Free-Standing Radiation Therapy Centers Reporting Guidelines

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. Two methods of submitting these data items in FCDS IDEA are file upload or single web entry. With the file upload method, you must send a file in a specific format and layout. You must enter and save each record on the web data entry screen with the single web entry method.

Tab separated file layout for uploads via FCDS IDEA

Field #	Item Name	Maximum Field Length
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

Field#	Item Name	Maximum Field Length
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.

Field#	Item Name	Maximum Field Length
2	Patient ID or Medical Record Number	12

This required data item contains 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.

Field#	Item Name	Maximum Field Length
3	Facility Name	4

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

Field#	Item Name	Maximum Field Length
4	Patient Last Name	25

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

Field#	Item Name	Maximum Field Length
5	Patient First Name	14

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

Field#	Item Name	Maximum Field Length
6	Patient's 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.

Field#	Item Name	Maximum Field Length
7	Patient's Date of Birth	8

This required data item contains 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 required data item contains 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 required data item contains the USPS 5-digit Postal code for the patient's address.

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

This required data item contains 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 **L**IST FOR **R**EPORTABLE **T**UMORS – *Oct 1, 2024 and later encounters*

The following list of ICD-10-CM codes is designed to identify potentially reportable tumors to the Florida Cancer Data System (FCDS). Please note that some ICD-10-CM codes include conditions that are not reportable. Each record should be reviewed and evaluated individually to determine its reportability. Please see the FCDS DAM, Section I to review the reportability requirements. The nationwide implementation of ICD-10-CM is expected for all hospitals on October 1, 2024.

ICD-10-CM Code	ICD-10-CM Code Definition
C00 – C43	Malignant neoplasms
C44.13-	Sebaceous Cell Carcinoma of Skin of Eyelid, Including Canthus
C45 – C96	Malignant neoplasms including Hematopoietic neoplasms
C4A-	Merkel cell carcinoma
C49.A-	GI stromal tumor
C7A.0 – C7A.8	Malignant carcinoid tumors
D00. – D09.	Carcinoma in situ (Excludes carcinoma in situ tumors of the cervix (D06.), prostatic intraepithelial neoplasia (PIN III) (8148/2) of the prostate. Other prostate in situ histologies are reportable).
D18.02	Hemangioma of intracranial structures
D32.-	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.-	Benign neoplasm of brain and other parts of central nervous system
D35.00-D35.02	Benign neoplasm of adrenal gland - pheochromocytoma, medullary paraganglioma, chromaffin paraganglioma, chromaffin tumor,
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); Polycythemia vera (9950/3) ICD-10-CM Coding instruction note: Excludes familial polycythemia (C75.0), secondary polycythemia (D75.1)
D46.-_	Myelodysplastic syndromes (9980,9982,9983,9985,9986,9989,9991,9992, 9993)
D46.A – D46.Z	Other myelodysplastic syndromes

D47.02	Systemic mastocytosis
D47.1-D47.9	Myeloproliferative diseases (9963, 9975) Essential (hemorrhagic) thrombocythemia (9962/3); Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia Osteomyelofibrosis (9961/3); Includes: Chronic idiopathic myelofibrosis Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1, 9931/3)
D47.Z – D47.Z9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960/3, 9970/1, 9971/3, 9931/3) Note: As of January 1, 2025, Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as 9971/3 for all cases.
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.11-	Hypereosonophilic syndrome [HES] (9964/3)
N85.02	**Endometrial intraepithelial neoplasia [EIN]**
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of CNS

Note: Pilocytic astrocytoma are coded 9421/1 when diagnosed 1/1/2023 or later.

Pilocytic astrocytoma are coded 9421/3 when diagnosed prior to 1/1/2023.

Note: See Appendix O for a detailed list of the reportable ICD-10-CM cancer codes.