using the DOS/Windows ZIP compression standard. PKZIP or WINZIP are examples of programs that produce the correct compressed format.

**DATA ITEM DESCRIPTIONS**

<b>Field#</b>	<b>Item Name</b>	<b>Maximum Field Length</b>
1	FCDS Facility Number	4

This is a required data item containing the FCDS Facility number for your Radiation Center. Appendix A has a list of FCDS Facility numbers. Contact FCDS if your facility is not on this list.

<b>Field#</b>	<b>Item Name</b>	<b>Maximum Field Length</b>
2	Patient ID or Medical Record Number	12

This is a required data item containing your facility's patient ID number or medical record number that will uniquely identify a patient in your records. If no medical record number or patient ID is available use 999999999.

<b>Field#</b>	<b>Item Name</b>	<b>Maximum Field Length</b>
3	Facility Name	4

This is a required data field that uniquely identifies each facility by name.

<b>Field#</b>	<b>Item Name</b>	<b>Maximum Field Length</b>
4	Patient Last Name	25

This is a required data item containing the patient's last name.

<b>Field#</b>	<b>Item Name</b>	<b>Maximum Field Length</b>
5	Patient First Name	14

This is a required data item containing the patient's first name.

<b>Field#</b>	<b>Item Name</b>	<b>Maximum Field Length</b>
6	Patient Social Security Number	9

This is a required data item containing the patient's Social Security Number. Enter 9s in this field if the SSN is unknown or missing.

<b>Field#</b>	<b>Item Name</b>	<b>Maximum Field Length</b>
7	Patient Date of Birth	8

This is a required data item containing the patient's date of birth in (YYYYMMDD) format. The date will be validated so 9s or other invalid dates will cause the file upload to be rejected.

Field#	Item Name	Maximum Field Length
8	Patient Sex	1

This is a required data item containing the patient's sex. Use the following codes:  
1=Male, 2=Female, 3=Hermaphrodite, 4=Transsexual, 9=Unknown/not stated

Field#	Item Name	Maximum Field Length
9	Patient Race	2

This is a required data item containing the patient's race. Use the following codes:  
1=White, 2=Black, 3=American Indian, 98=Other, 99=Unknown

Field#	Item Name	Maximum Field Length
10	Patient State	2

This is a required data item containing the USPS 2 character Postal abbreviation for the patient's address state. Appendix B has a list of valid state abbreviations.

Field#	Item Name	Maximum Field Length
11	Patient Zip code	5

This is a required data item containing the USPS 5 digit Postal code for the patient's address.

Field#	Item Name	Maximum Field Length
12	Date of Encounter	8

This is a required data item containing the date of encounter at your facility in (YYYYMMDD) format. The date will be validated so 9s or other invalid dates will cause the file upload to be rejected.

Field#	Item Name	Maximum Field Length
13	ICD-9-CM or ICD-10-CM Diagnosis Code	7

This is a required data item containing the ICD-9-CM or ICD-10-CM Diagnosis Code associated with the patient encounter at your facility. The field will support either an ICD-9-CM Diagnosis Code (used through 9/30/2015 patient encounters) or an ICD-10-CM Diagnosis Code (used starting with 10/1/2015 patient encounters).

**ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS – Oct 1, 2020 and later encounters**

The following ICD-10-CM list is to be used to identify potentially reportable tumors. Some ICD-10-CM codes contain conditions that are not reportable. These records should be reviewed and assessed individually to verify whether or not they are reportable to FCDS. ICD-10-CM implementation is expected nationwide October 1, 2020 for all hospitals.

<b>ICD-10-CM</b>	<b>Description</b>
C00._ - C43._	Malignant neoplasms
C4A._	Merkel cell carcinoma
C44.13__	Sebaceous Cell Carcinoma of Skin of Eyelid (upper, lower, left, right)
C45._ - C96._	Malignant neoplasms
C49.A_	GI stromal tumor
C7A._	Malignant carcinoid tumors
C84.A_	Cutaneous T-cell lymphoma
C84.Z_	Other mature T/NK-cell lymphoma
C91.A_	Mature B-cell leukemia Burkitt-type
C91.Z_	Other lymphoid leukemia
C92.A_	Acute myeloid leukemia with multi-lineage dysplasia
C92.Z_	Other myeloid leukemia
C93.Z_	Other monocytic leukemia
C96.2_	Malignant mast cell neoplasms
C96.A_	Histiocytic sarcoma
C96.Z_	Other specified malignant neoplasm of lymphoid, hematopoietic and related tissue
D00._ - D09._	Carcinoma in situ ( <b>exclude: skin, cervix and prostate– D04._, D06._ and D07.5</b> )
D32._	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33._	Benign neoplasm of brain and other parts of central nervous system
D35.2, D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42._, D43._	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3-D44.5	Neoplasm of uncertain behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3)
D46.0-D46.9, D46.A-D46.Z	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1, D47.3, D47.4, D47.9	Myeloproliferative diseases (9931, 9740, 9741, 9742, 9960, 9961, 9962, 9963, 9965, 9966, 9967, 9970, 9971, 9975, 9987)
D47.Z, D47.Z1, D47.Z9	Post-transplant lymphoproliferative disorder (PTLD)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.110-D72.119	Hypereosinophilic Syndrome [HES] – idiopathic, lymphocytic, other, unspecified

Note: Pilocytic/juvenile astrocytoma (M-9421) is reported with the behavior coded /3 (9421/3 not 9421/1).

**FOR A DETAILED LIST OF EVERY REPORTABLE ICD-10-CM CANCER CODE – SEE APPENDIX O**