Florida Cancer Data System

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Florida's health
THE FLORIDA DEPARTMENT OF HEALTH

Florida Physicians' Cancer Reporting Manual

2013

Florida Physicians' Cancer Reporting Manual

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(*Titles highlighted in blue are links)

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- Centers for Disease Control and Prevention/National Programs of Cancer Registries (CDC/NPCR)
- Florida Department of Health (DOH)
- University of Miami/Sylvester Comprehensive Cancer Center (UM/SCCC)
- North American Association of Central Cancer Registries (NAACCR)
- National Cancer Institute/Surveillance, Epidemiology & End Results Program (NCI/SEER)
- Commission on Cancer/American College of Surgeons (COC/ACoS)

FCDS welcomes all new reporters and new reporting sources. FCDS would like to especially thank all of the dedicated registrars and abstractors who have worked with FCDS over the years for their hard work and countless contributions. Without their input the Florida Cancer Data System would not be positioned at the national forefront in statewide cancer registration.

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FLORIDA CANCER DATA SYSTEM

PREFACE

In 1978, the Department of Health and Rehabilitative Services, now known as the Florida Department of Health, contracted with the Sylvester Comprehensive Cancer Center/University of Miami School of Medicine to implement and maintain the Florida Cancer Data System (FCDS). FCDS has been operational and collecting incidence data on cancer cases seen in Florida hospitals on or after January 1, 1981. Ambulatory diagnostic/treatment centers and pathology laboratories began reporting with patients seen on or after July 1, 1997. Dermatologists began reporting with patients seen on or after January 1, 2011. Urologists, Medical Oncologists, and Hematology/Oncologists began reporting patients seen on or after January 1, 2013. Additional specialty physician reporting is expected in the future.

Cancer reporting to FCDS is mandated by Florida statutes. All cancer cases seen in any health facility licensed under Florida Statute Section 395 or Section 408.07 must be reported to FCDS according to Florida Statutes Section 385.202. This includes all hospitals, ambulatory diagnostic and treatment centers, clinical laboratories and physician practices.

Currently, FCDS processes over 185,000 cancer cases each year. When these cases are unduplicated, there are approximately 110,000 newly diagnosed incidence cancer cases per year. Currently, the FCDS database contains approximately 3,500,000 cases.

The 2013 edition of the Florida Physicians' Cancer Reporting Manual is compatible with national reporting standards. These standards are created and endorsed by the Center for Disease Control and Prevention/National Program of Cancer Registries (CDC/NPCR), the North American Association of Central Cancer Registries (NAACCR), the National Cancer Institute/Surveillance Epidemiology & End Results Program (NCI/SEER), and the American College of Surgeons/Commission on Cancer (ACoS/CoC).

CONFIDENTIALITY

According to Florida Statute 381, Public Health: General Provisions, "Information submitted in reports required by this section is confidential, exempt from the provisions of s.119.07 (1), and is to be made public only when necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient."

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) became law April 14, 2001. While most organizations had two full years until April 14, 2003 to comply, questions regarding how this new law impacts cancer reporting continues to arise. The North American Association of Central Cancer Registries (NAACCR) has provided materials that address these questions. As you will see, HIPAA regulations only impact current state cancer reporting procedures. Specifically,

> **HIPAA allows for the reporting of identifiable cancer data to public health entities. Because the Florida Cancer Data System falls under the definition of a public health entity, HIPAA allows your medical practice to report data to the Florida Department of Health via the Florida Cancer Data System (FCDS) in compliance with Florida State Law and Florida Administrative Code Rule 64D.**
>
> **Written informed consent/release of information from a cancer patient reported to public health entities is not required under HIPAA; you must simply document that the reporting has occurred.**

FCDS continues to adhere to all Florida Statues and Department of Health Administrative Rules and Guidelines, and follow strict security measures to assure patient and institutional confidentially.

IMMUNITY FROM LIABILITY

No institution or individual complying with Florida statutes 385.202, 405.01, 381.0031, and Florida State Administrative Code(may not have latest update) Rules 64D-3.004 and 64D3.034 shall be civilly or criminally liable for divulging information or providing materials to the statewide registry as required by the law.

FLORIDA STATUTE

Title XXIX
PUBLIC HEALTH

Chapter 381
General Provisions

381.0031 – Epidemiological Research; Report of Diseases of Public Health Significance to Department

(1) The department may conduct studies concerning the epidemiology of diseases of public health significance affecting people in Florida.
(2) Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.
(3) An animal control officer operating under s. 828.27, a wildlife officer operating under s. 379.3311, or an animal disease laboratory operating under s. 585.61 shall report knowledge of any animal bite, diagnosis of disease in an animal, or suspicion of a grouping or clustering of animals having similar disease, symptoms, or syndromes that may indicate the presence of a threat to humans.
(4) The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners listed in subsection (2). The list shall be based on the diseases recommended to be nationally notifiable by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention. The department may expand upon the list if a disease emerges for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of a disease specific to Florida.
(5) Reports required by this section must be in accordance with methods specified by rule of the department.
(6) Information submitted in reports required by this section is confidential, exempt from the provisions of s. 119.07(1), and is to be made public only when necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient.
(7) The department may obtain and inspect copies of medical records, records of laboratory tests, and other medical-related information for reported cases of diseases of public health significance described in subsection (4). The department shall examine the records of a person who has a disease of public health significance only for purposes of preventing and eliminating outbreaks of disease and making epidemiological investigations of reported cases of diseases of public health significance, notwithstanding any other law to the contrary. Health care practitioners, licensed health care facilities, and laboratories shall allow the department to inspect and obtain copies of such medical records and medical-related information, notwithstanding any other law to the contrary. Release of medical records and medical-related information to the department by a health care practitioner, licensed health care facility, or laboratory, or by an authorized employee or agent thereof, does not constitute a violation of the confidentiality of patient records. A health care practitioner, health care facility, or laboratory, or any employee or agent thereof, may not be held liable in any manner for damages and is not subject to criminal penalties for providing patient records to the department as authorized by this section.
(8) The department may adopt rules related to reporting diseases of significance to public health, which must specify the information to be included in the report, who is required to report, the method and time period for reporting, requirements for enforcement, and required followup activities by the department which are necessary to protect public health.
(9) This section does not affect s. 384.25.

History.—s. 2, ch. 29834, 1955; ss. 19, 35, ch. 69-106; s. 67, ch. 77-147; s. 4, ch. 89-311; s. 2, ch. 90-347; s. 15, ch. 91-297; s. 2, ch. 95-188; s. 184, ch. 96-406; s. 175, ch. 97-101; s. 4, ch. 98-151; s. 252, ch. 98-166; s. 8, ch. 2000-367; s. 1, ch. 2012-173; s. 15, ch. 2012-184.
Note.—Former s. 381.231.

FLORIDA STATUTE

Title XXIX PUBLIC HEALTH
Chapter 385 Chronic Diseases

385.202 – Statewide Cancer Registry

(1) Each facility licensed under chapter 395 and each freestanding radiation therapy center as defined in s. 408.07 shall report to the Department of Health such information, specified by the department, by rule, which indicates diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, and radiation, surgical, or other methods of diagnosis or treatment for each cancer diagnosed or treated by the facility or center. Failure to comply with this requirement may be cause for registration or licensure suspension or revocation.
(2) The department shall establish, or cause to have established, by contract with a recognized medical organization in this state and its affiliated institutions, a statewide cancer registry program to ensure that cancer reports required under this section shall be maintained and available for use in the course of any study for the purpose of reducing morbidity or mortality; and no liability of any kind or character for damages or other relief shall arise or be enforced against any hospital by reason of having provided such information or material to the department.
(3) The department or a contractual designee operating the statewide cancer registry program required by this section shall use or publish said material only for the purpose of advancing medical research or medical education in the interest of reducing morbidity or mortality, except that a summary of such studies may be released for general publication. Information which discloses or could lead to the disclosure of the identity of any person whose condition or treatment has been reported and studied shall be confidential and exempt from the provisions of s. 119.07(1), except that:
(a) Release may be made with the written consent of all persons to whom the information applies;
(b) The department or a contractual designee may contact individuals for the purpose of epidemiologic investigation and monitoring, provided information that is confidential under this section is not further disclosed; or
(c) The department may exchange personal data with any other governmental agency or a contractual designee for the purpose of medical or scientific research, provided such governmental agency or contractual designee shall not further disclose information that is confidential under this section.
(4) Funds appropriated for this section shall be used for establishing, administering, compiling, processing, and providing biometric and statistical analyses to the reporting facilities. Funds may also be used to ensure the quality and accuracy of the information reported and to provide management information to the reporting facilities.
(5) The department may, by rule, classify facilities for purposes of reports made to the cancer registry and specify the content and frequency of the reports. In classifying facilities, the department shall exempt certain facilities from reporting cancer information that was previously reported to the department or retrieved from existing state reports made to the department or the Agency for Health Care Administration. The provisions of this section shall not apply to any facility whose primary function is to provide psychiatric care to its patients.

History.—ss. 2, 3, 4, 9, ch. 78-171; s. 5, ch. 82-213; s. 2, ch. 83-234; s. 96, ch. 86-220; s. 1, ch. 90-6; s. 3, ch. 95-188; s. 201, ch. 96-406; s. 190, ch. 97-101; s. 31, ch. 97-237; s. 24, ch. 99-397.
Note.—Former s. 381.3812.

FLORIDA STATUTE

Title XXIX **Chapter 405**
PUBLIC HEALTH Medical Information Available For Research

405.01 Release of medical information to certain study groups; exemption from liability.

Any person, hospital, assisted living facility, hospice, sanatorium, nursing or rest home or other organization may provide information, interviews, reports, statements, memoranda, or other data relating to the condition and treatment of any person to research groups, governmental health agencies, medical associations and societies, and in-hospital medical staff committees, to be used in the course of any study for the purpose of reducing morbidity or mortality. No liability of any kind or character for damages or other relief shall arise or be enforced against any person or organization by reason of having provided such information or material, or by reason of having released or published the findings and conclusions of such groups to advance medical research and medical education, or by reason of having released or published generally a summary of such studies.

History.--*s. 1, ch. 65-533; s. 19, ch. 90-344; s. 27, ch. 95-210.*

Title XXIX **Chapter 405**
PUBLIC HEALTH Medical Information Available For Research

405.02 Limitation on publication of released information.

Research groups, governmental health agencies, organized medical associations and societies, and in-hospital medical staff committees shall use or publish said material only for the purpose of advancing medical research or medical education in the interest of reducing morbidity or mortality, except that a summary of such studies may be released by any such group for general publication.

History.--*s. 2, ch. 65-533; s. 20, ch. 90-344; s. 244, ch. 96-406.*

Title XXIX **Chapter 405**
PUBLIC HEALTH Medical Information Available For Research

405.03 Confidentiality.

In all events, the identity of any person whose condition or treatment has been studied shall be confidential and exempt from the provisions of s. 119.07(1).

History.--*s. 3, ch. 65-533; s. 21, ch. 90-344; s. 245, ch. 96-406.*

FLORIDA STATUTE

Title XXIX
PUBLIC HEALTH

Chapter 408
Health Care Administration

408.07 Definitions. As used in this chapter, with exception of ss. 408.031-408.045, the term:

(1) "Accepted" means that the agency has found that a report or data submitted by a health care facility or a health care provider contains all schedules and data required by the agency and has been prepared in the format specified by the agency, and otherwise conforms to applicable rule or Florida Hospital Uniform Reporting System manual requirements regarding reports in effect at the time such report was submitted, and the data are mathematical reasonable and accurate.
(2) "Adjusted admission" means the sum of acute and intensive care admissions divided by the ratio of inpatient revenues generated from acute, intensive, ambulatory, and ancillary patient services to gross revenues. If a hospital reports only subacute admissions, then "adjusted admission" means the sum of subacute admissions divided by the ratio of total inpatient revenues to gross revenues.
(3) "Agency" means the Agency for Health Care Administration.
(4) "Alcohol or chemical dependency treatment center" means an organization licensed under chapter 397.
(5) "Ambulatory care center" means an organization which employs or contracts with licensed health care professionals to provide diagnosis or treatment services predominantly on a walk-in basis and the organization holds itself out as providing care on a walk-in basis. Such an organization is not an ambulatory care center if it is wholly owned and operated by five or fewer health care providers.
(6) "Ambulatory surgical center" means a facility licensed as an ambulatory surgical center under chapter 395.
(7) "Audited actual data" means information contained within financial statements examined by an independent, Florida-licensed, certified public accountant in accordance with generally accepted auditing standards, but does not include data within a financial statement about which the certified public accountant does not express an opinion or issues a disclaimer.
(8) "Birth center" means an organization licensed under s. 383.305.
(9) "Cardiac catheterization laboratory" means a freestanding facility that employs or contracts with licensed health care professionals to provide diagnostic or therapeutic services for cardiac conditions such as cardiac catheterization or balloon angioplasty.
(10) "Case mix" means a calculated index for each health care facility or health care provider, based on patient data, reflecting the relative costliness of the mix of cases to that facility or provider compared to a state or national mix of cases.
(11) "Clinical laboratory" means a facility licensed under s. 483.091, excluding: any hospital laboratory defined under s. 483.041(6); any clinical laboratory operated by the state or a political subdivision of the state; any blood or tissue bank where the majority of revenues are received from the sale of blood or tissue and where blood, plasma, or tissue is procured from volunteer donors and donated, processed, stored, or distributed on a nonprofit basis; and any clinical laboratory which is wholly owned and operated by physicians who are licensed pursuant to chapter 458 or chapter 459 and who practice in the same group practice, and at which no clinical laboratory work is performed for patients referred by any health care provider who is not a member of that same group practice.
(12) "Comprehensive rehabilitative hospital" or "rehabilitative hospital" means a hospital licensed by the agency as a specialty hospital as defined in s. 395.002; provided that the hospital provides a program of comprehensive medical rehabilitative services and is designed, equipped, organized, and operated solely to deliver comprehensive medical rehabilitative services, and further provided that all licensed beds in the hospital are classified as "comprehensive rehabilitative beds" pursuant to s. 395.003(4), and are not classified as "general beds."
(13) "Consumer" means any person other than a person who administers health activities, is a member of the governing body of a health care facility, provides health services, has a fiduciary interest in a health facility or other health agency or its affiliated entities, or has a material financial interest in the rendering of health services.
(14) "Continuing care facility" means a facility licensed under chapter 651.
(15) "Critical access hospital" means a hospital that meets the definition of "critical access hospital" in s. 1861(mm) (1) of the Social Security Act and that is certified by the Secretary of Health and Human Services as a critical access hospital.
(16) "Cross-subsidization" means that the revenues from one type of hospital service are sufficiently higher than the costs of providing such service as to offset some of the costs of providing another type of service in the hospital. Cross-

subsidization results from the lack of a direct relationship between charges and the costs of providing a particular hospital service or type of service.
(17) "Deductions from gross revenue" or "deductions from revenue" means reductions from gross revenue resulting from inability to collect payment of charges. For hospitals, such reductions include contractual adjustments; uncompensated care; administrative, courtesy, and policy discounts and adjustments; and other such revenue deductions, but also includes the offset of restricted donations and grants for indigent care.
18) "Diagnostic-imaging center" means a freestanding outpatient facility that provides specialized services for the diagnosis of a disease by examination and also provides radiological services. Such a facility is not a diagnostic-imaging center if it is wholly owned and operated by physicians who are licensed pursuant to chapter 458 or chapter 459 and who practice in the same group practice and no diagnostic-imaging work is performed at such facility for patients referred by any health care provider who is not a member of that same group practice.
(19) "FHURS" means the Florida Hospital Uniform Reporting System developed by the agency.
(20) "Freestanding" means that a health facility bills and receives revenue, which is not directly subject to the hospital assessment for the Public Medical Assistance Trust Fund as described in s. 395.701.
(21) "Freestanding radiation therapy center" means a facility where treatment is provided through the use of radiation therapy machines that are registered under s. 404.22 and the provisions of the Florida Administrative Code implementing s. 404.22. Such a facility is not a freestanding radiation therapy center if it is wholly owned and operated by physicians licensed pursuant to chapter 458 or chapter 459 who practice within the specialty of diagnostic or therapeutic radiology.
(22) "GRAA" means gross revenue per adjusted admission.
(23) "Gross revenue" means the sum of daily hospital service charges, ambulatory service charges, ancillary service charges, and other operating revenue. Gross revenues do not include contributions, donations, legacies, or bequests made to a hospital without restriction by the donors.
(24) "Health care facility" means an ambulatory surgical center, a hospice, a nursing home, a hospital, a diagnostic-imaging center, a freestanding or hospital-based therapy center, a clinical laboratory, a home health agency, a cardiac catheterization laboratory, a medical equipment supplier, an alcohol or chemical dependency treatment center, a physical rehabilitation center, a lithotripsy center, an ambulatory care center, a birth center, or a nursing home component licensed under chapter 400 within a continuing care facility licensed under chapter 651.
(25) "Health care provider" means a health care professional licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 463, chapter 464, chapter 465, chapter 466, part I, part III, part IV, part V, or part X of chapter 468, chapter 483, chapter 484, chapter 486, chapter 490, or chapter 491.
(26) "Health care purchaser" means an employer in the state, other than a health care facility, health insurer, or health care provider, who provides health care coverage for her or his employees.
(27) "Health insurer" means any insurance company authorized to transact health insurance in the state, any insurance company authorized to transact health insurance or casualty insurance in the state that is offering a minimum premium plan or stop-loss coverage for any person or entity providing health care benefits, any self-insurance plan as defined in s. 624.031, any health maintenance organization authorized to transact business in the state pursuant to part I of chapter 641, any prepaid health clinic authorized to transact business in the state pursuant to part II of chapter 641, any multiple-employer welfare arrangement authorized to transact business in the state pursuant to ss. 624.436-624.45, or any fraternal benefit society providing health benefits to its members as authorized pursuant to chapter 632.
(28) "Home health agency" means an organization licensed under part IV of chapter 400.
(29) "Hospice" means an organization licensed under part VI of chapter 400.
(30) "Hospital" means a health care institution licensed by the Agency for Health Care Administration as a hospital under chapter 395.
(31) "Lithotripsy center" means a freestanding facility that employs or contracts with licensed health care professionals to provide diagnosis or treatment services using electro-hydraulic shock waves.
(32) "Local health council" means the agency defined in s. 408.033.
(33) "Market basket index" means the Florida hospital input price index (FHIPI), which is a statewide market basket index used to measure inflation in hospital input prices weighted for the Florida-specific experience which uses multistate regional and state-specific price measures, when available. The index shall be constructed in the same manner as the index employed by the Secretary of the United States Department of Health and Human Services for determining the inflation in hospital input prices for purposes of Medicare reimbursement.
(34) "Medical equipment supplier" means an organization that provides medical equipment and supplies used by health care providers and health care facilities in the diagnosis or treatment of disease.
(35) "Net revenue" means gross revenue minus deductions from revenue.
(36) "New hospital" means a hospital in its initial year of operation as a licensed hospital and does not include any facility, which has been in existence as a licensed hospital, regardless of changes in ownership, for over 1 calendar year.

(37) "Nursing home" means a facility licensed under s. 400.062 or, for resident level and financial data collection purposes only, any institution licensed under chapter 395 and which has a Medicare or Medicaid certified distinct part used for skilled nursing home care, but does not include a facility licensed under chapter 651.

(38) "Operating expenses" means total expenses excluding income taxes.
(39) "Other operating revenue" means all revenue generated from hospital operations other than revenue directly associated with patient care.
(40) "Physical rehabilitation center" means an organization that employs or contracts with health care professionals licensed under part I or part III of chapter 468 or chapter 486 to provide speech, occupational, or physical therapy services on an outpatient or ambulatory basis.
(41) "Prospective payment arrangement" means a financial agreement negotiated between a hospital and an insurer, health maintenance organization, preferred provider organization, or other third-party payor which contains, at a minimum, the elements provided for in s. 408.50.
(42) "Rate of return" means the financial indicators used to determine or demonstrate reasonableness of the financial requirements of a hospital. Such indicators shall include, but not be limited to: return on assets, return on equity, total margin, and debt service coverage.
(43) "Rural hospital" means an acute care hospital licensed under chapter 395, having 100 or fewer licensed beds and an emergency room, and which is:
(a) The sole provider within a county with a population density of no greater than 100 persons per square mile;
(b) An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from another acute care hospital within the same county;
(c) A hospital supported by a tax district or subdistrict whose boundaries encompass a population of 100 persons or fewer per square mile;
(d) A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this paragraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the State Center for Health Statistics at the Agency for Health Care Administration; or
(e) A hospital designated as a Critical Access Hospital by the Department of Health in accordance with federal regulations and state requirements.
Population densities used in this subsection must be based upon the most recently completed United States census.
(44) "Special study" means a nonrecurring data-gathering and analysis effort designed to aid the agency in meeting its responsibilities pursuant to this chapter.
(45) "Teaching hospital" means any Florida hospital officially affiliated with an accredited Florida medical school which exhibits activity in the area of graduate medical education as reflected by at least seven different graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education or the Council on Postdoctoral Training of the American Osteopathic Association and the presence of 100 or more full-time equivalent resident physicians. The Director of the Agency for Health Care Administration shall be responsible for determining which hospitals meet this definition.

History.--s. 71, ch. 92-33; s. 75, ch. 92-289; s. 13, ch. 93-129; s. 39, ch. 93-217; s. 17, ch. 95-144; s. 38, ch. 97-103; s. 2, ch. 98-14; s. 2, ch. 98-21; s. 14, ch. 98-89; s. 44, ch. 2000-153; s. 28, ch. 2000-163; s. 2, ch. 2000-227. ch. 2003-258; s. 5, ch. 2005-81; s. 77, ch. 2006-197; s. 10, ch. 2006-261.

FLORIDA ADMINISTRATIVE CODE

Rule 64D-3.029 – Diseases or Conditions to be Reported – See Appendix A.

(1) Diseases or conditions listed in subsection (3) below are of public health significance identified by the Department as of the date of these rules which must be reported by the practitioner, hospital, laboratory, or other individuals via telephone (with subsequent written report within 72 hours, see Rules 64D-3.030-.033, F.A.C.), facsimile, electronic data transfer, or other confidential means of communication to the County Health Department having jurisdiction for the area in which the office of the reporting practitioner, hospital, laboratory or patient's residence is located consistent with the specific section and time frames in subsection (3) below relevant to the practitioners, hospitals and laboratories, respectively. Reporters are not prohibited from reporting diseases or conditions not listed by rule.

(2) Definitions to be used with subsection (3) below:

(a) *"Notifiable Diseases or Conditions"* – The definitions of "suspected case" and "confirmed case" for reportable diseases or conditions are set forth in "Surveillance Case Definitions for Select Reportable Diseases in Florida," August 2008, incorporated by reference, available online at: http://www.doh.state.fl.us/disease_ctrl/epi/surv/CaseDefAug2008.pdf.

(b) *"Suspect Immediately"* – A notifiable condition of urgent public health importance. Report without delay upon the occurrence of any of the following: Initial suspicion, receipt of a specimen with an accompanying request for an indicative or confirmatory test, findings indicative thereof, or suspected diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Florida Department of Health after-hours duty official at (850) 245-4401.

(c) *"Immediately"* – A notifiable condition of urgent public health importance. Report without delay upon the occurrence of any of the following: An indicative or confirmatory test, findings indicative thereof, or diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Florida Department of Health after-hours duty official at (850) 245-4401.

(d) *"Next Business Day"* – Report before the closure of the County Health Department's next business day following suspicion or diagnosis.

(e) *"Other"* – Report consistent with the instruction in and footnotes to subsection (3) below.

(3) "*Table of Notifiable Diseases or Conditions to Be Reported"*.

TABLE OF NOTIFIABLE DISEASES OR CONDITIONS **(Excerpts Pertaining to the Reporting of Cancer)** **To view the entire TABLE OF NOTIFIABLE DISEASES OR CONDITIONS – See Appendix A**
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)
Pathological or tissue diagnosis of cancer (except non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)

FLORIDA ADMINISTRATIVE CODE

Rule 64D-3.034 – Cancer Reporting.

(1) Reporting Requirements:
   a. Each facility and laboratory licensed under Chapters 395 and 483, and Section 408.07(20), F.S., respectively and practitioners licensed under Chapter 458, 459, 464, F.S., are required to report to the Florida Cancer Data System as required by Section 385.202, F.S., within six (6) months of each diagnosis and within six (6) months of the date of each treatment.
   b. Each facility shall submit each cancer case report electronically. Those facilities with fewer than 35 cancers annually requiring abstracting may submit paper copies or portions of the medical record, provided the copies contain all of the required information as per (1)(c).
   c. The data items, coding schemes, definitions, record layouts, and reporting procedures are to follow the guidance provided in the Florida Cancer Data System Data Acquisition Manual (2005, or current edition), incorporated by reference, available at http://www.fcds.med.miami.edu/inc/downloads.shtml.

(2) Not withstanding subsection (1), each facility, center, and laboratory that reports cancer cases to the Florida Cancer Data System shall make its records available for on-site review by the department or its authorized representatives.

Rulemaking Authority 381.0011(2), 381.003(2), 381.0031(8), 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History–New 11-20-06.

FLORIDA ADMINISTRATIVE CODE

Rule 64D-3.003 – Notification by Laboratories

(1) Each laboratory director or designee in charge of a laboratory shall report, or cause to be reported evidence suggestive of or diagnostic of diseases or conditions listed in subsection 64D-3.002(1), F.A.C., from any specimen derived from a human body, or from an animal in the case of rabies or plague testing, to the county health department director or administrator or the State Health Officer or to either of their designated representatives. Such reports shall be made within 72 hours of recognition by telephone, or other electronic means, or in writing, except for certain specified diseases as indicated by a (T), which shall be reported immediately by telephone and followed by a written report. Exceptions to laboratory reporting as defined by this rule are provided for sexually transmitted diseases including AIDS, as indicated in Rule 64D-3.017, F.A.C.
(2) All reports of cancer identified by laboratories licensed under Chapter 483, F.S., shall be submitted to the Florida Cancer Data System within six (6) months of diagnosis.
(3) The State Health Officer shall periodically, but no less than annually, issue a listing of laboratory test results that are to be reported. The July 1999 "Reportable Laboratory Findings," incorporated by reference in this rule, shall be updated to reflect changes in technology and practice and may be obtained from the Department of Health, Bureau of Epidemiology, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1720.
(4) To allow follow-up of laboratory findings by the local county health department director/administrator or their designee, all specimens submitted for laboratory tests or examinations related to a disease or condition listed in subsection 64D-3.002(1), F.A.C., shall be accompanied by certain identifying information. In addition to the name and date of birth of the person from whom the specimen was obtained; the name, address and telephone number of the processing clinical laboratory; and the diagnostic test(s) performed, specimen type and result, the following information shall be provided:
(a) Address, telephone number, race, sex, and ethnicity of the person from whom the specimen was obtained or, if this is not available,
(b) Name, address and telephone number of the submitting physician, health care provider or other authorized person who submitted the specimen.
(5) The practitioner who first authorizes, orders, requests or submits a specimen shall be responsible for obtaining and providing the information required in (4) above at the time the specimen is sent to or received by the laboratory.
(6) Notification of test results shall be submitted by telephone, or other electronic means, or in writing on a form furnished by the laboratory. Reports shall be made within 72 hours of a test result. Any preliminary telephone communication must be followed up by a written report.
(7) If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall be responsible for reporting such results as defined in subsection 64D-3.003(1), F.A.C.
(8) In addition to the reporting requirements pursuant to subsection 64D-3.003(1), F.A.C., each laboratory that obtains a human isolate of *Escherichia coli* O157:H7, or *Neisseria meningitidis* or *Haemophilus influenzae* from a sterile site or *Staphylococcus aureus* with a vancomycin minimum inhibitory concentration (MIC) = or > 8 micrograms per milliliter from any site shall retain a subculture of the isolate on suitable media for at least six months after receipt of the specimen in the laboratory. In lieu of retaining this subculture, the laboratory is permitted to send the subculture to the Florida Department of Health State Central Laboratory, which will maintain a record indicating the date that these subcultures were submitted to the Central Laboratory.
(9) In addition to the reporting requirements pursuant to subsection 64D-3.003(1), F.A.C., each laboratory that makes a finding, or suggestive finding, of malaria or cyclospora parasites in a specimen of a patient shall retain a stained permanent slide for at least six months after receipt of the specimen in the laboratory. In lieu of retaining the slide(s), the laboratory may send such slide(s) to the State of Florida Department of Health Central Laboratory, which will maintain a record indicating the date that these specimens were submitted to the Central Laboratory.
(10) Each laboratory licensed to perform tests for any reportable disease or condition shall make its records for such diseases or conditions available for on-site inspection by the department or its authorized representatives.
(11) Persons submitting specimens for reportable laboratory tests to the Florida Department of Health, pursuant to subsection 64D-3.003(4), F.A.C., are required to supply the laboratories with sufficient information to comply with the provisions of this section.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.66, Amended 2-26-92, 7-21-96, Formerly 10D-3.066, Amended 11-2-98, 7-5-99, 6-4-00, 6-9-03. Repealed 11-20-06...
Editorial Note: See 64D-3.031

FLORIDA ADMINISTRATIVE CODE

Rule 64D-3.006 – Reports, Medical Facilities and Freestanding Radiation Therapy Centers.

(1) The chief administrative officer of each civilian facility licensed under Chapter 395, F.S., and freestanding radiation therapy centers, as defined in Section 408.07, F.S., shall (and the United States military and Veterans Administration hospitals are requested to) appoint an individual from the staff, hereinafter referred to as "reporting officer," who shall be responsible for reporting cases or suspect cases of diseases on the notifiable disease list in persons admitted to, attended to, or residing in the facility (cf. Notification by Laboratories, Rule 64D-3.003, F.A.C.).
(2) Reporting of a case or suspected case of notifiable disease or condition by a facility or center fulfills the requirements of the licensed practitioner to report; however, it is the responsibility of the practitioner to ensure that the report is made as stipulated in Rule 64D-3.002, F.A.C. Reports shall be made within 72 hours of diagnosis. Special provisions for reporting sexually transmissible diseases, including HIV infection, are found in Rule 64D-3.016, F.A.C., and for cancer, in subsection 64D-3.006(3), F.A.C.
(3) Reporting of cancer cases by a licensed practitioner, a hospital facility licensed under Chapter 395, F.S., and freestanding radiation therapy centers, as defined in Section 408.07, F.S., to the Florida Cancer Data System as required by Section 385.202, F.S., shall be accomplished within six (6) months of the date of each diagnosis and within six (6) months of the date of each treatment.
(4) Florida Cancer Data System staff will provide each freestanding ambulatory surgical center with an annual list of cancer cases for which reports are required and allow three (3) months from the date of notification for submission of reports to the Florida Cancer Data System for each case on the list. This annual list will be generated by comparing the ambulatory patient data maintained by the Agency for Health Care Administration with the Florida Data System file for each calendar year. This comparison will be made each year after the Florida Cancer Data System file for each year is complete, including all hospital and pathology laboratory data expected for that year. The list sent to each freestanding ambulatory surgical center will contain only those records from the Agency for Health Care Administration ambulatory patient dataset or from cancer case data received from ambulatory centers that cannot be matched with any previously reported case.
(5) For reportable cancer cases, each family licensed under chapter 395, F.S., and each freestanding radiation therapy center as defined in Section 408.07, F.S., shall electronically submit to the Florida Cancer Data System all available data items as specified in the Data Acquisition Manual and Confidential Abstract Report. Those facilities and centers with fewer than thirty-five (35) cancer cases annually requiring abstracting may submit to FCDS paper copies of portions of the case record that include all available information that is needed for abstracting by FCDS staff. The coding schemes, record layouts, and definitions for these items are those issued by the Florida Cancer Data System in its Data Acquisition Manual and Confidential Abstract Report, DOH Form 2029, dated July 1997, incorporated herein by reference. These documents are available from the Florida Department of Health, Bureau of Epidemiology, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1720.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.77, Amended 2-26-92, 7-21-96, Formerly 10D-3.077, Amended 11-2-98, 7-5-99, 6-4-00.

FLORIDA ADMINISTRATIVE CODE

Rule 64D-3.030 – Notification by Practitioners.

(1) Each practitioner licensed under Chapters 458, 459, 460, 462, 464, 467 and 474, F.S., and medical examiner appointed pursuant to Chapter 406, F.S., who diagnoses, treats or suspects a case, or who suspects an occurrence of a disease or condition listed in the Table of Notifiable Diseases or Conditions to Be Reported, Rule 64D-3.029, F.A.C., including in persons who at the time of death were so affected, shall report or cause to be reported all such diagnoses or suspicions per this rule. Reporting of specimen results by a laboratory to a county health department director, administrator or designee does not nullify the practitioner's obligation to report said disease or condition.

(2) Any request for laboratory test identification shall be considered a suspicion of disease. However, practitioners need only to report suspected cases if indicated in the "suspect immediately" column under practitioners in the Table of Notifiable Diseases or Conditions to Be Reported, Rule 64D-3.029, F.A.C.

(3) Any report of a notifiable disease or condition required by this rule, except for cancer, congenital anomalies and HIV/AIDS, shall be reported on the Florida Department of Health Disease Report Form (DH Form 2136, 3/06), incorporated by reference, available at the Department of Health, Division of Disease Control, 4052 Bald Cypress Way, Bin A-09, Tallahassee, FL 32399-1714, or on a form supplied by the provider that includes the following:

(a) The patient's:

1. First and last name, including middle initial;
2. Address, including city, state and zip code;
3. Telephone number, including area code;
4. Date of birth;
5. Sex;
6. Race;
7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent);
8. Pregnancy status if applicable;
9. Social Security number;
10. Date of onset of symptoms;
11. Diagnosis.

(b) Type of diagnostic tests (for example culture, IgM, serology, Mantoux TB skin test, nucleic acid amplification test or Western Blot);

(c) Type of specimen (for example stool, urine, blood, mucus, etc.);

(d) Date of specimen collection;

(e) Site (for example cervix, eye, etc., if applicable);

(f) Diagnostic test results including: reference range, titer when quantitative procedures are performed, and all available results concerning additional characterization of the organism;

(g) For Tuberculosis, the 15-digit spoligotype (octal code) must be reported;

(h) Treatment given;

(i) Name, address and telephone number of the attending practitioner;

(j) Other necessary epidemiological information as well as additional specimen collection or laboratory testing requested by the county health department director or administrator or their designee.

(4) The practitioner who first authorizes, orders, requests or submits a specimen to a licensed laboratory for testing for any agent listed in Rule 64D-3.029, F.A.C., shall obtain and provide the information required by subparagraphs 64D-3.031(3)(a)1.-9., F.A.C., at the time the specimen is sent.

(5) Special reporting requirements for HIV and AIDS:

(a) All cases of HIV or AIDS, which meet the Centers for Disease Control and Prevention (CDC) case definitions set forth in CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, published in Morbidity and Mortality Weekly Report (MMWR) Vol. 48 [RR-13, December 10, 1999], incorporated by reference, available online at: www.cdc.gov/mmwr/PDF/RR/RR4813.pdf, shall be reported on the Adult HIV/AIDS Confidential Case Report, CDC 50.42A Rev. 03/2007, incorporated by reference, or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003, incorporated by reference, along with the Department of Health Addendum for Adult HIV/AIDS

Confidential Case Report, DH Form 2134, (09/08), incorporated by reference. All forms are available at county health departments or at the Department of Health, Bureau of HIV/AIDS, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1715, (850) 245-4334.

(b) HIV exposed newborns shall be reported on the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003, incorporated by reference in paragraph 64D-3.030(5)(a), F.A.C.

(6) Each practitioner who makes a diagnosis of or treats any notifiable disease or condition shall make their patient medical records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives.

Rulemaking Authority 381.0011(2), 381.003(2), 381.0031(7), (8), 383.06, 384.25(1), 384.33, 392.53(1), 392.66 FS. Law Implemented 381.0011(3), 381.003(1), 381.0031(2), (4), (8), 384.23, 384.25, 385.202, 392.53 FS. History–New 11-20-06, Amended 11-24-08.

PUBLIC LAW 102-515

Public Law 102-515 – Oct. 24, 1992
Public Law 102-515 102d Congress
106 STAT. 3372

An Act Entitled the "Cancer Registries Amendment Act".

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Cancer Registries Amendment Act".

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds that— (1) cancer control efforts, including prevention and early detection, are best addressed locally by State health departments that can identify unique needs; (2) cancer control programs and existing statewide population-based cancer registries have identified cancer incidence and cancer mortality rates that indicate the burden of cancer for Americans is substantial and varies widely by geographic location and by ethnicity; (3) statewide cancer incidence and cancer mortality data, can be used to identify cancer trends, patterns, and variation for directing cancer control intervention; (4) the American Association of Central Cancer Registries (AACCR) cites that of the 50 States, approximately 38 have established cancer registries, many are not statewide and 10 have no cancer registry; and (5) AACCR also cites that of the 50 States, 39 collect data on less than 100 percent of their population, and less than half have adequate resources for insuring minimum standards for quality and for completeness of case information. (b) PURPOSE.—It is the purpose of this Act to establish a national program of cancer registries.

SEC. 3. NATIONAL PROGRAM OF CANCER REGISTRIES.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following new part: "PART M—NATIONAL PROGRAM OF CANCER REGISTRIES

42 USC 280e. **"SEC. 399H. NATIONAL PROGRAM OF CANCER REGISTRIES.**

"(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control, may make grants to States, or may make grants or enter into contracts with academic or nonprofit organizations designated by the State to operate the State's cancer registry in lieu of making a grant directly to the State, to support the operation of population-based, statewide cancer registries in order to collect, for each form of in-situ and invasive cancer (with the exception of basal cell and squamous cell carcinoma of the skin), data concerning—

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69-139 O - 92 (515)

PUBLIC LAW 107-260

Public Law 107-260 – Oct. 29, 2002
Public Law 107-260 107th Congress
116 STAT. 1743

An Act to amend the Public Health Service Act to provide for the collection of data on benign brain-related tumor through the national program of cancer registries.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Benign Brain Tumor Cancer Registries Amendment Act".

SEC. 2. NATIONAL PROGRAM OF CANCER REGISTRIES; BENIGN BRAINRELATED TUMORS AS ADDITIONAL CATEGORY OF DATA COLLECTED.

(a) In GENERAL—Section 399B of the Public Health Service Act (42 U.S.C. 280e), as redesignated by section 502 (2) (A) of Public Law

106-310 (114 Stat. 1115), is amended in subsection (a)—

(1) by redesignating paragraphs (1) through (5) as subparagraphs (A) through (3), respectively, and indenting appropriately;

(2) by striking "(a) IN GENERAL—The Secretary" and inserting the following:

(a) IN GENERAL—

"(1) STATEWIDE CANCER REGISTRIES—The Secretary";

(3) in the matter preceding subparagraph (A) (as so redesignated). By striking "population-based" and all that follows through "data" and inserting the following: "population-based, statewide registries to collect, for each condition specified in paragraph (2)(A), data"; and

(4) by adding at the end the following:

"(2) CANCER; BENIGN BRAIN-RELATED TUMORS—

"(A) IN GENERAL—For purposes of paragraph (1), the conditions referred to in this paragraph are the following:

"(i) Each form of in-situ and invasive cancer with the exception of basal cell and squamous cell carcinoma of the skin), including malignant brain-related tumors.

"(ii) Benign brain-related tumors

"(B) BRAIN-RELATED TUMOR—For purposes of subparagraph (A):

"(i) The term 'brain-related tumor' means a listed primary tumor (whether malignant or benign) occurring in any of the following sites:'

"(I) The brain, meninges, spinal cord, cauda equina, a cranial nerve or nerves or any other part of the central nervous system.

"(II) The pituitary gland, pineal gland, or craniopharyngeal duct.

"(ii) The term 'listed', with respect to a primary tumor, means a primary tumor that is listed in the International Classification of Diseases for Oncology (commonly referred to as the ICD-O).

"(iii) The term 'International Classification of Diseases for Oncology' means a classification system that includes topography (site) information and histology (cell type information) developed by the World Health Organization, in collaboration with international centers, to promote international comparability in the collection, classification, processing and presentation of cancer statistics. The ICDO system is a supplement to the International Statistical Classification of Diseases and Related Health Problems (commonly known as the ICD) and is the standard coding system used by cancer registries worldwide. Such term includes any modification made to such system for purposes of the United States. Such term further includes any published classification system that is internationally recognized as a successor to the classification system referred to in the first sentence of this clause.

"(C) STATEWIDE CANCER REGISTRY—References in this section to cancer registries shall be considered to be references to registries described in this subsection."

(b) APPLICABILITY—The amendments made by subsection (a) apply to grants under section 399B of the Public Health Service Act for fiscal year 2002 and subsequent fiscal years, except that, in the case of a State that received such a grant for fiscal year 2000, the Secretary of Health and Human Services may delay the applicability of such amendments to the State for not more than 12 months if the Secretary determines that compliance with such amendments requires the enactment of a statute by the State or the issuance of State regulations.

Approved October 29, 2002.

LEGISLATIVE HISTORY—s. 2558:
Congressional record, Vol. 148 (2002):
Aug. 1. considered and passed Senate.
Oct 10. considered and passed House.

SECTION I: GUIDELINES FOR PHYSICIAN CANCER REPORTING

A. CASE ELIGIBILITY

All Florida physicians are legislatively mandated to report each case of cancer for each patient meeting the state of Florida Department of Health definition for "Reportable Patient" and "Reportable Neoplasm" to the Florida Cancer Data System (FCDS), agent of the Florida Department of Health. Reporting must be accomplished according to annual cancer reporting schedules and via currently approved data transmission mechanism(s) noted in this manual.

1. Reportable Patient Criteria

a. Patients with active, malignant neoplasm (in-situ or invasive), whether being treated or not;
b. Patients with active, benign, borderline or malignant brain or central nervous system (CNS) tumor, whether being treated or not;
c. Patients undergoing prophylactic, adjuvant, or palliative therapy for malignancy;
d. Patients in remission, without current evidence of disease, seen only for follow-up of previous malignancy or seen only for consultation or second opinion **are not reportable**.

2. Reportable Neoplasm Criteria

a. Active malignant neoplasm (in-situ or invasive) – Reference histologic type (morphology and tumor behavior codes) in the *International Classification of Diseases for Oncology, 3rd edition* and *SEER 2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*.
b. Active benign, borderline, or malignant brain or central nervous system (CNS) tumor – Reference histologic type (morphology and tumor behavior codes) in the *International Classification of Diseases for Oncology, 3rd edition.*
c. Active benign, borderline, or malignant neoplasm of meninges, spinal cord, cranial nerves – Reference histologic type (morphology and tumor behavior codes) in the *International Classification of Diseases for Oncology, 3rd edition.*
d. Active benign, borderline, or malignant neoplasm of intracranial endocrine glands; pituitary gland, craniopharyngeal duct and pineal gland – Reference histologic type (morphology and tumor behavior codes) in the *International Classification of Diseases for Oncology, 3rd edition.*
e. Specified malignant neoplasms of the skin (in-situ or invasive); dermatofibrosarcoma protuberans, Kaposi sarcoma, malignant melanoma, Merkel cell carcinoma, mycosis fungoides, sebaceous adenocarcinoma, and sweat gland adenocarcinoma – Reference histologic type (morphology and tumor behavior codes) in the *International Classification of Diseases for Oncology, 3rd edition.*
f. Basal and squamous cell carcinoma occurring in skin of the following genital sites; labia, clitoris, vulva, vagina, prepuce, penis, or scrotum – Reference histologic type (morphology and tumor behavior codes) in the *International Classification of Diseases for Oncology, 3rd edition.*
g. Vaginal intraepithelial neoplasia (VAIN III).
h. Vulvar intraepithelial neoplasia (VIN III).
i. Pancreatic intraepithelial neoplasia (PAIN III).
j. DO NOT REPORT basal or squamous cell carcinoma of the skin (except genital sites above).
k. DO NOT REPORT carcinoma in situ of cervix including cervical intraepithelial neoplasia (CIN III).
l. DO NOT REPORT prostatic intraepithelial neoplasia (PIN III).

B. PHYSICIAN REPORTING OPTIONS

FCDS currently offers 2 options for physician reporting to FCDS, all of which are based on existing claims data.

Option 1: Electronic Batch Transmission of Existing Medical Claims Data (via SFTP or HTTPS)
Option 2: FCDS IDEA Claims Single Entry Program using Existing Medical Claims Data

FCDS will only accept approved standardized secure electronic transmission of medical claims data. Financial data may be omitted from the transmission or will be removed by FCDS during the batch upload procedure.
No financial data will be uploaded or retained by FCDS or the Florida Department of Health under this procedure.

Option 1: Option 1 includes providing batched electronic transmission of existing Medical Claims data. Batched data may be reported from a single office, group practice, or through a medical claims processing vendor. Vendors may be privately managed, centrally managed via corporate billing or other similar structure, or managed through a contractual agreement between the physician(s) practice and a billing/claims processing vendor. The batched transmissions are accepted using the 837 v5010 record layout and must follow FCDS-approved data transmission protocol (https or secure SFTP). Vendors are strongly encouraged to filter the data for cancer diagnoses only using the ICD-9-CM Cancer Diagnosis Codes List (Appendix B).

Option 2: If the practice does not have the ability to electronically upload batch billing/claims data, FCDS offers a second option. FCDS has designed a single-entry program whereby individual claims data may be entered manually for the cancers that meet the FCDS Reporting Criteria described in Section I Part A – Case Eligibility.

NOTE 1: Only FCDS-Approved, Standardized and Secure Electronic Transmission of Claims Data is Allowed
NOTE 2: Filter Cases Based on the ICD-9-CM Cancer Diagnosis Codes List (Appendix B)
NOTE 3: No Financial Data Should Be Submitted

Appendix F includes a Sample Form 1500 (Health Insurance Claim Form) and Instruction Manual(s).

C. IDENTIFICATION OF CASES (CASE FINDING)

Case Identification (Case Finding) for a single or group medical practice should be filtered using the ICD-9-CM Diagnosis Code(s) List and any associated CPT and/or HCPCS Procedure Codes to identify every patient, patient encounter, cancer diagnostic procedure(s) and cancer-directed treatment(s) meeting Florida Case Eligibility Criteria. This should include every patient seen in your practice that is receiving cancer diagnostic, staging, or treatment procedure(s) in your office, or any patient encounter for the monitoring of active neoplasm, administration of chemotherapy agent(s), hormonal agent(s), or any agent deemed "treatment for" neoplasm such as anti-angiogenesis agent(s), biological response modifier(s), immunotherapy(s), radiation therapy (all modalities), surgery, etc.

Please refer to Appendix B – ICD-9-CM Cancer Diagnosis Codes List – 2013.
Note: The ICD-9-CM Cancer Diagnosis Codes List is updated annually. Please refer to the most current list of codes.

Please refer to Appendix C – CPT/HCPCS Procedure Codes List – SAMPLE ONLY.
Note: Any CPT/HCPCS code that indicates a patient encounter related to the diagnosis or treatment of any neoplasm that meets the Case Eligibility Criteria described in Section I Part A should be included. A complete CPT/HCPCS code list would include diagnostic and surgical procedure(s) used to establish a diagnosis or to surgically remove primary or metastatic cancer, administration or prescribing of any chemotherapeutic agent(s), immunotherapy agent(s), or biological response modifier(s), administration of radiation therapy of any type (beam radiation, radioactive implants, radioisotopes, brachytherapy, IMRT, gamma knife), blood, bone marrow or stem cell transplant procedure(s), endocrine gland resection for treatment of prostate, breast, or other cancer, and other cancer-directed therapy(s).

D. FOLLOW-BACK TO PHYSICIANS

Following receipt of electronic billing/claims data from physician practice(s), FCDS will try to electronically link each patient and tumor to an existing patient/tumor record in the FCDS Master File. Most patients and most tumors will match up with an existing record. If the patient and tumor find a match – your reporting is finished for this case. If the patient and/or tumor are not matched to an existing case – FCDS may follow-back to the physician to gather additional data required to complete a full case abstract that meets the state and federal reporting requirements.

E. REGISTER A PHYSICIAN AND SET UP AN FCDS IDEA USER ACCOUNT – SEE APPENDIX D

SECTION I: GUIDELINES FOR PHYSICIAN CANCER REPORTING

Every physician that receives correspondence from FCDS and/or the Florida Department of Health instructing them to begin reporting cancer cases to FCDS must register with FCDS following the procedure outlined in Appendix D – Register a Physician and Set Up an FCDS IDEA User Account. Registration requires entering a unique Physician Personal Identifier or PPID that the system randomly generates and following the on-screen instructions.

During the registration process the system may prompt you to also "Set Up an FCDS IDEA User Account". FCDS IDEA is FCDS' secure data transmission and single case entry portal. Some practices may already have an account. If you are prompted to set up an FCDS IDEA Account – follow the on-line instructions to complete the process.

Refer to Appendix D - Register a Physician and Set Up an FCDS IDEA User Account for complete instructions.

F. REGISTER AN MEDICAL CLAIMS VENDOR – SEE APPENDIX E

Getting Started: Log onto the FCDS web site to register as a medical claims vendor.

The FCDS Vendor Registration URL is: http://www.fcds.med.miami.edu

You must complete all the requested information.

Your Username will be sent to you via e-mail. Please follow the login instruction in the e-mail.

After completing the requested information you will be requested to choose one of two transmission methods. You will be transmitting cases on the physician's behalf electronically or via single entry.

What to Upload: The Florida Cancer Data System (FCDS) is accepting a copy of the physician's medical claim to fulfill their obligation to report cancer to the Florida Department of Health. FCDS accepts the standard electronic claims submission ANSI 837 format using the 5010 version. FCDS is only interested in the patient, physician and practice information. FCDS is NOT uploading any financial data. You may simply make a copy of the claim form you are processing for your client or you may suppress the financial information with nulls. No other modification to the standard format is required.

When to Upload: You may upload file(s) based on a schedule that is operationally best for you. However, FCDS requests that you upload a file(s) at least monthly.

G. ELECTRONIC CLAIMS SECURE DATA TRANSMISSION – SEE APENDIX F

1. HTTPS Batch Transmission

Instructions for HTTPS: Using your login credentials, log on to the FCDS Physician Office Data Upload web page. Click the tab labeled Upload Data. To locate the file you wish to upload you may type in the name of the file in the window or you may click the browse button to locate the name of the file. Click on the file name. Once the file is selected, click on the submit button and the file will be uploaded to the FCDS. You will receive a confirmation e-mail indicating the status of your file upload (successful or unsuccessful).

FCDS Technical Contact Information

Mark Rudolph
Phone: (305) 243-2626
e-mail: MRudolph@med.miami.edu

2. Secure FTP Batch Transmission

Instructions for SFTP: The FCDS IT division will establish a special SFTP account for you which will allow you to upload your data. Mark Rudolph in the FCDS office will establish the account for you. His contact information is below.

If you do not already have an SFTP program you will need to acquire one. There are several freeware products available on the market. FCDS is not suggesting any particular product. However, by way of example using: http://www.coreftp.com/download/coreftplite.exe

Run CoreFTP
Choose the New Site button, and fill in:
Site Name: FCDS FTP
Host / IP: fcds.med.miami.edu
Username: FCDS generated userid
Password: User generated password – (check the "Don't save password" checkbox)
Connection: SSH/SFTP (should default to this)

When you login, you will see the file on the lower right side window. On the lower left window, browse to where you want the file to go. There are little icons above the filelist to browse the directory tree or to switch to a different drive letter. Hold mouse over an icon to see help.

To upload to FCDS, right-click on the file and choose upload. You will see a progress bar in the bottom window.

Please note: this is a send-only, no-directory listing, no-read sftp account. If you immediately logoff/login again, you won't see the file you just uploaded!

FCDS Technical Contact Information

Mark Rudolph
Phone: (305) 243-2626
e-mail: MRudolph@med.miami.edu

3. FCDS IDEA Claims Single Entry Program

Instructions for FCDS IDEA Claims Single Entry Program:

Log onto the FCDS IDEA to enter data directly from the insurance form, in single-entry format.

You must complete all the requested information.

H. FCDS REPORTS TO PHYSICIANS - PENDING

APPENDIX A

Florida Department of Health

Healthcare Practitioner Reporting Guidelines of Notifiable Diseases or Conditions in Florida

rev. November 24, 2008

Healthcare Practitioner Reporting Guidelines of Notifiable Diseases or Conditions in Florida

Revised November 24, 2008

FLORIDA DEPARTMENT OF HEALTH

To all State of Florida Licensed Practitioners

Dear Colleagues:

Reporting suspect and confirmed notifiable diseases or conditions in the State of Florida is mandated under Florida Statute 381.0031, Rule 64D-3, *Florida Administrative Code* (*F.A.C.*). Persons in charge of laboratories, practitioners, hospitals, medical facilities, schools, nursing homes, state institutions, or other locations providing health services are required to report diseases or conditions and the associated laboratory test results listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3, *F.A.C.* Reporting test results by a laboratory does not nullify the practitioner's obligation to also report the disease or condition.

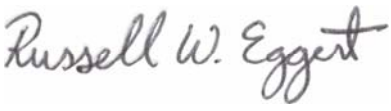
Physicians, laboratorians, infection control practitioners, and other healthcare providers play a key role in the state and local public health department efforts to control notifiable diseases. The public health system depends upon reports of disease to monitor the health of the community and to provide the basis for preventive action.

Practitioners are required to report upon the initial clinical suspicion of the disease, **prior** to confirmatory diagnosis, certain diseases of urgent public health importance. Diseases warranting *report upon suspicion* (termed "*Suspect Immediately*") should be reported 24 hours a day, seven days a week, so the necessary public health response can be initiated in a timely and effective manner. Practitioners are also responsible to supply laboratories with all necessary information for the laboratories to fulfill the specified laboratory reporting requirements.

In an effort to assist practitioners to meet their obligations to report notifiable diseases and conditions, the Florida Department of Health has prepared this guide. This guide is not intended to cover every aspect of Rule 64D-3, *F.A.C.*, but rather to provide a summation and explanation of practitioner reporting requirements. To obtain more information, such as the updated version of Rule 64D-3, *F.A.C.*, or other important reporting documents and guidelines, please visit www.floridadiseasecontrol.com/epi/topics/surv.htm or contact the Florida Department of Health (specific contact information is found on page 1 of this guide), or contact your local county health department.

We hope you will find this guide a useful aid as we all work to improve notifiable disease and condition reporting, prevention, and control in the state of Florida. The assistance and support of healthcare providers is invaluable. Thank you for your partnership.

Sincerely,



Russell W. Eggert, M.D., M.P.H.
Director
Division of Disease Control
Florida Department of Health

Max Salfinger, M.D.
Chief
Bureau of Laboratories
Florida Department of Health

Table of Contents

AFTER-HOURS reporting of *Suspect Immediately* and *Immediately* notifiable diseases or conditions, accessible 24 hours a day, 7 days a week (24/7):

Reports that need to be made outside of the county health department (CHD) business day shall be made to the CHD after-hours duty official.

- Locate CHD after-hours disease reporting contact information: http://www.doh.state.fl.us/disease_ctrl/epi/topics/contact.htm

  ► CHD after-hours: _____ (*record telephone number*)

- Bureau of Epidemiology after-hours: 850-245-4401*(if unable to contact the CHD after-hours official)*
- Bureau of Laboratories after-hours: 1-866-FLA LABS (866-352-5227)

I. Contact Information, Florida Department of Health

To report notifiable diseases or conditions, *or receive consultation regarding diagnosis and management of patients and contacts, contact your local county health department (CHD).*
To obtain CHD contact information visit: http://www.doh.state.fl.us/disease_ctrl/epi/topics/contact.htm

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For technical consultation or consultation regarding disease reporting, diagnosis and management of patients and contacts, contact the State Health Offices:

Electronic Laboratory Reporting
ELR@doh.state.fl.us

Division of Disease Control
Telephone: 850-245-4300
Physical: 2585 Merchants Row Boulevard
Mailing: 4052 Bald Cypress Way, Bin #A-09
Tallahassee, Florida 32399-1720

Bureau of Environmental Public Health Medicine
Telephone: 850-245-4299
Confidential Fax: 850-922-8473
http://www.doh.state.fl.us/environment/medicine/index.html
- **Childhood Lead Poisoning Prevention Program**
  http://www.doh.state.fl.us/environment/community/lead/
- **Florida Birth Defects Registry**
  www.fbdr.org

Bureau of Epidemiology
Telephone: 850-245-4401, accessible 24/7
Confidential Fax: 850-414-6894
http://www.doh.state.fl.us/disease_ctrl/epi/
- **Florida Cancer Data System**
  Telephone: 305-243-4600
  http://www.fcds.med.miami.edu

Bureau of Family and Community Health
Infant, Maternal and Reproductive Health Unit
Telephone: 850-245-4465
Confidential Fax: 850-245-4047
http://www.doh.state.fl.us/family/mch/index.html

Bureau of HIV/AIDS
Telephone: 850-245-4430
http://www.doh.state.fl.us/disease_ctrl/aids/
- **Hepatitis Prevention Program**
  Telephone: 850-245-4334
  http://www.doh.state.fl.us/disease_ctrl/aids/hep/

Bureau of Immunization
Telephone: 850-245-4342
Confidential Fax: 850-922-4195
http://www.doh.state.fl.us/disease_ctrl/immune/
OR http://www.immunizeflorida.org/

Bureau of Sexually Transmitted Diseases Prevention and Control
Telephone: 850-245-4604
Confidential Fax: 850-414-8103
http://www.doh.state.fl.us/disease_ctrl/std/

Bureau of Tuberculosis and Refugee Health
Telephone: 850-245-4350
Confidential Fax: 850-921-9906
http://www.doh.state.fl.us/disease_ctrl/tb/

For laboratory consultation or to arrange for receipt of specimens, contact the Bureau of Laboratories:
Bureau of Laboratories: http://www.doh.state.fl.us/lab/index.html

Bureau of Laboratories-Jacksonville
Physical: 1217 Pearl Street Zip: 32202
Mailing: P.O. Box 210 Zip: 32231
Jacksonville, FL
Telephone: 904-791-1500 Fax: 904-791-1567

Bureau of Laboratories-Miami
1325 N.W. 14th Avenue
Miami, FL 33125
Telephone: 305-324-2432 Fax: 305-324-2429

Bureau of Laboratories-Tampa
3602 Spectrum Boulevard
Tampa, FL 33612
Telephone: 813-974-8000 Fax: 813-974-3425

Bureau of Laboratories-Lantana
A.G. Holley Complex
Physical: 1199 W Lantana Road, Bldg #31
Zip: 33462
Mailing: P.O. Box 3738 Zip: 33462
Lantana, FL
Telephone: 561-540-1170 Fax: 561-540-1172

Bureau of Laboratories-Pensacola
50 West Maxwell Street
Pensacola, FL 32501
Telephone: 850-595-8895 Fax: 850-595-6380

Bureau of Laboratories after-hours:
1-866-FLA LABS (866-352-5227), accessible 24/7
(During business hours, please utilize contact information above)

II. Frequently Asked Questions

1. What are the practitioner reporting requirements under Chapter 64D-3, *F.A.C.*?

Each licensed practitioner and medical examiner who diagnoses, treats, or suspects a case or an occurrence of a disease or condition listed in the Table of Notifiable Diseases or Conditions, Chapter 64D-3.029, *F.A.C*., (pages 7-13 of this guide) is required to report the notifiable disease or condition. The public health system depends upon reports of disease to monitor the health of the community and to provide the basis for preventive action.

Practitioners are also required to supply laboratories with specific information at the time the specimen is sent to or received by the laboratory (see question 3 in this guide). The information contained in practitioner reports supplements the data provided by laboratories. Therefore, laboratory reporting does not nullify the practitioner's obligation to report a disease or condition.

Duplicate reporting of the same illness may occur, although laboratories and practitioners have different reporting requirements (see question 4 in this guide). Public health authorities justify this potential duplication of effort on the basis of the importance of this information to the health of the public. All persons with reporting responsibilities should verify that report systems are in place at the medical practices and hospitals in which they work and at the laboratories they use.

2. What information is required to be reported by practitioners to county health departments?

As per Chapter 64D-3.030, *F.A.C.,* Notification by Practitioners*,* report content must include:

(a) The patient's:
   1. First and last name, including middle initial;
   2. Address, including city, state, and zip code;
   3. Telephone number, including area code;
   4. Date of birth;
   5. Sex;
   6. Race;
   7. Ethnicity (Hispanic/non-Hispanic);
   8. Pregnancy status, if applicable;
   9. Social Security number;
   10. Date of onset of symptoms;
   11. Diagnosis;

(b) Type of diagnostic tests (for example culture, IgM, serology, nucleic acid amplification test, or Western Blot);
(c) Type of specimen (for example stool, urine, blood, mucus, etc.);
(d) Date of specimen collection;
(e) Specimen collection site (for example cervix, eye, etc., if applicable);
(f) Diagnostic test results including: reference range, titer when quantitative procedures are performed, and all available results concerning additional characterization of the organism;
(g) For Tuberculosis, the 15-digit spoligotype (octal code) must be reported;
(h) Treatment given;
(i) Name, address, and telephone number of the attending practitioner;
(j) Other necessary epidemiological information as well as additional specimen collection or laboratory testing requested by the county health department director or administrator or their designee.

3. What information must practitioners provide laboratories to enable laboratories to fulfill their reporting requirements?

Practitioners are responsible to assist laboratories to fulfill laboratory reporting requirements. Practitioners are responsible to obtain and provide the following information to laboratories at the time a specimen is sent to or received by the laboratory.

(a) The patient's:
1. First and last name, including middle initial;
2. Address, including city, state, and zip code;
3. Telephone number, including area code;
4. Date of birth;
5. Sex;
6. Race;
7. Ethnicity (Hispanic / non-Hispanic);
8. Pregnancy status if applicable;
9. Social Security number

(b) Type of specimen (for example stool, urine, blood, mucus, etc.);
(c) Date of specimen collection;
(d) Specimen collection site (for example cervix, eye, etc., if applicable);
(e) Submitting provider's: name, address including street, city, zip code, telephone number with area code of the provider requesting the test, and National Provider Identification (NPI) Number.

4. Do reporting requirements for practitioners and laboratories differ?

Yes, practitioners and laboratories have slightly different lists of notifiable diseases or conditions and associated laboratory test results that they must report. Please refer to the Table of Notifiable Diseases or Conditions on pages 7-13 of this guide. Additionally, there are reporting requirements for practitioners (such as treatment information) that are not applicable to laboratories.

5. Where should practitioners report notifiable diseases or conditions?

Any report of a notifiable disease or condition should be reported to the county health department (CHD). Please note the following reporting exceptions:

- Cancer is not reportable through the local CHD, but rather directly to the statewide cancer registry, the Florida Cancer Data System (FCDS).
- Congenital abnormalities are reportable to the Florida Department of Health, Division of Environmental Health, Florida Birth Defects Registry, 4052 Bald Cypress Way, Bin A-8, Tallahassee, Florida 32399-1720. Information on reporting formats can be obtained from the Florida Birth Defects Registry at the address above or on-line at: www.fbdr.org.

6. When should reports of notifiable diseases or conditions be submitted?

Reports of notifiable diseases or conditions should be submitted according to timeframes specified in the Table of Notifiable Diseases or Conditions pages 7-13 of this guide. For a description of the requirements for each Reporting Timeframe, see page 6 of this guide. (Reporting via telephone should be followed with a subsequent written report within 72 hours, by facsimile, electronic data transfer, or other confidential means of communication.)

7. How do I obtain contact information for local county health departments?

Please visit: http://www.doh.state.fl.us/disease_ctrl/epi/topics/contact.htm to find a listing of current county health department epidemiology contacts. It is important to know how to contact the local county health department epidemiology staff during business hours as well as after hours to report diseases with reporting timeframes of "*Suspect Immediately*" and "*Immediately*" in the Table of Notifiable Diseases or Conditions.

8. Should *suspect* cases of diseases or conditions of a highly infectious nature designated of urgent public health importance be reported?

Yes, practitioners are required to report *suspected* cases of certain diseases of urgent public health importance. Practitioners should refer to the column labeled as "*Suspect Immediately*" to determine which diseases or conditions should be reported upon initial suspicion of disease, prior to confirmatory diagnostic results. Requests for laboratory test identification of an organism are considered evidence that the disease is considered as part of the practitioner's differential diagnosis and should be reported. Diseases warranting *report upon suspicion* ("*Suspect Immediately*") should be reported immediately, 24 hours a day, seven days a week, to the local county health department. Upon confirmation of the disease or presence of the agent, the physician should also report the confirmation to the appropriate county health department.

9. Are there special practitioner reporting requirements for HIV and AIDS?

Yes, practitioners should report all HIV or AIDS cases within two weeks using the Adult HIV/AIDS Confidential Case Report, CDC 50.42A Rev. 03/2007, or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003. Practitioners need to complete an additional form, the Department of Health Addendum for Adult HIV/AIDS Confidential Case Report, DH Form 2134 when reporting a case of HIV or AIDS age 13 or older. All forms are available at county health departments or at the Department of Health, Bureau of HIV/AIDS, Surveillance Section, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1715.

In addition, practitioners must report all HIV exposed newborns or infants less than 18 months of age born to a HIV infected woman by the next business day. Cases should be reported using the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003.

10. Are there special testing requirements for sexually transmitted diseases (STD) in pregnant women that impact practitioner reporting?

Yes, practitioners attending a woman for prenatal care must test the woman for chlamydia, gonorrhea, hepatitis B, HIV and syphilis at initial examination and then again at 28 to 32 weeks gestation. Practitioners attending a woman at delivery or within 30 days postpartum who has no record of prenatal HIV/STD testing must test the woman for hepatitis B, HIV, and syphilis. Practitioners attending a woman who presents to an emergency department at 12 weeks gestation or greater with no record of prenatal care must either test the woman for HIV/STD or provide her with a written referral to the local county health department. Prior to any required testing, a woman must be notified of the tests to be performed and of the right to refuse testing. If a woman refuses testing, she must sign a statement to that effect or the practitioner must document the refusal(s) in the medical record. For further information, please contact the Bureau of Sexually Transmitted Disease Prevention and Control at (850) 245-4303 or the Bureau of Family and Community Health at (850) 245-4465.

11. Are there special reporting requirements for tuberculosis (TB)?

Yes, practitioners should report positive TB diagnostic tests (positive acid-fast bacilli [AFB] smears, positive AFB cultures identified as *Mycobacterium tuberculosis* complex, and positive nucleic acid amplification) or positive histologic evidence indicative of tuberculosis. For initial TB isolates, the 15 –digit spoligotype (octal code) must be reported. If spoligotyping is not available, the isolate must be submitted to the Department of Health, Bureau of Laboratories—Jacksonville.

12. Are there special reporting requirements for cancer and how should cancer cases be reported?

Yes, all health care facilities, freestanding radiation therapy centers, ambulatory patient care centers, and any practitioner licensed to practice medicine in the state of Florida are required to report to the Florida Cancer Data System (FCDS) all cancer diagnoses and/or treatment within six months. All cases must be transmitted to the FCDS electronically in accordance with the FCDS Data Submission Policies and Procedures outlined in the *FCDS Data Acquisition Manual*. The data must be submitted in the current North American Association of Central Cancer Registries (NAACCR) Version transfer record layout. The FCDS data field positions and field lengths are standardized using the NAACCR transfer record layout, data definitions, and data exchange guidelines. For more information, log onto the FCDS web site www.fcds.med.miami.edu.

13. Are there special reporting requirements for lead and how should lead poisoning cases and laboratory test results be reported?

All practitioners are required to report lead poisoning cases (results of 10 micrograms per deciliter or greater) to the local county health department. Practitioners that use hand held and/or on-site blood lead testing devices should also report the results of **all** blood lead tests performed regardless of result value to the Bureau of Environmental Public Health Medicine, Childhood Lead Poisoning Prevention Program, 4052 Bald Cypress Way, Bin A-08, Tallahassee, Florida 32399-1712, (850) 245-4277.

14. Are laboratory results required to be reported electronically?

Yes, laboratories are required to report test results electronically. For information about Electronic Laboratory Reporting (ELR), please contact the Florida Department of Health Electronic Laboratory Reporting project manager at: elr@doh.state.fl.us. Practitioners conducting in-house laboratory testing should review the laboratory reporting guidelines as well as practitioner guidelines to ensure reporting compliance to aid in an effective and timely public health response.

Please note: Electronic laboratory reporting does not remove the requirement to report by telephone those diseases with reporting timeframes of "*Suspect Immediately*" and "*Immediately*" in the Table of Notifiable Diseases or Conditions.

15. Does the Health Insurance Portability and Accountability Act (HIPAA) change the obligation of providers to report notifiable diseases or conditions?

No, HIPAA does not change the obligation to report or the obligation to cooperate with the Department's epidemiologic investigations. HIPAA Section 45 CFR 160.203(c) specifically defers to state law "reports of disease, injury, child abuse, birth or death for the conduct of public health" and 45 CFR section 164.512(b) "A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions."

Florida Statute Section 381.0031 requires licensed health care practitioners to report diseases of public health significance to the Florida Department of Health. Chapter 64D-3, *Florida Administrative Code*, specifies the disease to be reported (see the Table of Notifiable Diseases or Conditions, pages 8-14 of this guide). These state requirements are not reduced or changed by the federal law.

III. Reporting Timeframes

1. ❗ ***"Suspect Immediately"*** – A notifiable condition of a highly infectious nature designated of urgent public health importance. **Report immediately 24 hours a day, seven days a week (24/7), by phone upon initial clinical suspicion or laboratory test order.**

Report without delay upon the occurrence of any of the following: initial clinical suspicion, receipt of a specimen with an accompanying request for an indicative or confirmatory test, findings indicative thereof, or suspected diagnosis. The goal of the "*Suspect Immediately*" timeframe is to notify public health authorities as soon as possible during the case evaluation period so the necessary public health response (issuance of isolation, quarantine, prophylaxis, anti-toxin request, etc.) can be initiated in a timely and effective manner to prevent further exposure or infection. Reports that need to be made outside of the county health department (CHD) business day shall be made to the CHD after-hours duty official. If unable to contact the CHD, the Florida Department of Health, Bureau of Epidemiology after-hours duty official should be contacted at (850) 245-4401.

2. ☎ ***"Immediately"*** – A notifiable condition of urgent public health importance. **Report immediately 24 hours a day, seven days a week (24/7), by phone.**

Report without delay upon the occurrence of any of the following: an indicative or confirmatory test result, finding, or diagnosis. Reports that need to be made outside of the county health department business day shall be made to the county health department after-hours duty official. If unable to do so, the Florida Department of Health, Bureau of Epidemiology after-hours duty official should be contacted at (850) 245-4401.

*3. "**Next Business Day**"* – Report no later than the close of the county health department next business day following confirmatory testing or diagnosis.

*4. "**Other**"* – Other reporting timeframe. Specific timeframes are indicated in the "*Other*" column of the Table of Notifiable Diseases or Conditions.

What is the difference between the "*Suspect Immediately*" and "*Immediately*" reporting designation?
Diseases that are listed as "*Suspect Immediately*" or "*Immediately*" should be reported as soon as possible, 24 hours a day, seven days a week (24/7), by phone. Diseases that are listed as "*Suspect Immediately*" should be reported upon *initial suspicion*. Reports should occur prior to a confirmatory diagnosis when the disease in question is considered highly suspect. Requests for laboratory test identification of an organism are considered evidence that the disease is part of the clinician's differential diagnosis and should be reported. The goal of the "*Suspect Immediately*" timeframe is to notify public health authorities as soon as possible during the case evaluation period so the necessary public health response (issuance of isolation, quarantine, prophylaxis, anti-toxin request, etc.) can be initiated in a timely and effective manner to prevent further exposure or infection. "*Immediately*" also applies to high priority diseases but they should be reported following confirmatory testing or diagnosis.

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
Notifiable Diseases or Conditions	Reporting Timeframe				Agents, Notifiable Laboratory Requests and Results	Reporting Timeframe				Submit isolates or specimens for confirmation¶	Findings to Report to Public Health
	Suspect Immediately	***Immediately***	*Next Business Day*	*Other*		***Suspect Immediately***	***Immediately***	*Next Business Day*	*Other*		
Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed in this Rule that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.	❗	☎			Detection in one or more specimens of etiological agents of a disease or condition not listed in this Rule that is of urgent public health significance	❗	☎				Positive by any method
Acquired Immune Deficiency Syndrome (AIDS)				2 Wk	Not Applicable						
Amebic Encephalitis		☎			*Naegleria fowleri, Balamuthia mandrillaris, or Acanthamoeba* species (excluding *A. keritit*is)		☎				Positive by any method
Anaplasmosis/ Ehrlichiosis			X		*Anaplasma phagocytophilum, Ehrlichia chaffeensis,* or *E. ewingii*			X		✉	Positive by any method
Anaplasmosis/ Ehrlichiosis, undetermined or unspecified			X		*Anaplasma* or *Ehrlichia* species, other			X		✉	Positive by any method
Anthrax	❗	☎			*Bacillus anthracis*	❗	☎			✉	Positive by any method
Arsenic†			X		Arsenic, results indicative of arsenic poisoning†			X			Elevated inorganic or total urinary arsenic levels >50 µg/L total for a 24-hr urine or >50 µg/g creatinine (Speciation is required in all cases where total urine arsenic is elevated to differentiate the amount of organic and inorganic arsenic. Positive total arsenic laboratory test results from specimens taken within 72 hours of consumption of seafood are **not** acceptable.)
Botulism, foodborne, other (includes wound and unspecified)	❗	☎			*Clostridium botulinum* or botulinum toxin	❗	☎			✉	Positive culture or toxin in food, blood or stool
Botulism, infant			X		*Clostridium botulinum* or botulinum toxin			X		✉	Positive culture or toxin in food, blood or stool
Brucellosis	❗	☎			*Brucella abortus, B. canis, B. melitensis, B. suis*	❗	☎			✉	Positive by any method
California serogroup virus neuroinvasive and non-neuroinvasive disease			X		California serogroup viruses (California encephalitis, Jamestown Canyon, Keystone, Lacrosse, snowshoe hare, trivittatus)			X		✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Campylobacteriosis			X		*Campylobacter* species			X			Positive culture

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
	Reporting Timeframe					Reporting Timeframe					
Notifiable Diseases or Conditions	***Suspect Immediately***	***Immediately***	*Next Business Day*	*Other*	Agents, Notifiable Laboratory Requests and Results	***Suspect Immediately***	***Immediately***	*Next Business Day*	*Other*	Submit isolates or specimens for confirmation[¶]	Findings to Report to Public Health
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)[¥]				6 Mo	Cancer, pathological or tissue diagnosis				6 Mo		Pathological or tissue diagnosis of cancer (except non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)
Carbon monoxide poisoning			X		Carbon monoxide, results indicative of carbon monoxide poisoning			X			A volume fraction ≥ 0.09 (9%) of carboxyhemoglobin (COHb) in blood
Chancroid			X		*Haemophilus ducreyi*			X			Positive by any method
Chlamydia including in pregnant women and neonates, children ≤ 12 years of age[‡]			X		*Chlamydia trachomatis*			X			Positive by any method
Cholera	!	☎			*Vibrio cholerae*	!	☎			✉	*Vibrio cholerae* O1 or O139 positive culture or significant serology
Ciguatera fish poisoning (Ciguatera)			X		Not Applicable						
Congenital anomalies[Ψ]				6 Mo	Not Applicable						
Conjunctivitis in neonates ≤ 14 days old			X		Not Applicable						
Creutzfeldt-Jakob disease (CJD)			X		CJD, 14-3-3 protein from CSF or any brain pathology suggestive of CJD			X			Positive by any method; contact Bureau of Epidemiology to arrange appropriate autopsy and specimen collection
Cryptosporidiosis			X		*Cryptosporidium parvum*			X			Positive by any method
Cyclosporiasis			X		*Cyclospora cayetanensis*			X		✉	Positive by any method
Dengue			X		Dengue virus			X		✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Diphtheria	!	☎			*Corynebacterium diphtheriae*	!	☎			✉	Positive culture or histopathologic evidence
Eastern equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X		Eastern equine encephalitis virus			X		✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Ehrlichiosis/ Anaplasmosis			X		*Anaplasma phagocytophilum, Ehrlichia chaffeensis,* or *E. ewingii*			X		✉	Positive by any method
Ehrlichiosis/ Anaplasmosis – undetermined or unspecified			X		*Ehrlichia* or *Anaplasma* species, other			X		✉	Positive by any method
Encephalitis, other (non-arboviral)			X		Encephalitis, isolation from or demonstration in brain or central nervous system tissue or cerebrospinal fluid, of any pathogenic virus			X			Positive culture or nucleic acid amplification or antigen detection
Enteric disease due to *Escherichia coli* O157:H7		☎			*Escherichia coli* O157:H7		☎			✉	Positive *E. coli* O157 culture, or positive shiga toxin in stool
Enteric disease due to other pathogenic *Escherichia coli*		☎			*Escherichia coli,* non O157:H7		☎				Positive *E. coli* culture, or positive shiga toxin in stool, including enterotoxigenic, enteroinvasive, enteropathogenic, enterohemorrhagic, enteroaggregative strains and shiga toxin positive strains *E. coli* – non O157:H7 that produce Shiga-like toxin should be sent to the Bureau of Laboratories - Jacksonville

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
	Reporting Timeframe					Reporting Timeframe					
Notifiable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Agents, Notifiable Laboratory Requests and Results	Suspect Immediately	Immediately	Next Business Day	Other	Submit isolates or specimens for confirmation¶	Findings to Report to Public Health
Giardiasis (acute)			X		*Giardia* species			X			Positive by any method
Glanders	!	☎			*Burkholderia mallei*	!	☎			✉	Positive by any method
Gonorrhea, including antibiotic resistant and gonorrhea in pregnant women and neonates; children ≤ 12 years of age‡			X		*Neisseria gonorrhoeae*			X			Positive by any method; report susceptibility test results (zone sizes for disk diffusion; MICs for E-test or agar dilution) for: fluoroquinolones, cephalosporins
Granuloma inguinale			X		*Calymmatobacterium granulomatis*			X			Donovan bodies found
Haemophilus influenzae, meningitis and invasive disease	!	☎			*Haemophilus influenzae*	!	☎			✉	Positive culture from any sterile site (such as blood or CSF) or detection of *H. influenzae* type b antigen in CSF
Hansen's disease (Leprosy)			X		*Mycobacterium leprae*			X			Demonstration of acid-fast bacilli in biopsy specimens from lepromatous lesions
Hantavirus infection		☎			Hantavirus		☎			✉	Positive IgM or rising IgG titer or positive RNA by nucleic acid amplification or positive immunohistochemistry
Hemolytic uremic syndrome		☎			Not Applicable						
Hepatitis A		☎			Hepatitis A Virus		☎				Positive serology for IgM anti-HAV; include all results (positive or negative) for additional serologic markers of hepatitis and alanine aminotransferase (ALT)
Hepatitis B, C, D, E and G; including Hepatitis B surface antigen (HBsAg)-positive in a pregnant woman or a child up to 24 months old			X		Hepatitis B, C, D, E and G Virus			X			Positive serology for HBsAg (confirmed by neutralization), IgM anti-HBc, HBeAg, or HBV DNA; Anti-HCV positive (repeat reactive) by screening assay with a signal to cut-off ratio predictive of a true positive as determined by the particular assay (e.g., ≥3.8 for EIA or ≥8 for CIA) and all positive confirmatory assay (e.g., RIBA or nucleic acid amplification); include s/co in the results section of the laboratory report; detection of any hepatitis D, E or G marker; include all results (positive or negative) for additional hepatitis serologic markers and alanine aminotransferase (ALT)
Herpes simplex virus (HSV), infants up to 60 days old with disseminated infection with liver involvement, encephalitis & infections limited to skin, eyes and mouth; anogenital in children ≤12 yrs of age‡			X		HSV 1 or HSV 2			X			DFA, PCR, DNA or culture, 4-fold titer rise in paired sera by various serological tests confirmatory of primary infection; presence of herpes-specific IgM suggestive but not conclusive evidence of primary infection
Human immunodeficiency virus (HIV)				2 Wk	Human immunodeficiency virus (HIV) ¶¶ς				3 Day		Repeatedly reactive enzyme immunoassay, followed by a positive confirmatory tests, (e.g. Western Blot, IFA): positive result on any HIV virologic test (e.g. p24 AG, nucleic acid amplification test (NAT/NAAT) or viral culture); all viral load (detectable and undetectable) test results

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
	Reporting Timeframe					Reporting Timeframe					
Notifiable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Agents, Notifiable Laboratory Requests and Results	Suspect Immediately	Immediately	Next Business Day	Other	Submit isolates or specimens for confirmation¶	Findings to Report to Public Health
Human immunodeficiency virus (HIV) exposed newborn, infant ≤ 18 months of age born to a HIV infected woman			X		Human immunodeficiency virus (HIV) exposed newborn, infant ≤ 18 months of age born to a HIV infected woman				3 Day		All HIV test results (e.g., positive or negative immunoassay, positive or negative virologic tests) for those < 18 months of age
Not Applicable					CD-4 absolute count and percentage of total lymphocytes				3 Day		All CD4s, with or without confirmed HIV infection
Human papillomavirus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs, anogenital in children ≤12 yrs of age‡			X		Human papillomavirus (HPV)			X			DNA
Human papillomavirus, practitioners need not report, unless licensed as a pathologist			X		Human papillomavirus (HPV)			X			1) Positive test for any high risk human papillomavirus (HPV) type (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 59, 68, etc)*15 2) Abnormal cervical and anogenital cytologies consistent with "Bethesda 2001 Terminology"* 3) Abnormal histologies including*15: a. cervical vaginal intraepithelial neoplasia (CIN 1, 2, or 3) b. vulvar intraepithelial neoplasia (VIN 1, 2, or 3) c. vaginal intraepithelial neoplasia (VAIN 1, 2, or 3) d. anal intraepithelial neoplasia (AIN 1, 2, or 3)
Influenza due to novel or pandemic strains	!	☎			Influenza virus, detection of a novel or pandemic strain of influenza virus from a human	!	☎			✉	Positive by any method
Influenza-associated pediatric mortality in persons aged < 18 years		☎			Influenza virus – associated pediatric mortality in persons aged <18 years (if known)		☎			✉	Positive by any method
Lead poisoning (blood lead level ≥ 10 µg/dL) (Practitioners conducting on site blood lead analysis must also comply with laboratory reporting requirements)			X		Lead, all blood lead test results			X			All blood lead tests performed (laboratories and practitioners that conduct on site blood lead analysis); report electronically to Bureau of Environmental Public Health Medicine, Childhood Lead Poisoning Prevention Program
Legionellosis			X		*Legionella* species			X			Positive culture, DFA, positive immunohistochemistry or other similar method using validated reagents, or urine antigen or acute/convalescent serology showing a rising titer to *L. pneumophila*
Leptospirosis			X		*Leptospira interrogans*			X			Positive by any method
Listeriosis		☎			*Listeria monocytogenes*		☎				Positive culture from any sterile site (such as blood or CSF)
Lyme disease			X		*Borrelia burgdorferi*			X			Positive by any method, if a first step assay is performed, a positive or equivocal result needs to be reported only if a second step assay (immunoblot) is positive, equivocal, or will not be performed
Lymphogranuloma Venereum (LGV)			X		*Chlamydia trachomatis*			X			Positive by any method

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
	Reporting Timeframe					Reporting Timeframe					
Notifiable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Agents, Notifiable Laboratory Requests and Results	Suspect Immediately	Immediately	Next Business Day	Other	Submit isolates or specimens for confirmation[¶]	Findings to Report to Public Health
Malaria			X		*Plasmodium falciparum, P. malariae, P. ovale, P. vivax*			X		✉	Positive blood smear or nucleic acid amplification
Measles (Rubeola)	!	☎			Measles virus	!	☎			✉	Paired sera showing rising IgG titer, single serum showing measles IgM antibody, nucleic acid amplification or positive viral culture; *IgM serum antibody or viral culture test orders should be reported as "Suspect Immediately," but not IgG results*
Melioidosis	!	☎			*Burkholderia pseudomallei*	!	☎			✉	Positive by any method
Meningitis, bacterial, cryptococcal and other mycotic (meningococcal or *H. influenzae* or pneumococcal reported separately)			X		Meningitis, isolation or demonstration of any bacterial or fungal species in cerebrospinal fluid			X			Positive by any method
Meningococcal disease, includes meningitis and meningococcemia	!	☎			*Neisseria meningitidis* (serogroup needed)	!	☎			✉	Positive culture from any sterile site (such as blood or CSF), nucleic acid amplification, positive immunohistochemistry or Gram-stain showing Gram-negative diplococci in CSF or blood
Mercury poisoning			X		Mercury, results indicative of mercury poisoning			X			Demonstration of mercury blood value of ≥20µg/dL in urine, ≥20µg/dL blood, or ≥5µg/g hair
Mumps			X		Mumps virus			X			Paired sera showing rising IgG titer, single serum showing mumps IgM antibody, nucleic acid amplification or positive viral culture
Neurotoxic shellfish poisoning		☎			Neurotoxic shellfish poisoning, indicative results		☎				Detection of neurotoxin from stool or from food samples in epidemiologically implicated shellfish
Pertussis		☎			*Bordetella pertussis*		☎				Positive culture, nucleic acid amplification, or DFA
Pesticide-related illness and injury			X		Pesticide, results indicative of pesticide related illness and injury			X			Detection of specific pesticide or its metabolic product in a clinical or biological specimen, or demonstration of abnormal cholinesterase levels in red blood cells or plasma
Plague	!	☎			*Yersinia pestis*	!	☎			✉	Positive by any method
Poliomyelitis, paralytic and non-paralytic	!	☎			Poliovirus	!	☎			✉	Positive viral culture or nucleic acid amplification
Psittacosis (Ornithosis)			X		*Chlamydophila psittaci* (formerly known as *Chlamydia psittaci*)			X		✉	Positive culture or serologic evidence
Q Fever			X		*Coxiella burnetii*			X		✉	Positive by any method
Rabies, animal or human		☎			Rabies virus	!	☎				Only the State of Florida Bureau of Laboratories is approved for rabies testing
Rabies, possible exposure[Ь]	!	☎			Not Applicable						
Ricin poisoning/toxicity	!	☎			Ricin toxin	!	☎			✉	Positive by any method
Rocky Mountain spotted fever			X		*Rickettsia rickettsii*			X		✉	Positive by any method

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
	Reporting Timeframe					Reporting Timeframe					
Notifiable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Agents, Notifiable Laboratory Requests and Results	Suspect Immediately	Immediately	Next Business Day	Other	Submit isolates or specimens for confirmation¶	Findings to Report to Public Health
Rubella, including congenital	!	☎			Rubella virus	!	☎			✉	Paired sera showing rising IgG titer, single serum showing rubella IgM antibody, nucleic acid amplification or positive viral culture; *IgM serum antibody or viral culture test orders should be reported as "Suspect Immediately," but not IgG results*
Salmonellosis			X		*Salmonella* species by species serogroup and serotype			X			Positive culture
St. Louis encephalitis (SLE) virus neuroinvasive and non-neuroinvasive disease			X		St. Louis encephalitis virus			X		✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Saxitoxin poisoning including Paralytic shellfish poisoning (PSP)			X		Saxitoxin			X			Toxin detection in urine or epidemiologically-linked food specimen
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease	!	☎			SARS–associated Coronavirus (SARS-CoV)	!	☎			✉	Positive by any method
Shigellosis			X		*Shigella* species by species and serogroup			X			Positive culture
Smallpox	!	☎			Variola virus (orthopox virus)	!	☎			✉	Positive by any method
Staphylococcus aureus - community associated mortality††			X		*Staphylococcus aureus* - community associated mortality††			X		✉	Laboratories with an isolate from a patient that died from community associated *Staphylococcus aureus* must submit isolates to Department of Health, Bureau of Laboratories. When pneumonia was present, a suitable respiratory specimen for viral testing should be submitted if available
Not Applicable					*Staphylococcus aureus* isolated from a normally sterile site			X			Antibiotic susceptibilties must be included; reports must be received electronically. Electronic reports are to be reported directly to the State Office.
Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA,VRSA)		☎			*Staphylococcus aureus* with intermediate or full resistance to vancomycin (VISA, VRSA)		☎			✉	*Staphylococcus aureus* isolate showing reduced susceptibility to glycopeptides (e.g. vancomycin, teicoplanin) detected and defined according to Clinical and Laboratory Standards Institute (CLSI), MIC=4-8 µg/ml (VISA), MIC≥16 µg/ml (VRSA); Antibiotic sensitivities must be included.
Staphylococcus enterotoxin B		☎			*Staphylococcus* enterotoxin B		☎			✉	Positive for toxin in blood or urine by any method
Streptococcal disease, invasive, Group A			X		*Streptococcus pyogenes,* Group A, isolated from a normally sterile site			X			Positive culture from any sterile site (such as blood or CSF), does not include throat specimens
Not Applicable					*Streptococcus pneumoniae* isolated from a normally sterile site			X			Positive culture from any sterile site (such as blood or CSF), include antibiotic susceptibility pattern
Streptococcus pneumoniae, invasive disease in children < 5 years, drug sensitive and resistant			X		*Streptococcus pneumoniae* isolated from a normally sterile site			X			Positive culture from any sterile site (such as blood or CSF), include antibiotic susceptibility pattern
Syphilis			X		*Treponema pallidum*			X			Reactive/positive by any method
Syphilis in pregnant women and neonates		☎			*Treponema pallidum*		☎				Reactive/positive by any method

IV. Table of Notifiable Diseases or Conditions

Practitioner Reporting					Laboratory Reporting						
	Reporting Timeframe					Reporting Timeframe					
Notifiable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Agents, Notifiable Laboratory Requests and Results	Suspect Immediately	Immediately	Next Business Day	Other	Submit isolates or specimens for confirmation¶	Findings to Report to Public Health
Tetanus (clinically compatible, laboratory confirmation not required)			X		*Clostridium tetani*			X			Positive culture
Toxoplasmosis (acute)			X		*Toxoplasma gondii*			X			Positive by any method
Trichinellosis (Trichinosis)			X		*Trichinella spiralis*			X			Positive biopsy or serology
Tuberculosis (TB) Ж			X		*Mycobacterium tuberculosis* complex Ж			X			Positive Acid-fast bacilli (AFB) smear, culture, nucleic acid amplification, histologic evidence; 15-digit spoligotype (octal code) must be reported. If spoligotyping is not available, the isolate must be submitted to the Bureau of Laboratories
Tularemia	!	☎			*Francisella tularensis*	!	☎			✉	Positive by any method
Typhoid fever		☎			*Salmonella* serotype Typhi		☎			✉	Positive culture
Typhus fever			X		*Rickettsia felis, R. typhi*			X		✉	Positive by any method
Typhus fever	!	☎			*Rickettsia prowazekii*	!	☎			✉	Positive by any method
Vaccinia disease	!	☎			Vaccinia virus	!	☎			✉	Positive by any method
Varicella (Chickenpox)Ю; Varicella mortality (clinically compatible, laboratory confirmation not required)			X		Varicella virus			X			Paired sera showing rising IgG titer, nucleic acid amplification, DFA or positive viral culture
Venezuelan equine encephalitis virus neuroinvasive and non-neuroinvasive	!	☎			Venezuelan equine encephalitis virus	!	☎			✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Vibriosis (non-cholera Vibrio infections, cholera reported separately)			X		*Vibrio* species, all non-cholera *Vibrio* species including, *V. alginolyticus, V. damsela, V. fluvialis, V. furnissii, V. hollisae, V. mimicus, V. parahaemolyticus,V. vulnificus*			X		✉	Positive culture
Viral hemorrhagic fevers	!	☎			Arenaviruses (Lassa, Machupo); Filoviruses (Ebola, Marburg)	!	☎			✉	Positive by any method
West Nile virus neuroinvasive and non-neuroinvasive disease			X		West Nile virus			X		✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Western equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X		Western equine encephalitis virus			X		✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence
Yellow fever	!	☎			Yellow fever virus		☎			✉	Positive viral culture, nucleic acid amplification, antigen detection or serologic evidence

V. Notations, Table of Notifiable Diseases or Conditions

! *Suspect Immediately*, refer to page 7 for additional information regarding reporting timeframes.

☎ *Immediately*, refer to page 7 for additional information regarding reporting timeframes.

¶ ✉ Submission of isolates or specimens for confirmation:

a. Each laboratory that obtains a human isolate or a specimen from a patient shall send specimens (such as isolates, sera, slides, or diagnostic preparations) to the Florida Department of Health, Bureau of Laboratories for confirmation or additional characterization of the organism.
b. Persons submitting specimens for reportable laboratory tests to the Florida Department of Health, Bureau of Laboratories, pursuant to subsection 64D-3.003(4), *F.A.C.*, are required to supply the laboratories with sufficient information to comply with the provisions of this section.
c. For the address of your closest Florida Department of Health, Bureau of Laboratories location refer to page 1. *After* normal business hours contact 1-866-FLA-LABS (1-866-352-5227). This location will receive isolates or specimens and maintain a record to indicate the date that these specimens were submitted to the laboratory.
d. Laboratories shall submit isolates or specimens to the Florida Department of Health, Bureau of Laboratories for confirmation or additional characterization of the organism for any notifiable disease as requested by the county health department director or administrator or their designee. Some additional information regarding such requests can be found in the document "Surveillance Case Definitions for Select Reportable Diseases in Florida" available at: http://www.doh.state.fl.us/disease_ctrl/epi/surv/CaseDefinitions.html
e. Laboratories are not prohibited from submitting isolates or specimens from a patient for a disease or condition that is not designated in the Table of Notifiable Diseases or Conditions to be Reported in this Rule.

† Special reporting requirements for arsenic: Organic arsenic found in fish is not believed to be toxic. Total arsenic tests do not distinguish between the organic arsenic and inorganic, the more toxic form. For this reason, cases with positive total arsenic tests with a history of fish consumption within 72 hours of the sampling, do not need to be reported.

¥ Notification within six months of diagnosis and within six months of each treatment.

‡ Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any person 12 years of age or under, excluding neonates. Reporting of a Sexually Transmitted Disease case to a county health department does not relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuant to Section 39.201, F.S.

Ψ Exceptions are located in 64D-3.035, *F.A.C.*

π Special requirements for STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion):

a. Each laboratory that reports a confirmed positive HIV test in persons 13 years of age and older must also report a serologic testing algorithm for recent HIV seroconversion (STARHS) test result.
b. In lieu of producing this test result, each laboratory that reports a confirmed positive HIV test must submit a sample for additional testing using STARHS. The laboratory is permitted to send the remaining blood specimen or an aliquot of at least 0.5 *ml* to the Florida Department of Health, Bureau of Laboratories, 1217 Pearl Street, Jacksonville, Florida 32202.
c. Laboratories electing to send a blood specimen will contact the Florida Department of Health, Bureau of Laboratories at (904) 791-1500 to receive specimen maintenance and shipping instructions (see “d” below).
d. Nationally based laboratories with an existing contract to ship specimens directly to a STARHS laboratory designated by the Centers for Disease Control and Prevention will not be required to send a specimen to the Florida Department of Health, Bureau of Laboratories.
    i. Confirmed HIV-1 positive serum or plasma by Western Blot (WB), or Immunofluorescence Assay (IFA) will be shipped to the **Retrovirology Department** at the Bureau of Laboratories-Jacksonville or Bureau of Laboratories-Miami. The optimal quantity of serum required for STARHS testing is 0.5 ml per aliquot. However, if less than 0.5 ml of the remnant sample is available for STARHS testing the sample should still be sent to the Bureau of Laboratories.
    ii. Short-term (less than one week) storage of samples in the refrigerator (2 to 8°C) is acceptable, but for long term storage (more than one week), samples must be frozen at -20°C or colder. Effort should be made to avoid repeated freezing and thawing of samples, as this may give unreliable results.

iii. Laboratories are responsible for shipping specimens in conformity with all safety and labeling regulations. The frequency of specimen shipments to the Bureau of Laboratories will be determined by the shipping laboratory, considering factors such as specimen retention policies and freezer/storage space.
iv. Complete the HIV Incidence Surveillance Laboratory form for each shipment. The form must include the laboratory name and the laboratory-assigned accession number for each specimen. Use black, non-smearing ink and please print clearly.
v. The Bureau of HIV/AIDS provides specimen mailing containers and labels. The containers are the property of the State of Florida and must not be used for any purpose other than the shipment of STARHS specimens to the Bureau of Laboratories. In addition, the Bureau of HIV/AIDS has established a billing account with FedEX to off-set shipping costs incurred by the screening laboratory. For additional specimen mailing containers or FedEx labels, please contact the Bureau of HIV/AIDS, HIV Incidence Surveillance Coordinator (850) 245-4430. Note: If FedEx does not make regular pick-ups at your facility, call the carrier to schedule pick-up, FedEx (800) 463-3339..

ç If a genotype is performed, the fasta files containing the nucleotide sequence data, including the protease and reverse transcriptase regions must be reported.

* Special reporting requirements for laboratories and pathologists:
a. Report to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1716, (850) 245-4303.
b. Paper reports are not required. In accordance with Section 64D-3.031(5)(b), *F.A.C.*, once Electronic Laboratory Reporting is initiated with the Department, all reports should be made electronically.

Б Includes a bite or other significant exposure to a human or domestic animal (including all pets and livestock) by an animal:
a. That results in rabies prophylaxis for the person exposed, rabies testing or quarantine of the animal causing the exposure, or
b. That is capable of transmitting herpes B viruses (includes exposures from non-human primates).

†† As specified in the surveillance case definition for mortality in a person infected with community associated *Staphylococcus aureus*. For *S. aureus* mortality cases, a *S. aureus* isolate shall be sent to the Florida Department of Health, Bureau of Laboratories, 1217 Pearl Street, Jacksonville, Florida 32202, (904) 791-1500. When pneumonia was present prior to death, a suitable respiratory specimen for viral testing should be submitted if available if the following:
a. Death occurred outside a hospital setting *or* if death occurred in the hospital setting a clinical culture positive for *S. aureus* that was obtained ≤ 48 hours after admission to the hospital.
b. **Exclusion Criteria**
i. Hospitalized within the year prior to death. For children less than one year old, a hospitalization other than childbirth, OR
ii. Admission to a nursing home, skilled nursing facility, or hospice within the last year, OR
iii. Dialysis within the last year, OR
iv. Surgery within the last year, OR
v. Indwelling catheters or medical devices that pass through the skin into the body in the last year.

Ж Special reporting requirements for Tuberculosis:
a. Test results must also be submitted by laboratories to the Bureau of Tuberculosis and Refugee Health.
b. All initial culture positive isolates must be spoligotyped and the 15-digit octal code reported. Providers may send isolates to the Florida Department of Health, Bureau of Laboratories—Jacksonville.

ю Special reporting requirements for varicella (chickenpox):
In addition to the information required to be reported listed on page 2, practitioners shall also provide dates o varicella vaccination.

VI. One Page Practitioner Guide

Reportable Diseases/Conditions in Florida

Practitioner* List 11/24/08

Did you know that you are required by Florida statute to report certain diseases to your local county health department?**

*Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3, *Florida Administrative Code (FAC)*.

! = Report immediately 24/7 by phone upon initial suspicion or laboratory test order

☎ = Report immediately 24/7 by phone

• = Report next business day

+ = Other reporting timeframe

- ! Any disease outbreak
- ! Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.
- Acquired Immune Deficiency Syndrome (AIDS)+
- Amebic encephalitis •
- Anaplasmosis •
- ! Anthrax
- Arsenic poisoning •
- ! Botulism (foodborne, wound, unspecified, other)
- Botulism (infant) •
- ! Brucellosis
- California serogroup virus (neuroinvasive and non-neuroinvasive disease) •
- Campylobacteriosis •
- Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)+
- Carbon monoxide poisoning •
- Chancroid •
- Chlamydia •
- ! Cholera
- Ciguatera fish poisoning (Ciguatera) •
- Congenital anomalies •
- Conjunctivitis (in neonates ≤ 14 days old) •
- Creutzfeldt-Jakob disease (CJD) •
- Cryptosporidiosis •
- Cyclosporiasis •
- Dengue •
- ! Diphtheria
- Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) •
- Ehrlichiosis •
- Encephalitis, other (non-arboviral) •
- ☎ Enteric disease due to: *Escherichia coli*, O157:H7 *Escherichia coli*, other pathogenic *E. coli* including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains
- Giardiasis •
- ! Glanders
- Gonorrhea •
- Granuloma inguinale •
- ! *Haemophilus influenzae* (meningitis and invasive disease)
- Hansen's disease (Leprosy) •
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome
- ☎ Hepatitis A
- Hepatitis B, C, D, E, and G •
- Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old) •
- Herpes simplex virus (HSV) (in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 yrs) •
- Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)+
- Human papillomavirus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 years of age; anogenital in children ≤ 12 yrs) •
- ! Influenza due to novel or pandemic strains
- ☎ Influenza-associated pediatric mortality (in persons aged < 18 yrs)
- Lead poisoning (blood lead level ≥ 10µg/dL); additional reporting requirements exist for hand held and/or on-site blood lead testing technology, see 64D-3 FAC •
- Legionellosis •
- Leptospirosis •
- ☎ Listeriosis
- Lyme disease •
- Lymphogranuloma venereum (LGV) •
- Malaria •
- ! Measles (Rubeola)
- ! Melioidosis
- Meningitis (bacterial, cryptococcal, mycotic) •
- ! Meningococcal disease (includes meningitis and meningococcemia)
- Mercury poisoning •
- Mumps •
- ☎ Neurotoxic shellfish poisoning
- ☎ Pertussis
- Pesticide-related illness and injury •
- ! Plague
- ! Poliomyelitis, paralytic and non-paralytic
- Psittacosis (Ornithosis) •
- Q Fever •
- ☎ Rabies (human, animal)
- ! Rabies (possible exposure)
- ! Ricin toxicity
- Rocky Mountain spotted fever •
- ! Rubella (including congenital)
- St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive) •
- Salmonellosis •
- Saxitoxin poisoning including paralytic shellfish poisoning (PSP) •
- ! Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
- Shigellosis •
- ! Smallpox
- *Staphylococcus aureus*, community associated mortality •
- ☎ *Staphylococcus aureus* (infection with intermediate or full resistance to vancomycin, VISA,VRSA)
- ☎ Staphylococcal enterotoxin B (disease due to)
- Streptococcal disease (invasive, Group A) •
- *Streptococcus pneumoniae* (invasive disease) •
- Syphilis •
- ☎ Syphilis (in pregnant women and neonates)
- Tetanus •
- Toxoplasmosis (acute) •
- Trichinellosis (Trichinosis) •
- Tuberculosis (TB) •
- ! Tularemia
- ☎ Typhoid fever
- ! Typhus fever (disease due to *Rickettsia prowazekii* infection)
- Typhus fever (disease due to *Rickettsia typhi, R. felis* infection) •
- ! Vaccinia disease
- Varicella (Chickenpox) •
- Varicella mortality •
- ! Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
- Vibriosis (Vibrio infections) •
- ! Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
- West Nile virus disease (neuroinvasive and non-neuroinvasive) •
- Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive) •
- ! Yellow fever

You are an invaluable part of Florida's disease surveillance system.

For more information, please call the epidemiology unit at your local county health department or the Bureau of Epidemiology, Florida Department of Health (FDOH): 850-245-4401 or visit http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm

**Section 381.0031(1,2), Florida Statutes provides that "Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." The FDOH county health departments serve as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance ... and shall furnish a copy of said list to the practitioners...."

VII. Practitioner Single Disease Reporting Form

The Practitioner Single Disease Report Form is available online at:
http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm

Practitioners, laboratories, and blood banks are an invaluable part of Florida's public health and disease surveillance system. For more information, please call your local county health department or the appropriate Bureau within the Florida Department of Health or visit our website at http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm

For additional information on disease reporting, consult Chapter 64D-3, *Florida Administrative Code*.

Notes

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State Surgeon General

Jean L. Kline, R.N., B.S.N., M.P.H.
Deputy Secretary for Health

APPENDIX B

ICD-9-CM Cancer Diagnosis Codes List – 2013

APPENDIX B
ICD-9-CM CANCER DIAGNOSIS CODES LIST – *January 2013*

The following ICD-9-CM codes list is to be used to identify potentially reportable neoplasms. Some ICD-9-CM codes include both reportable neoplasms and non-neoplastic conditions that are not reportable to FCDS. These records should be reviewed and assessed individually to verify whether or not they meet the FCDS Case Eligibility Criteria in Section I.

ICD-9-CM Code	Description
140.0-209.36	Malignant neoplasms **(exclude basal and squamous cell carcinoma of skin 173.0-173.9)**
209.70-209.79	Secondary neuroendocrine tumors
225.0-225.9	Benign neoplasm of brain and spinal cord neoplasm
227.3-227.4	Benign neoplasm of pituitary gland, pineal body, and other intracranial endocrine-related structures
227.9	Benign neoplasm; endocrine gland, site unspecified
228.02	Hemangioma; of intracranial structures
228.1	Lymphangioma, any site brain, other parts of CNS
230.0-234.9	Carcinoma in situ [**excludes ALL cervix and prostate insitu (233.1, 233.4)]**
236.0	Endometrial stroma, low grade (8931/3)
237.0-237.9	Neoplasm of uncertain behavior (borderline) of endocrine glands and nervous system
238.4	Polycythemia vera (9950/3)
238.6-238.79	Other lymphatic and hematopoietic tissues
239.6-239.89	Neoplasms of unspecified nature
273.2	Other paraproteinemias
273.3	Waldenstrom's macroglobulinemia (9761/3)
288.3	Hypereosinophilic syndrome (9964/3)
288.4	Hemophagocytic syndromes (9751/3, 9754/3)
289.6	Familial Polycythemia
289.83	Myelofibrosis NOS (9961/3)
511.81	Malignant pleural effusion (code first malignant neoplasm if known)
692.7	Malignancy due to solar radiation (9725/3 hydroa vacciniforme-like lymphoma)
758.0	Myeloid leukemia associated with Down Syndrome
789.51	Malignant ascites (code the first malignant neoplasm if known)
795.06	Papanicolaou smear of cervix with cytologic evidence of malignancy
795.16	Papanicolaou smear of vagina with cytologic evidence of malignancy
796.76	Papanicolaou smear of anus with cytologic evidence of malignancy
999.81	Extravasation of vesicant chemotherapy
V58.0	Encounter for radiotherapy
V58.1	Encounter for chemotherapy and immunotherapy
V58.11	Antineoplastic Chemotherapy
V58.12	Antineoplastic Immunotherapy

APPENDIX C

CPT/HCPCS Procedure Codes List

SAMPLE ONLY

APPENDIX C
CPT / HCPCS Procedure Codes List
SAMPLE ONLY - NOT a Complete List of Codes
(Procedures Indicate Patient Encounter was for the Diagnosis and/or Treatment of Neoplasm)

Note: Any CPT/HCPCS code that indicates a patient encounter related to the diagnosis or treatment of any neoplasm that meets the Case Eligibility Criteria described in Section I Part A should be included. A complete CPT/HCPCS code list would include diagnostic and surgical procedure(s) used to establish a diagnosis or to surgically remove primary or metastatic cancer, administration or prescribing of any chemotherapeutic agent(s), immunotherapy agent(s), or biological response modifier(s), administration of radiation therapy of any type (beam radiation, radioactive implants, radioisotopes, brachytherapy, IMRT, gamma knife), blood, bone marrow or stem cell transplant procedure(s), endocrine gland resection for treatment of prostate, breast, or other cancer, and other cancer-directed therapy(s).

Coding System	Code	Brief Description	Detailed Description
CPT	96412	CHEMOTHERAPY, INFUSION METHOD.	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
CPT	96414	PROLONGED INFUSION MORE THAN 8 HRS	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLEOR IMPLANTABLE PUMP
CPT	96420	CHEMOTHERAPY, PUSH TECHNIQUE.	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE
CPT	96422	CHEMOTHERAPY, INFUSION METHOD...	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR
CPT	96423	CHEMOTHERAPY, INFUSION METHOD....	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
CPT	96440	CHEMO ADM INTO PLEURAL CAVITY/THORACENTESIS	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS
CPT	96450	CHEMOTHERAPY, INTO CNS	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL PUNCTURE
CPT	96520	PUMP REFILLING, MAINTENANCE	REFILLING AND MAINTENANCE OF PORTABLE PUMP
HCPCS	J1830	Interferon beta-1b / .25 MG	INJECTION INTERFERON BETA-1B, 0.25 MG
HCPCS	J8520	Capecitabine, oral, 150 mg	CAPECITABINE, ORAL, 150 MG
HCPCS	J8521	Capecitabine, oral, 500 mg	CAPECITABINE, ORAL, 500 MG
HCPCS	J8530	Cyclophosphamide oral 25 mg	CYCLOPHOSPHAMIDE; ORAL, 25 MG
HCPCS	J8560	Etoposide oral 50 MG	ETOPOSIDE; ORAL, 50 MG
HCPCS	J8565	Gefitinib oral	GEFITINIB, ORAL, 250 MG
HCPCS	J8700	Temozolomide	TEMOZOLOMIDE, ORAL, 5 MG
HCPCS	J8999	Oral prescription drug chemo	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
HCPCS	J9000	Doxorubicin hcl injection	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
HCPCS	J9001	Doxorubicin hcl liposome inj	INJECTION, DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG
HCPCS	J9010	Alemtuzumab injection	INJECTION, ALEMTUZUMAB, 10 MG
HCPCS	J9017	Arsenic trioxide injection	INJECTION, ARSENIC TRIOXIDE, 1 MG
HCPCS	J9020	Asparaginase injection	INJECTION, ASPARAGINASE, 10,000 UNITS
HCPCS	J9035	Bevacizumab injection	INJECTION, BEVACIZUMAB, 10 MG
HCPCS	J9045	Carboplatin injection	INJECTION, CARBOPLATIN, 50 MG
HCPCS	J9050	Carmustine injection	INJECTION, CARMUSTINE, 100 MG
HCPCS	J9055	Cetuximab injection	INJECTION, CETUXIMAB, 10 MG

APPENDIX D

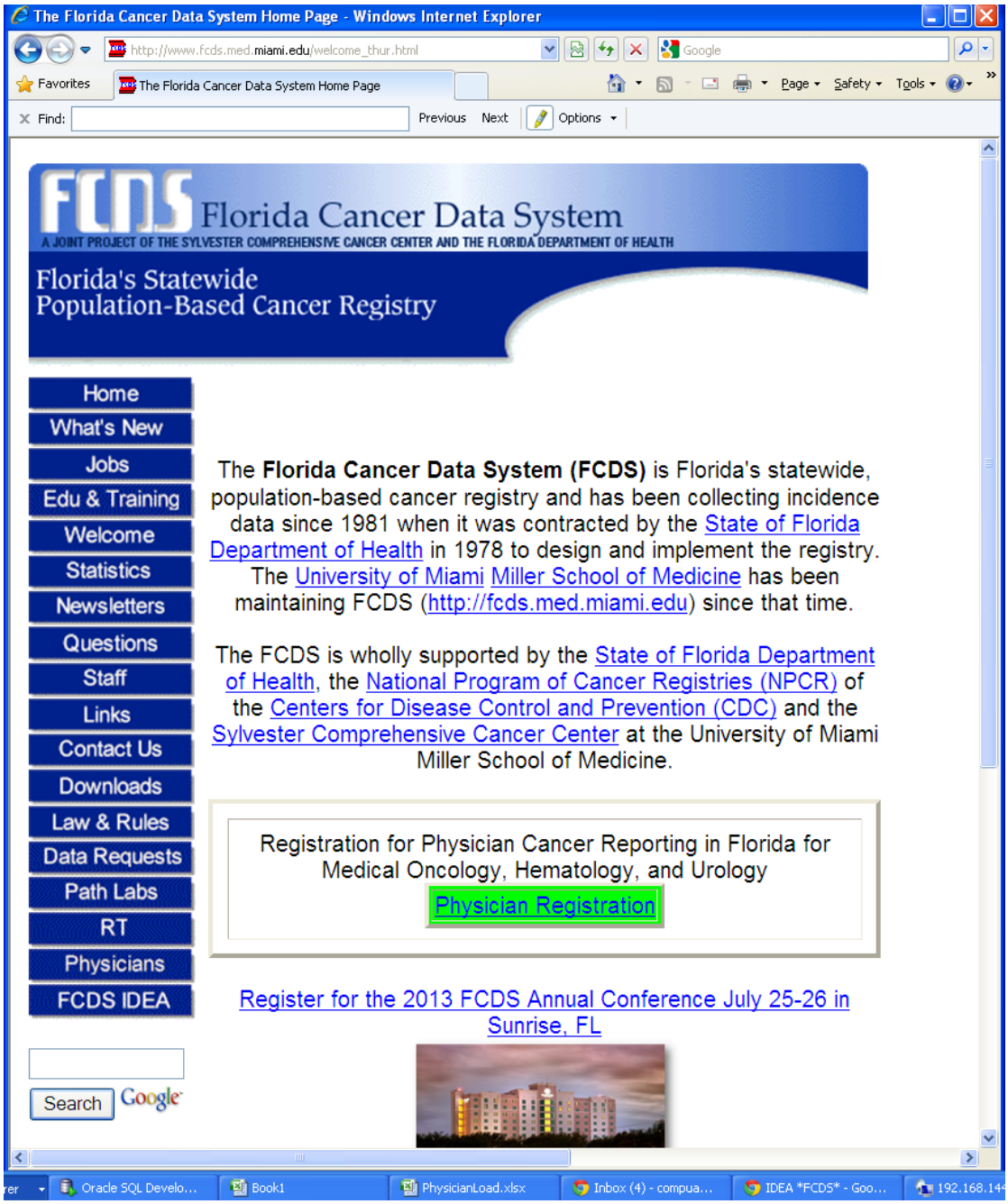
Register a Physician

Set Up an FCDS IDEA User Account

Register a Physician and Set Up FCDS IDEA User Account

Access to FCDS:

From the FCDS main web page: http://www.fcds.med.miami.edu/ click the green button 'Physician Registration' or click the Physicians box on the left side of the screen.

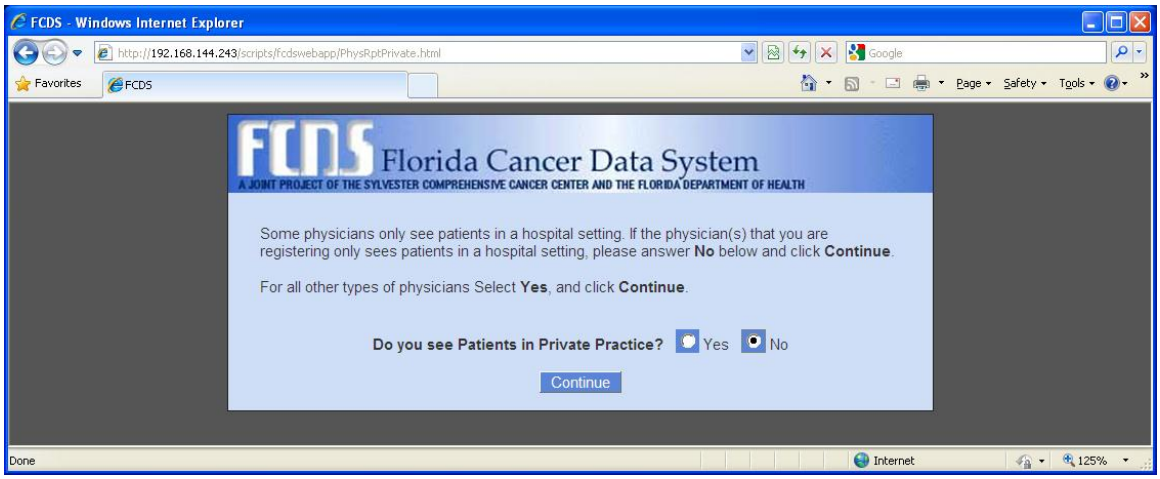


Register a Physician and Set Up FCDS IDEA User Account

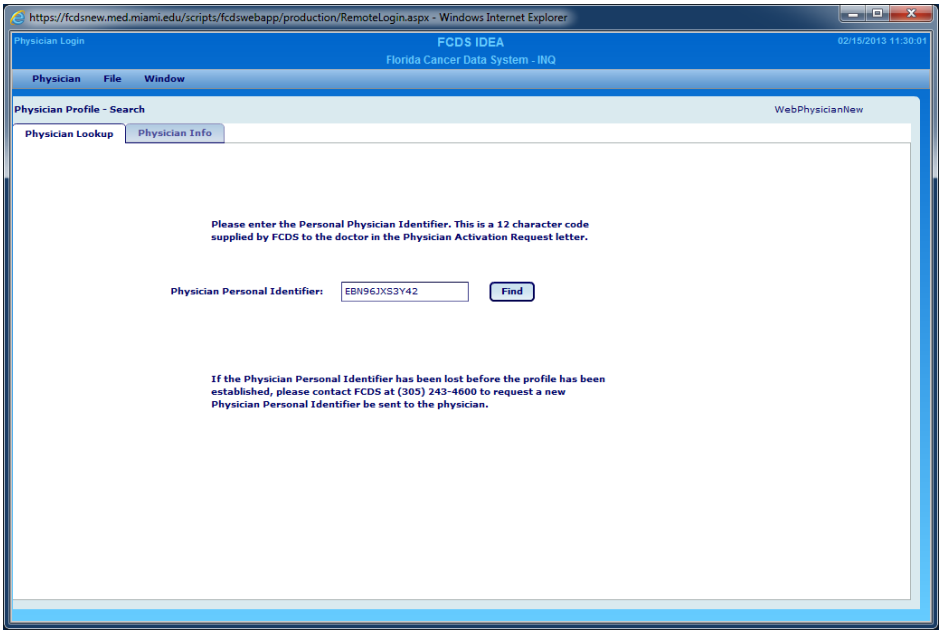
When the Physician's Selection is clicked the following menu choices appear. Click on the Reporting for Medical Oncology, Hematology and Urology Practices. To Register click the 'Registration' button.

Hospital Based Physician

Physicians will go to the FCDS home page and click on the Physicians button. To register click the Physician Registration Link. This section distinguishes between hospital based physicians and physicians that see patients in a private practice. Hospital based physicians are those that do not see any patients in the private practice setting. If the physician is hospital based only, next to the question 'Do you see Patients in Private Practice?' select 'NO'.

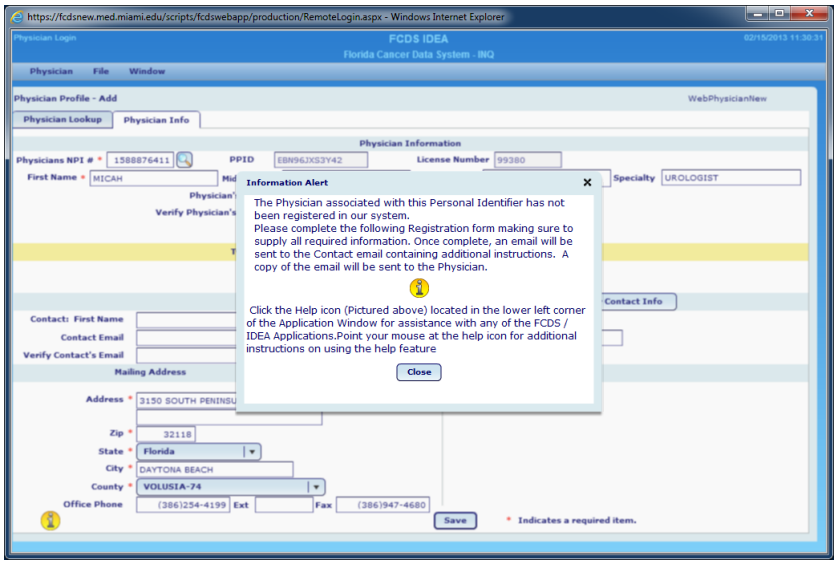


The user will enter the PPID (Personal Physician Identifier) from the letter sent from FCDS. Then click the Find button.

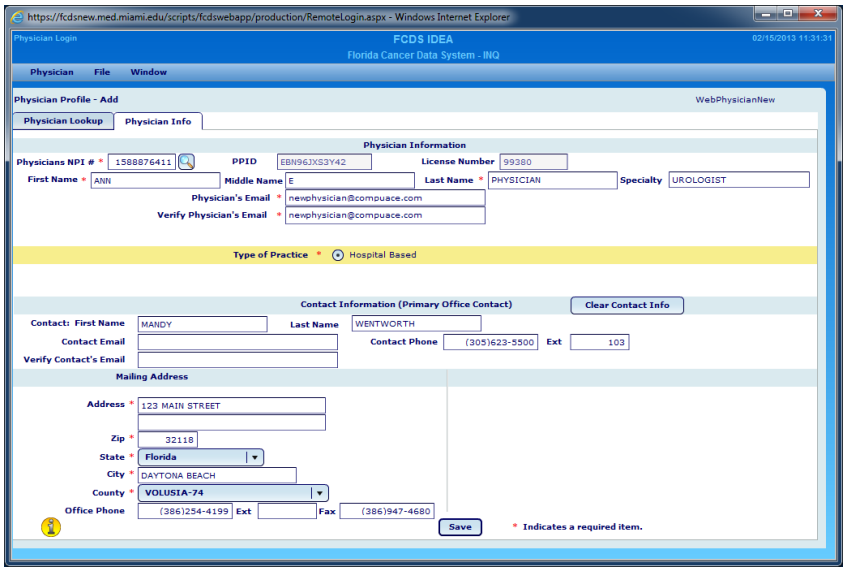


Register a Physician and Set Up FCDS IDEA User Account

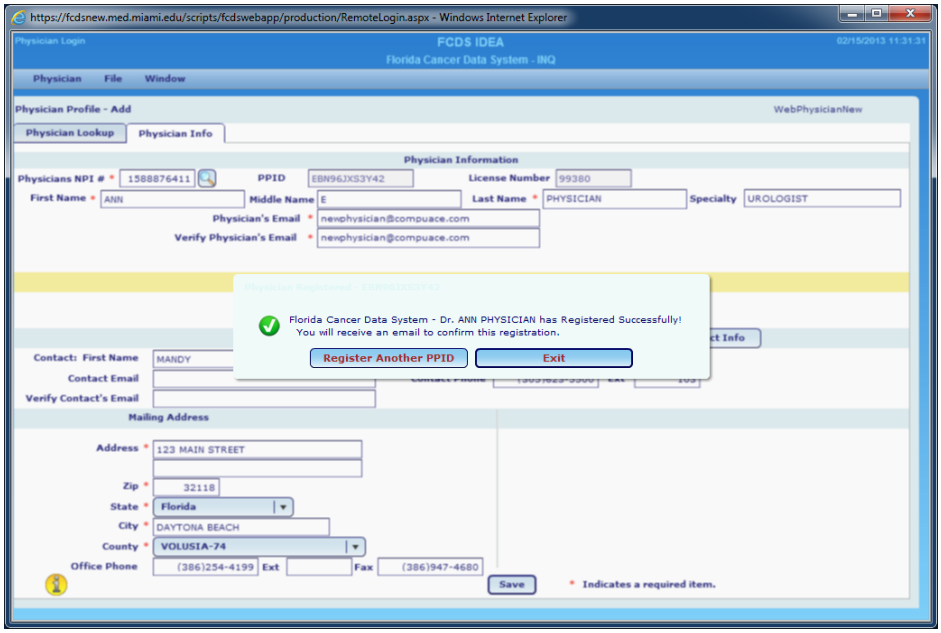
A message will appear the first time the Physician Info panel is displayed. Click the 'Close' button to continue with registration.



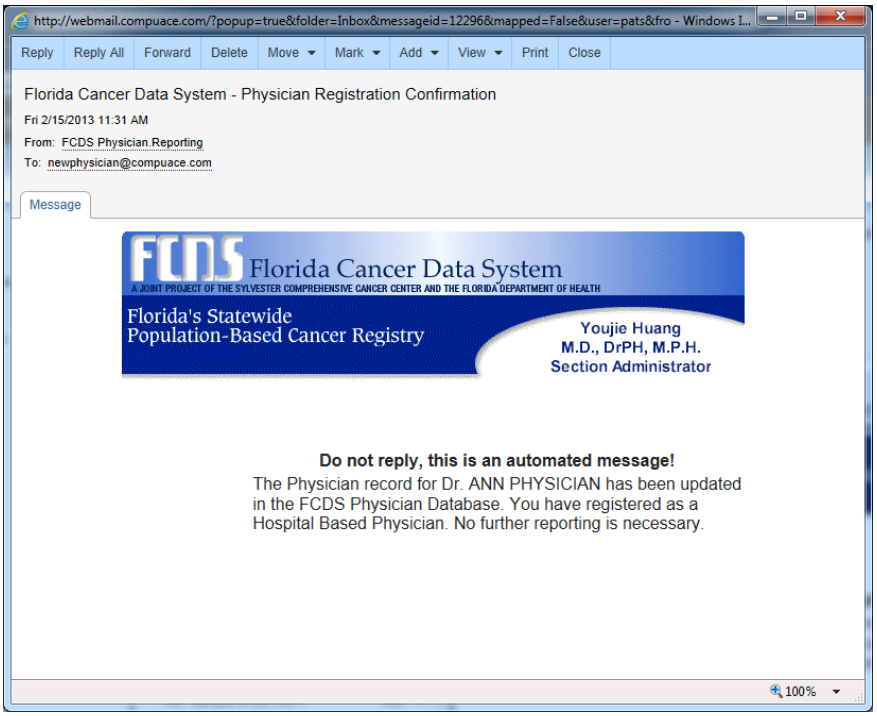
The only field that is required by the user to fill in is the Physician's email address. The mailing address is taken from the DOH license registration address. If this is not the current mailing address for this physician please correct. Click the Save button at the bottom of the screen when all data has been entered.



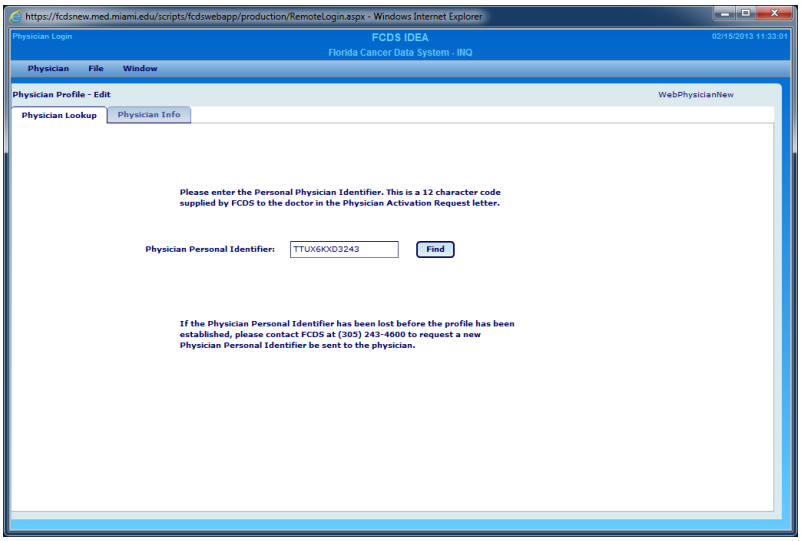
A confirmation message is displayed stating that the physician has been registered and an email sent. By clicking 'Register Another PPID' you will be able to register another physician. Click Exit out of the FCDS registration process.



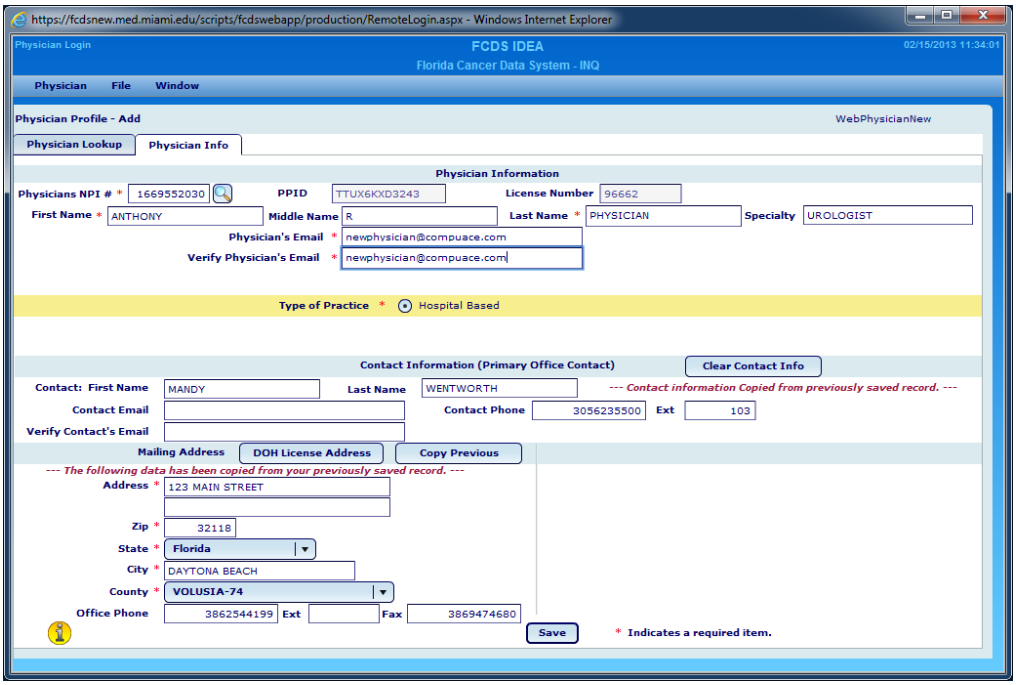
The Physician Registration email confirmation states that the physician is registered as a hospital based physician and that no further reporting is necessary.



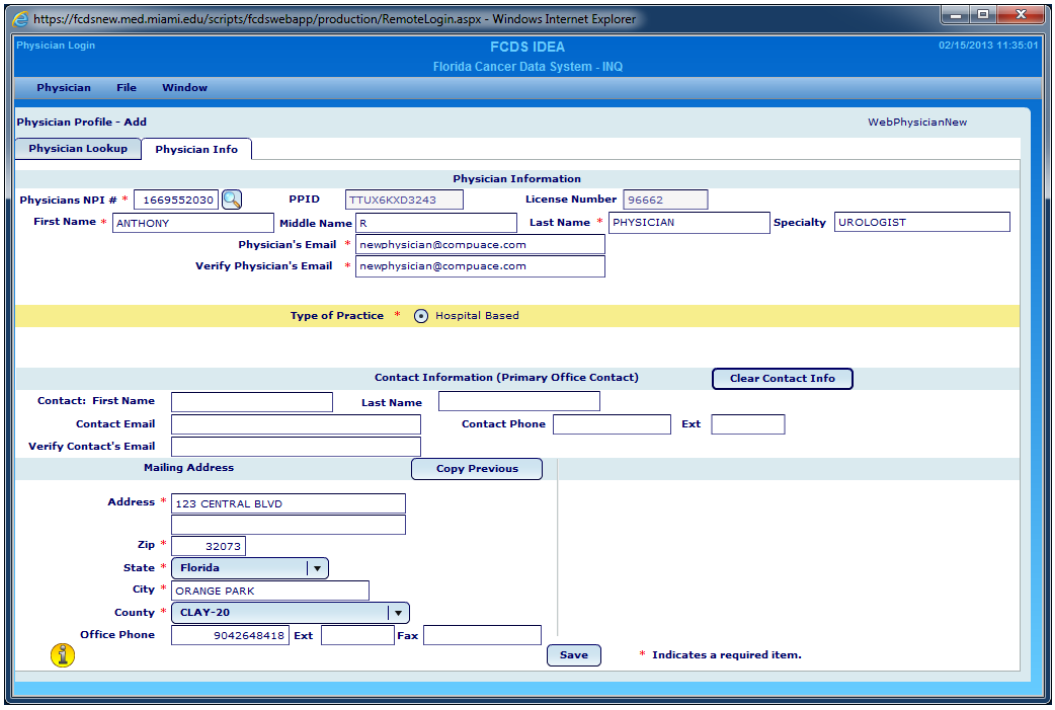
If the user clicks the 'Register Another PPID' the user is placed back to the original screen ready to begin the next physician entry.



After the 'Find' button is clicked the new physician's record is called up. Because this is the user's second entry the 'Information' pop-up does not show and the previous contact information and mailing address is copied. To restore the original address from the DOH Licensure Database, click the 'DOH License Address' button. Clicking the 'Copy Previous' button will copy the data typed on the previously saved record.

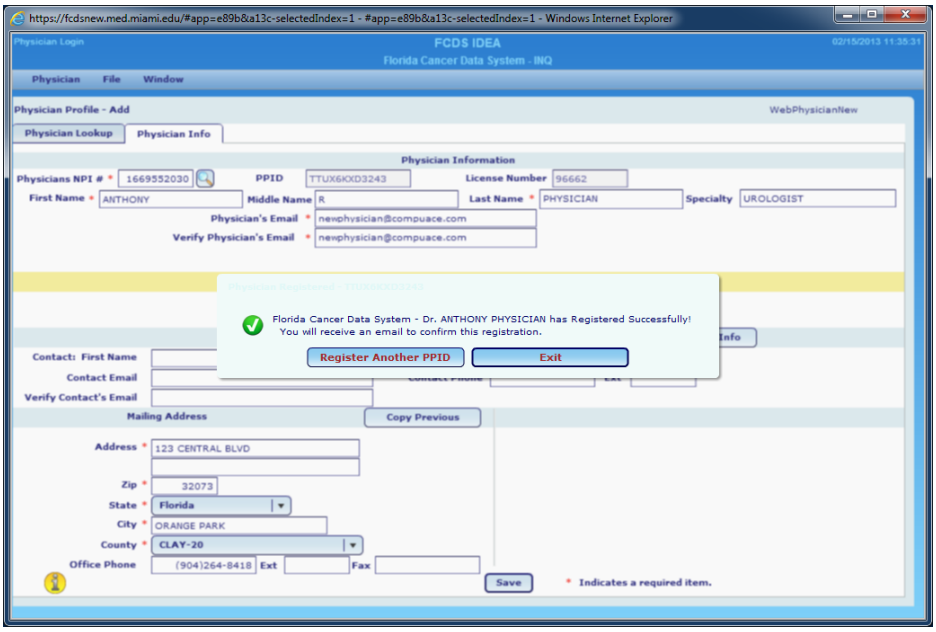


When the 'DOH License Address' is clicked the mailing address is set to the DOH mailing address. You can re-instate the previously saved mailing address by clicking the 'Copy Previous' button. To clear all of the contact information, click the 'Clear Contact Info' button.

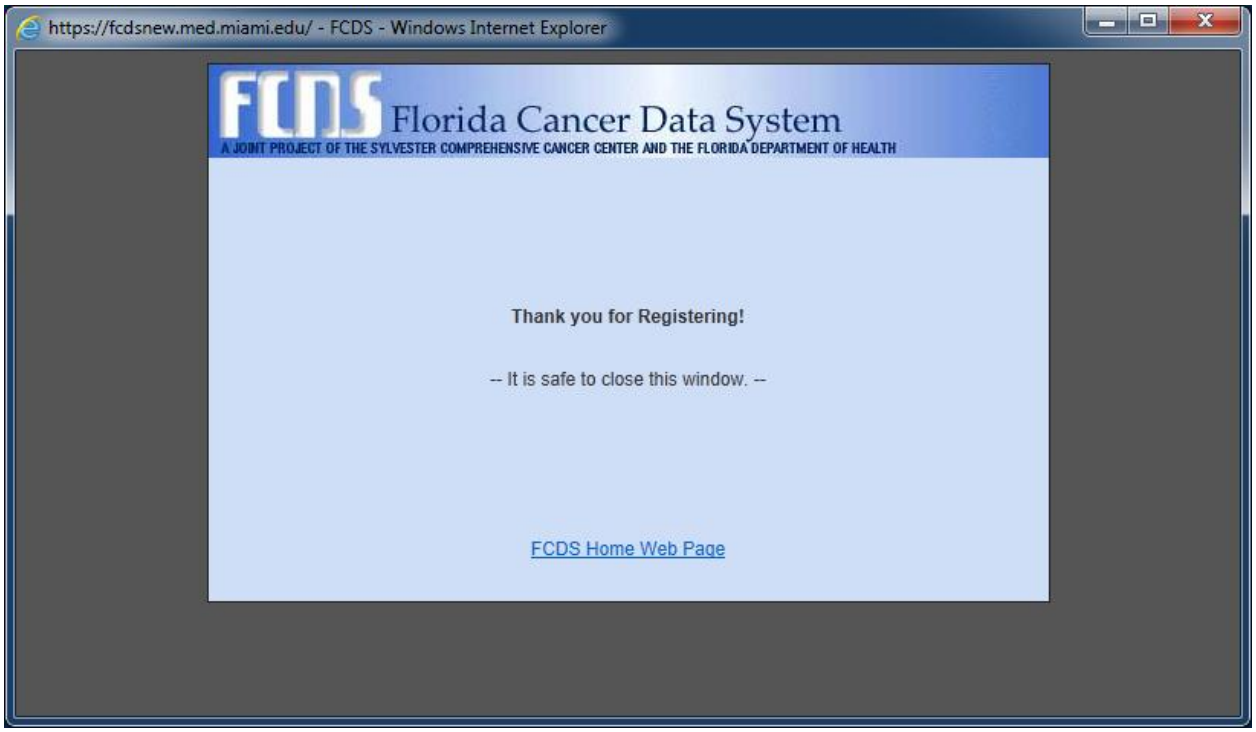


For each saved record, an email is sent to the physician's email address and the contact's email address (when provided).

When completed, click the 'Save' Button. If you have no other Physicians to register click the 'Exit' button.

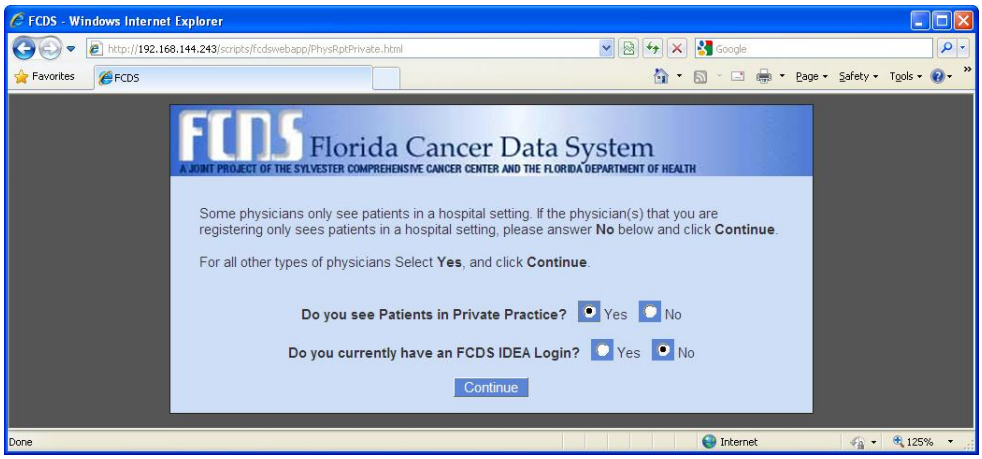


When the 'Exit' button is clicked the following window will display. You can simply close the window or click the FCDS Home Web Page link to return to FCDS.

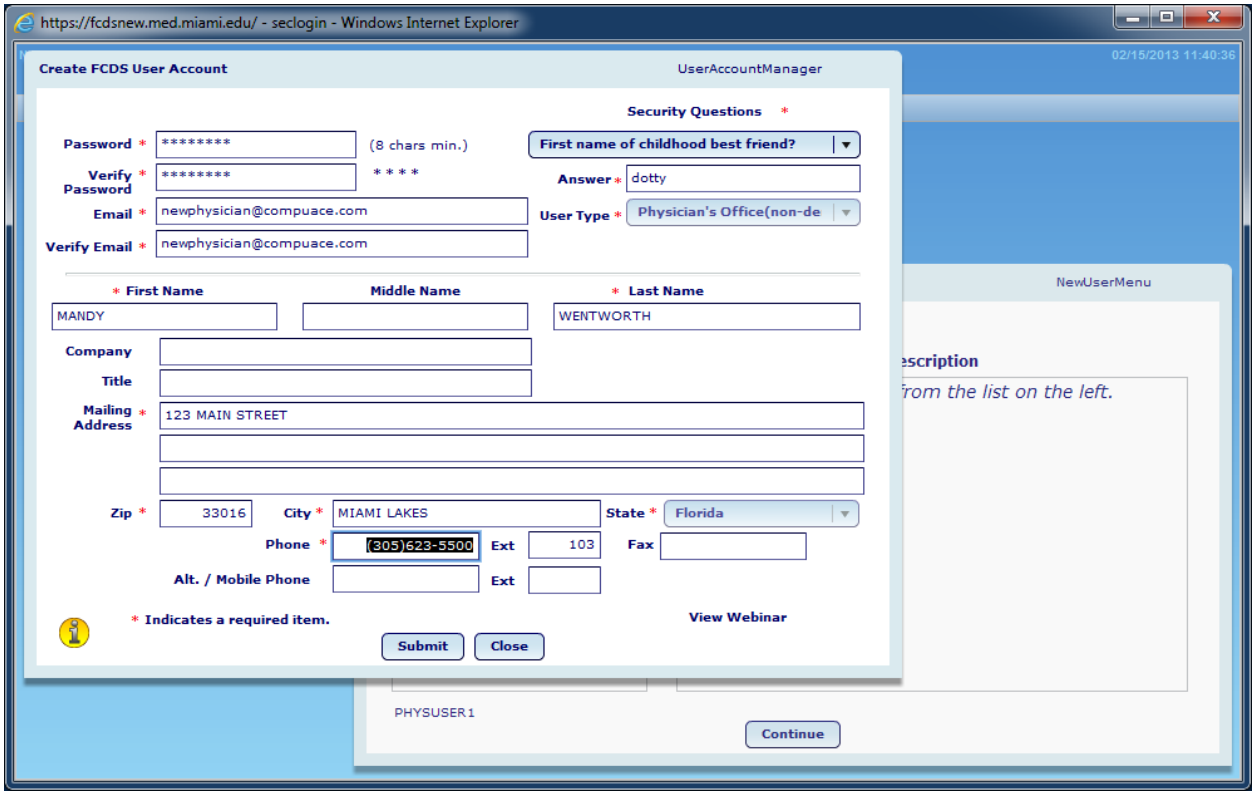


Private Practice Physician

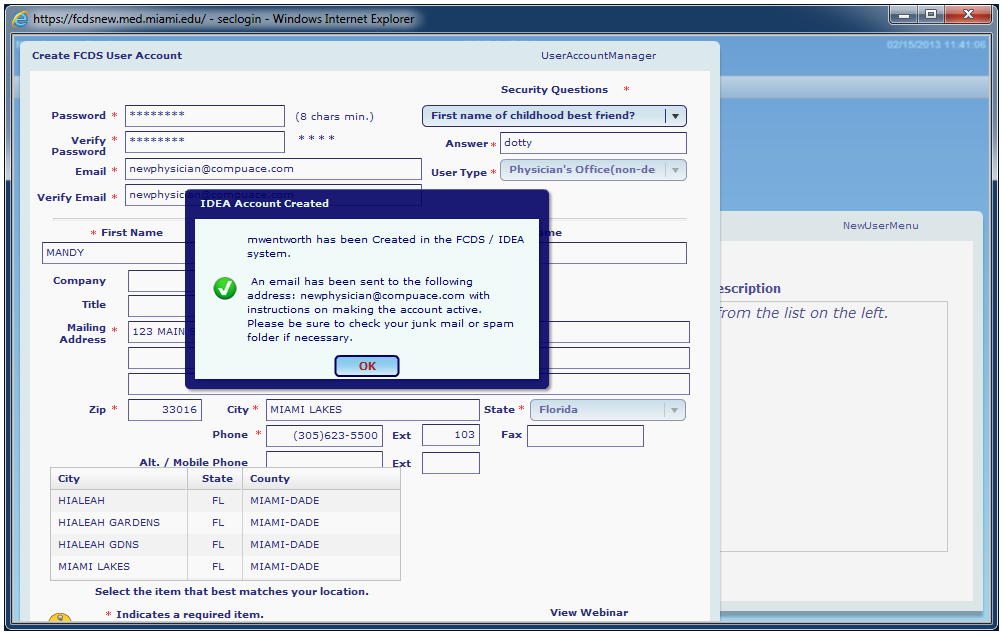
Physicians will go to the FCDS Homepage and click on the Physician button. They will then click the Physician Reporting Registration Link. If the physician sees patients in private practice they will click in the 'Yes' radio. All new users will click 'No' to the question 'Do you currently have an FCDS IDEA login?' Then click continue to being the login/registration process.



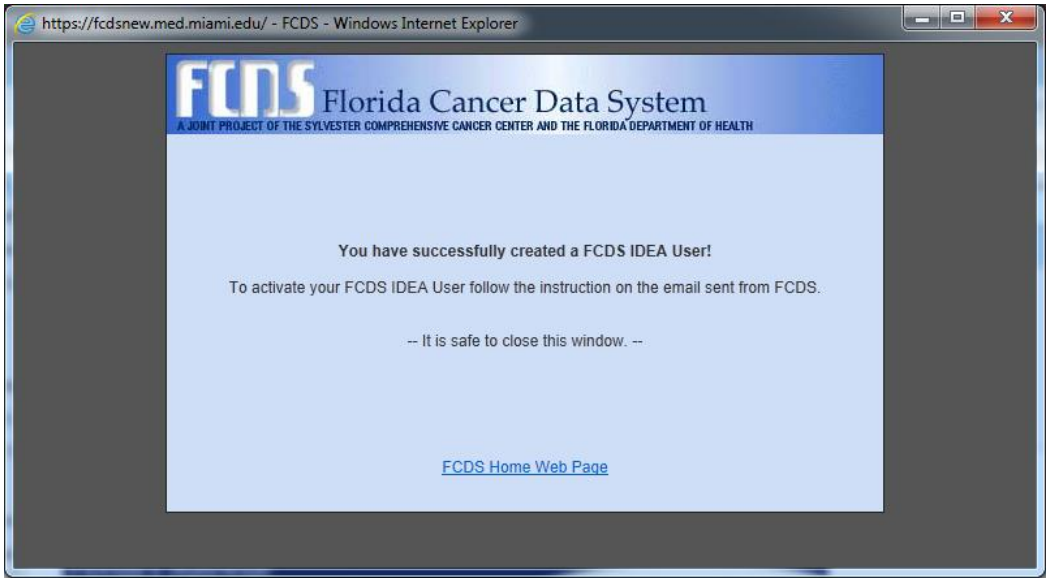
All fields with red stars (*) are required. Each FCDS User Account requires a valid email. Each email can only be submitted to FCDS one time. After filling in all of the required fields, click 'Submit' to create your FCDS User Account.



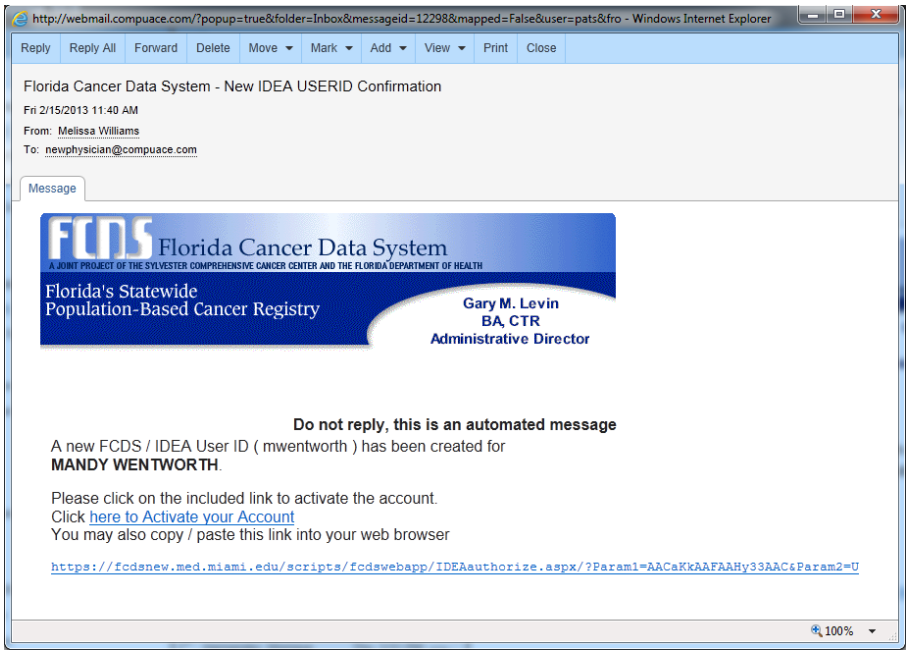
Register a Physician and Set Up FCDS IDEA User Account



When the 'OK' is clicked the screen below is displayed. If the link is clicked it will return you to the FCDS Home Web Page http://www.fcds.med.miami.edu/welcome.html.



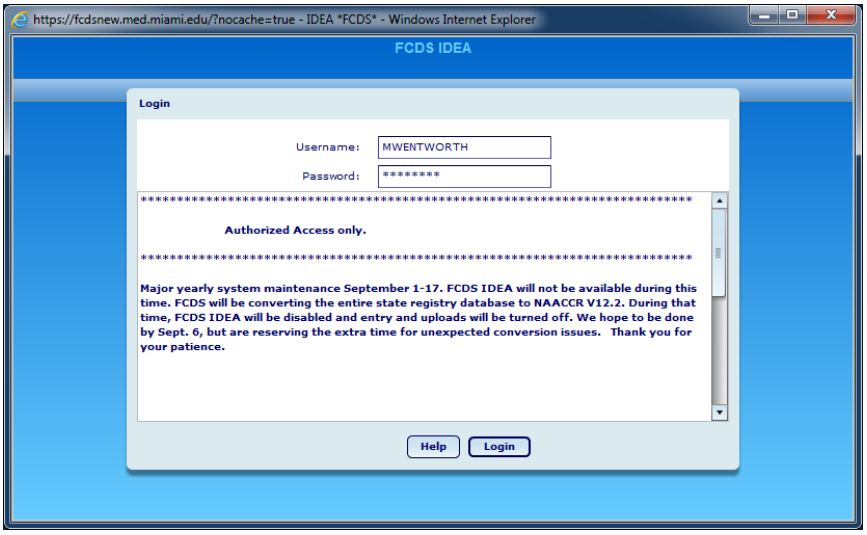
An email is sent to the email address entered. The link in the email **must** be clicked to enable the user to access the FCDS system.



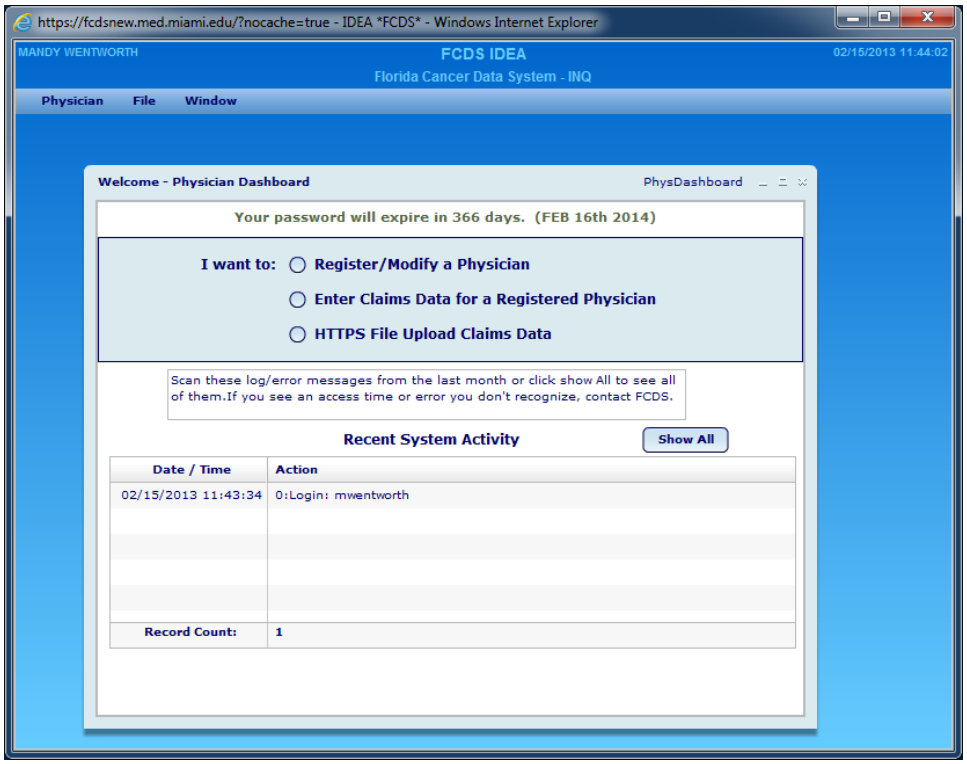
When the link Click here to Activate your Account is clicked, the following message will appear confirming the activation of you user. To log into the FCDS IDEA system and begin registering physicians click the link Click here to continue Physician's registration process.

Register a Physician and Set Up FCDS IDEA User Account

When you select Click here to continue Physician's registration process, the FCDS IDEA login screen appears. Enter your Username from the activation email and the password you entered in the FCDS IDEA user creation panel.



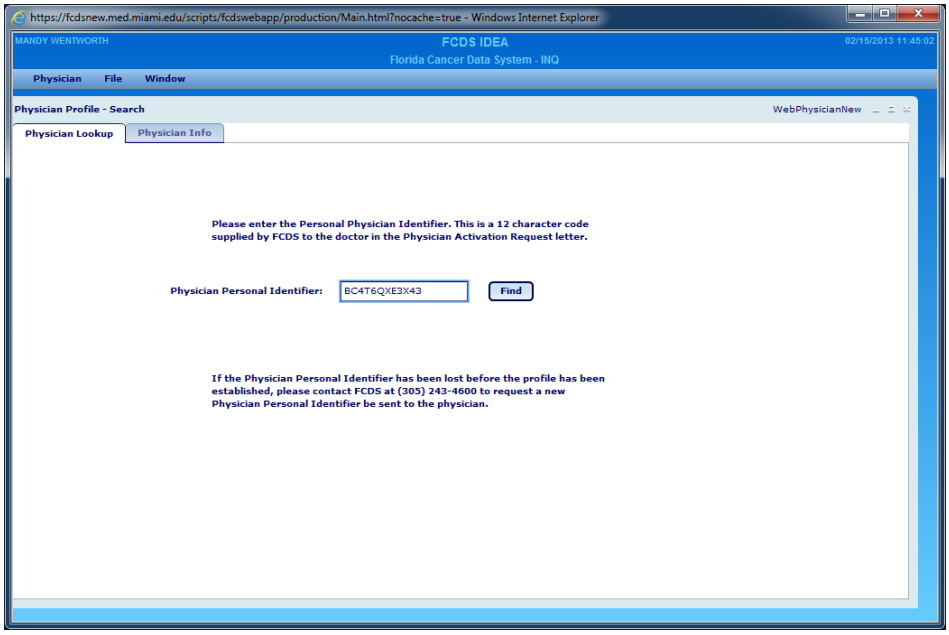
The Physician Dashboard will appear.



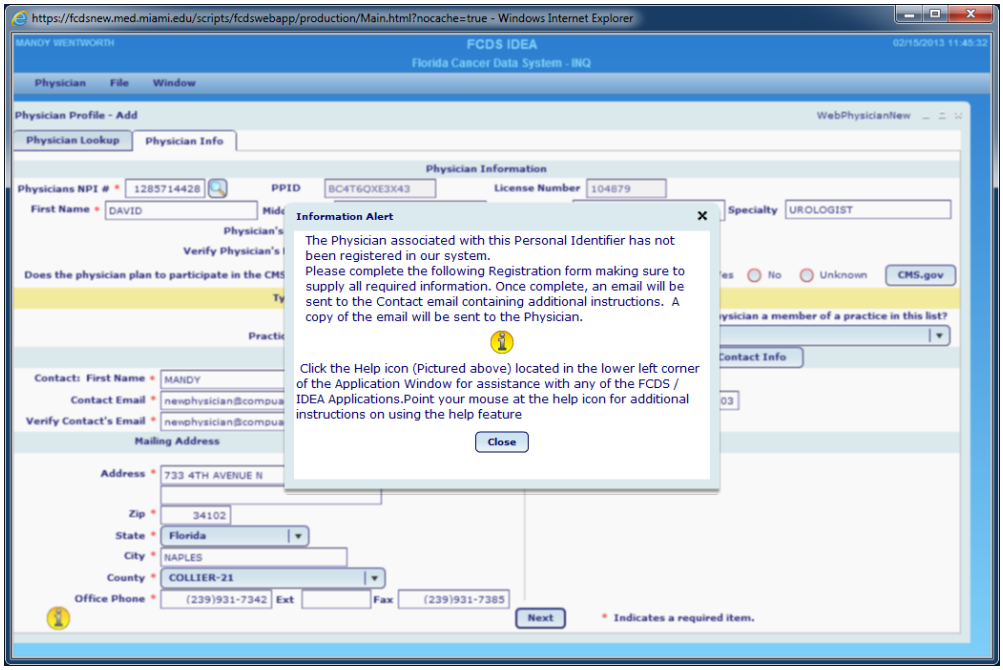
To Register a Physician, click the radio button to the left of 'Register/Modify a Physician'.

Register a Physician and Set Up FCDS IDEA User Account

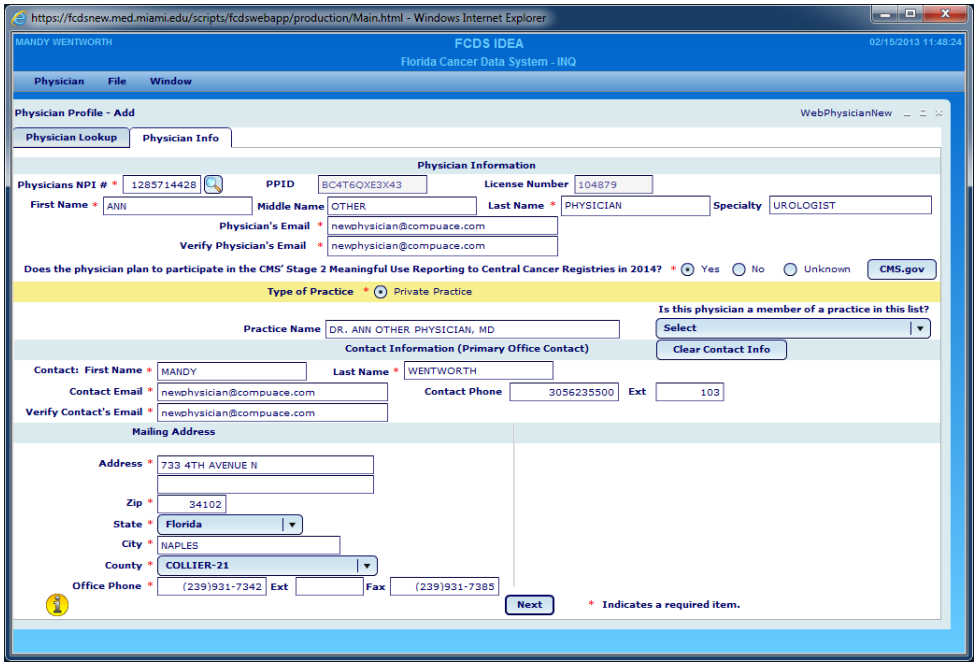
Enter the Physician Personal Identifier (PPID) from the letter you received from FCDS. Click the 'Find' button.



The Physician Profile module will display an Information panel. After reading click the 'Close' button.

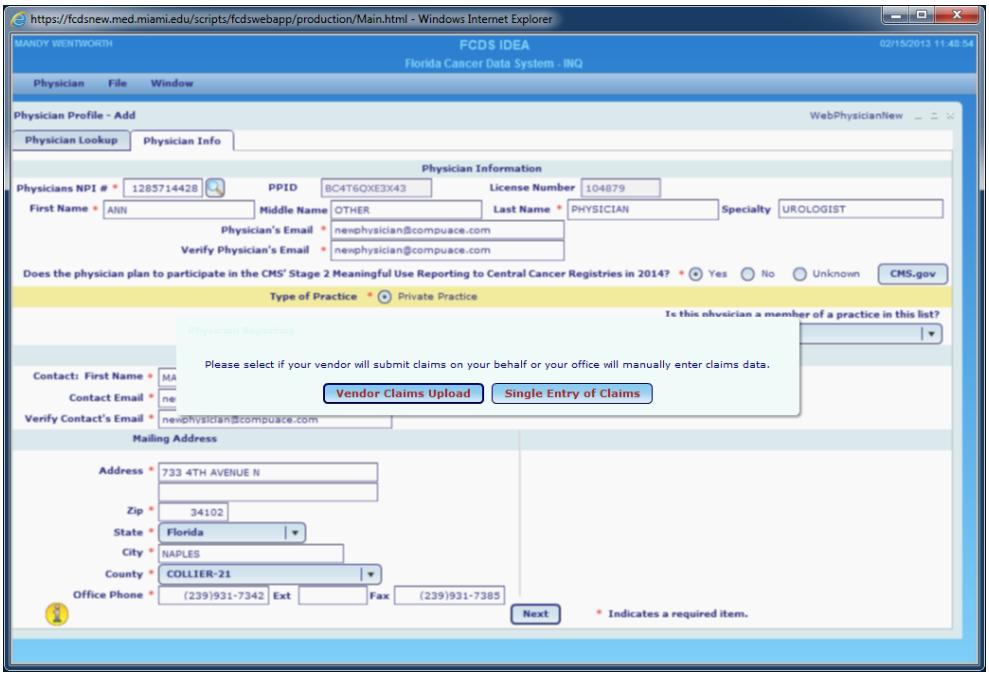


The Physician Information is displayed. All fields that are required have a red '*' next to them. The user must enter the physician's email address. The contact information has been copied from the user who signed in. The mailing address comes from the DOH file. If this user had entered other records for other practices it would display in the drop down box under "Is this physician a member of a practice in this list?" The list is empty in this example because it is the first record entered for this user. When all of required fields are entered, click the 'Next' button.

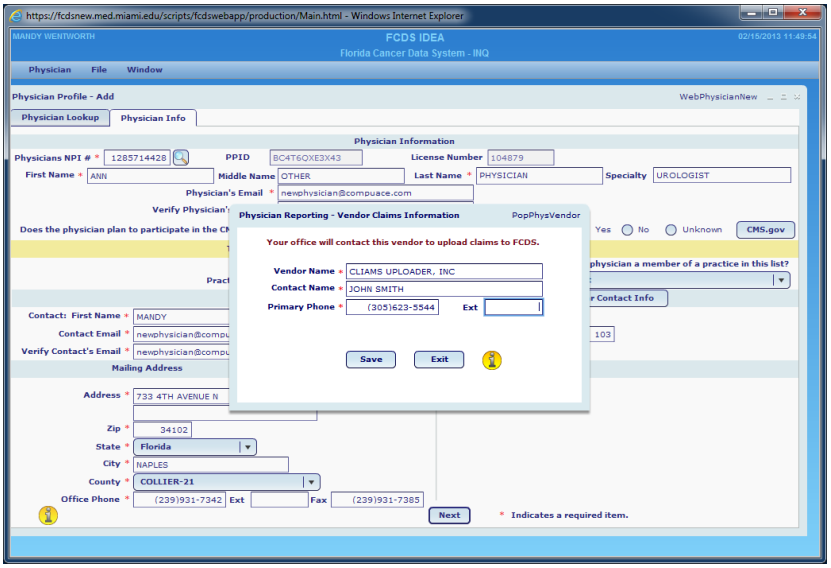


Register a Physician and Set Up FCDS IDEA User Account

Please select if your vendor will submit claims on your behalf or you office will manually enter claims data. Click either the 'Vendor Claims Upload' button or the 'Single Entry of Claims' button to continue the registration process.

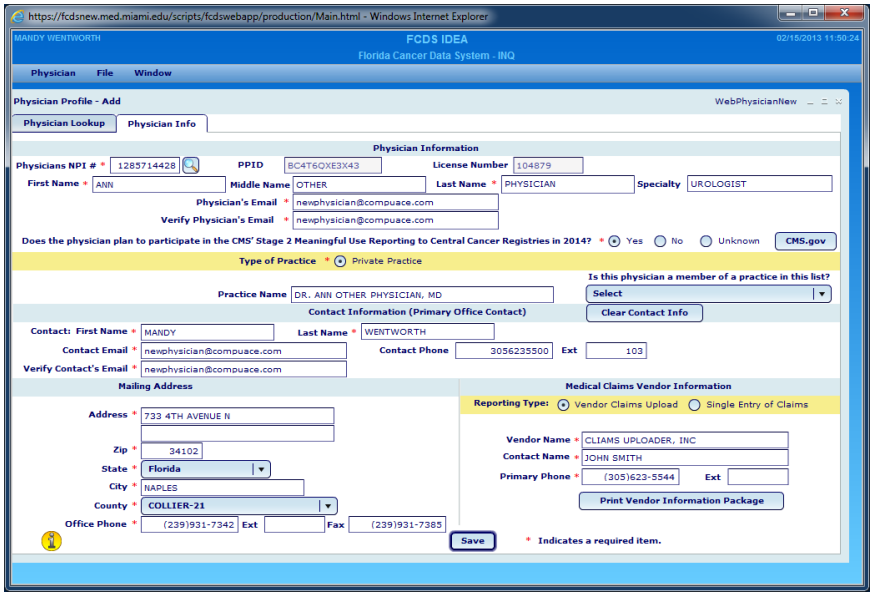


The Vendor Claims Information pop-up window is displayed because the 'Vendor Claims Upload' button was clicked. All fields that are required have a red '*' next to them. Click the 'Save' button to continue.

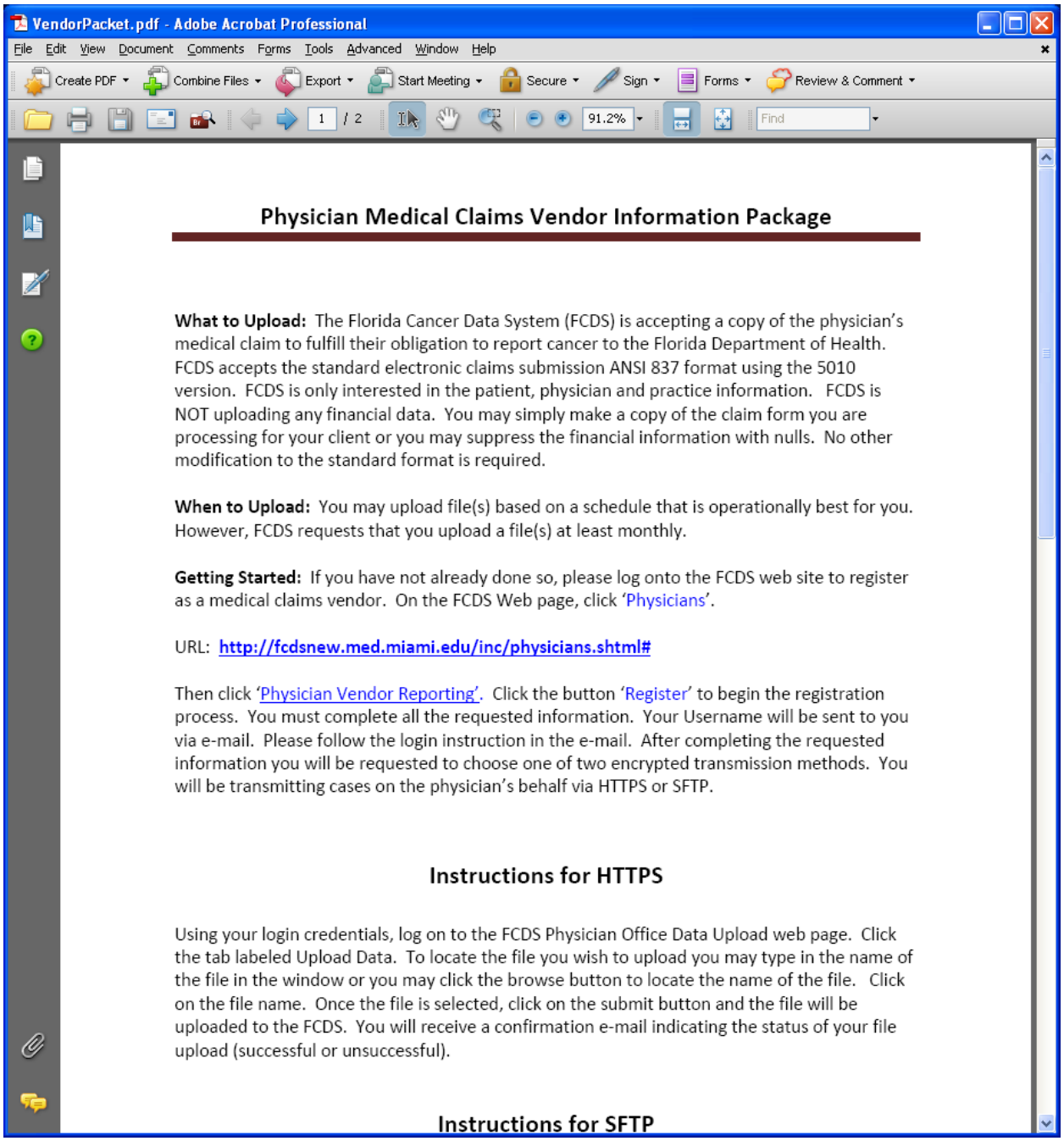


Register a Physician and Set Up FCDS IDEA User Account

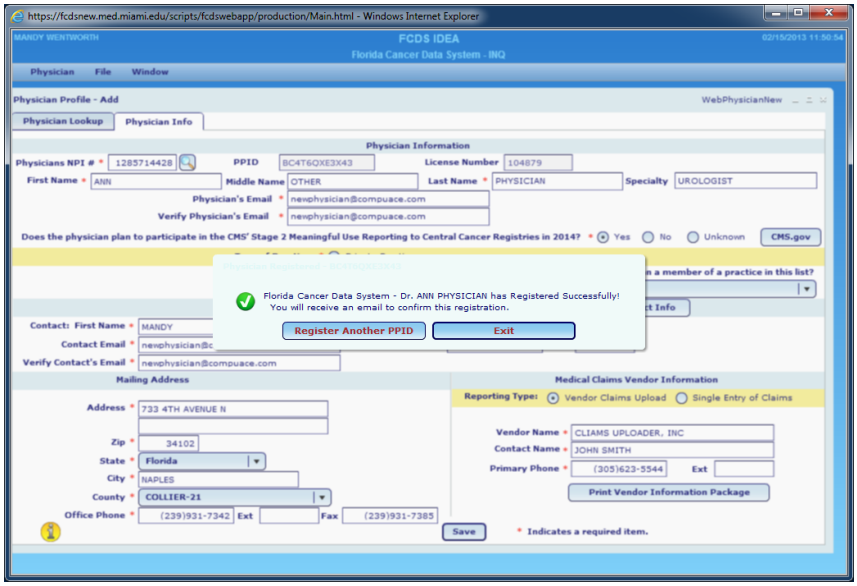
The vendor Information entered is displayed. You can print a Vendor Information Package that can be given to your vendor to instruct them on how to upload claims data on your behalf. Click the 'Save' button to complete the registration process.



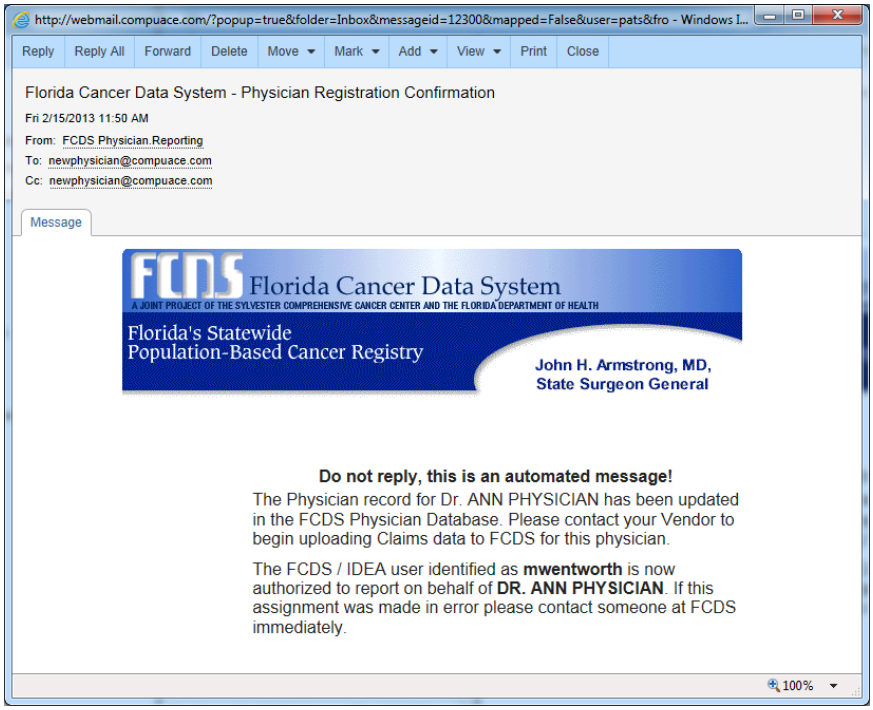
Sample of the Vendor Information Package when the 'Print Vendor Information Package' is clicked. See Appendix.



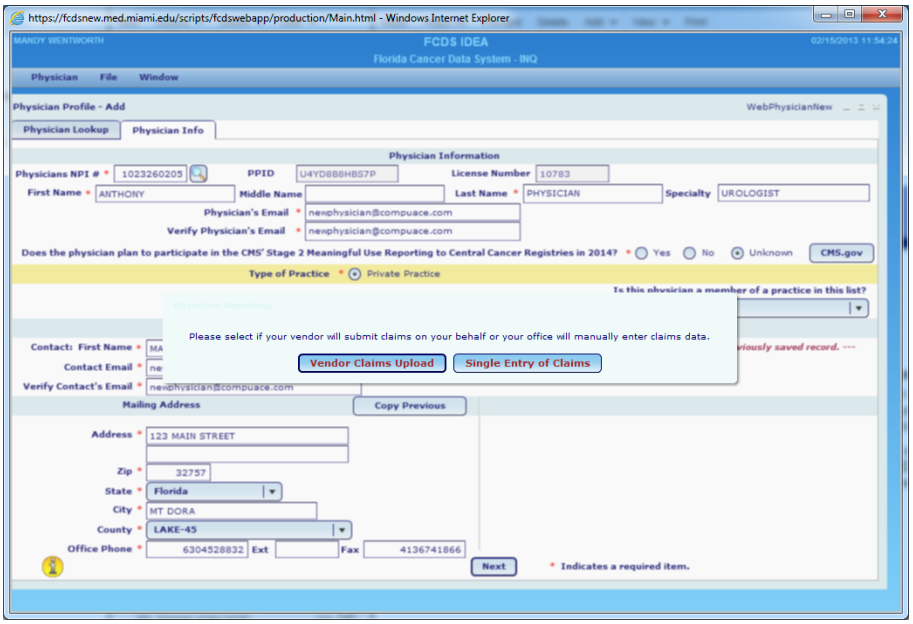
When the 'Save' button is clicked, a notification is displayed stating the physician has been registered and that an email will be sent. The email is sent to both the physician's email and the contact's email. Click 'Register Another PPID' or 'Exit' to leave the FCDS system.



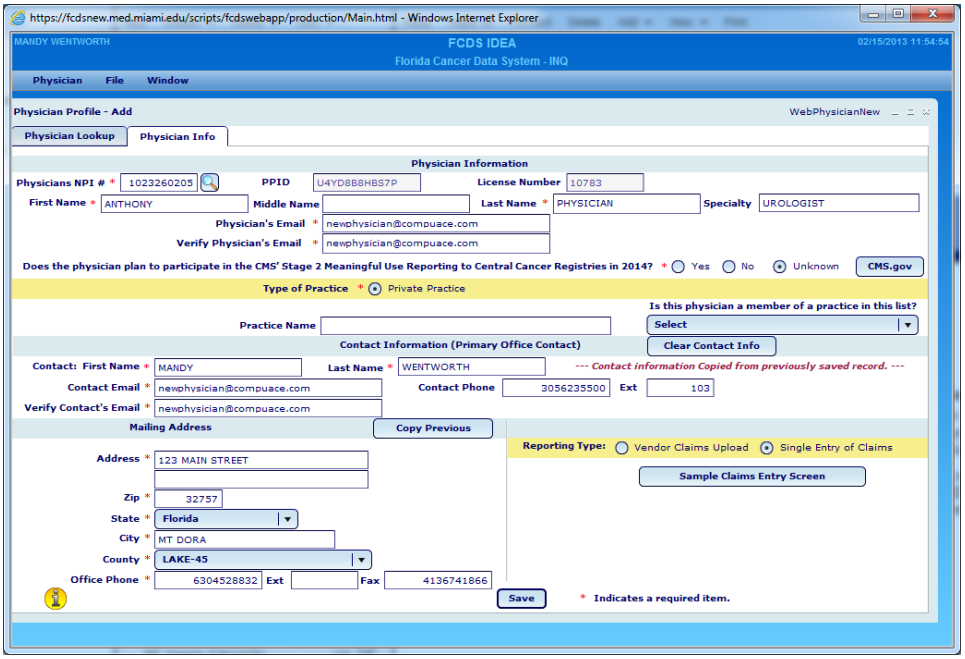
An email is sent to both the physician and primary office contact. The email states that this physician has registered and has selected to upload claims data using a vendor and that a specific user is associated to this physician's account.



If the physician will do manual claims entry then you would click the 'Single Entry of Claims' button.

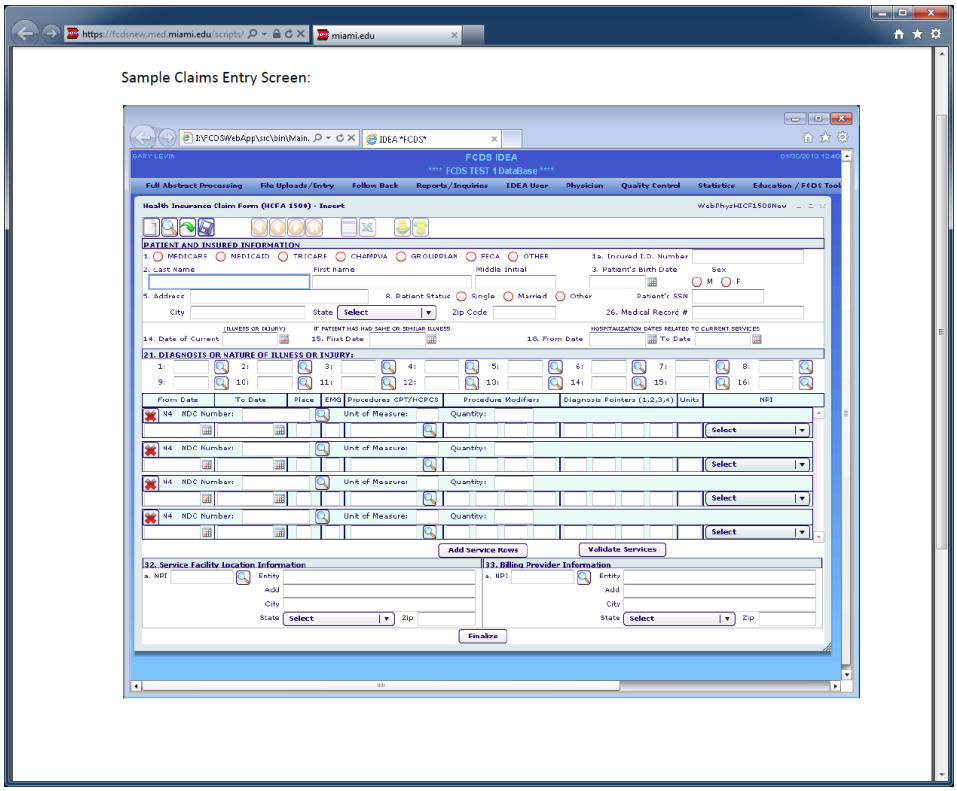


The reporting type now reflects that 'Manual Claims Entry' has been selected. Then click 'Save' to complete the registration.

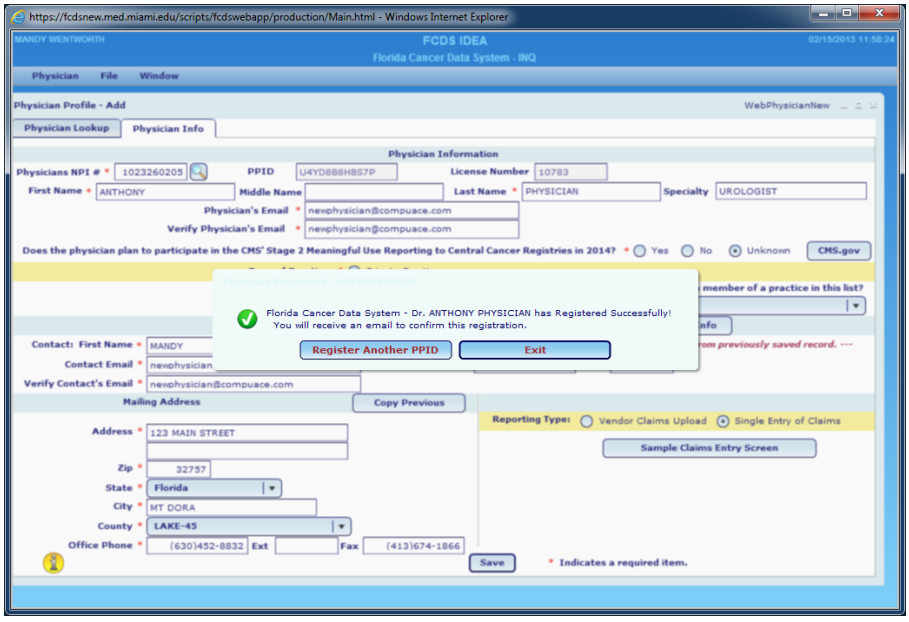


Register a Physician and Set Up FCDS IDEA User Account

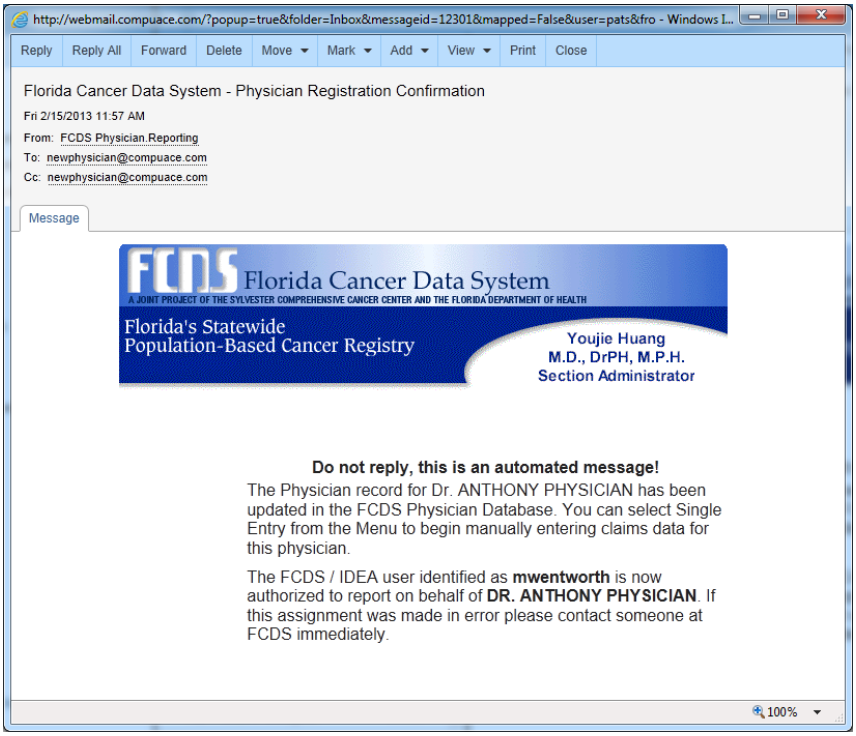
To see a sample of the Claims Entry Screen, click the 'Sample Claims Entry Screen' button. A new window will pop up and display the following:



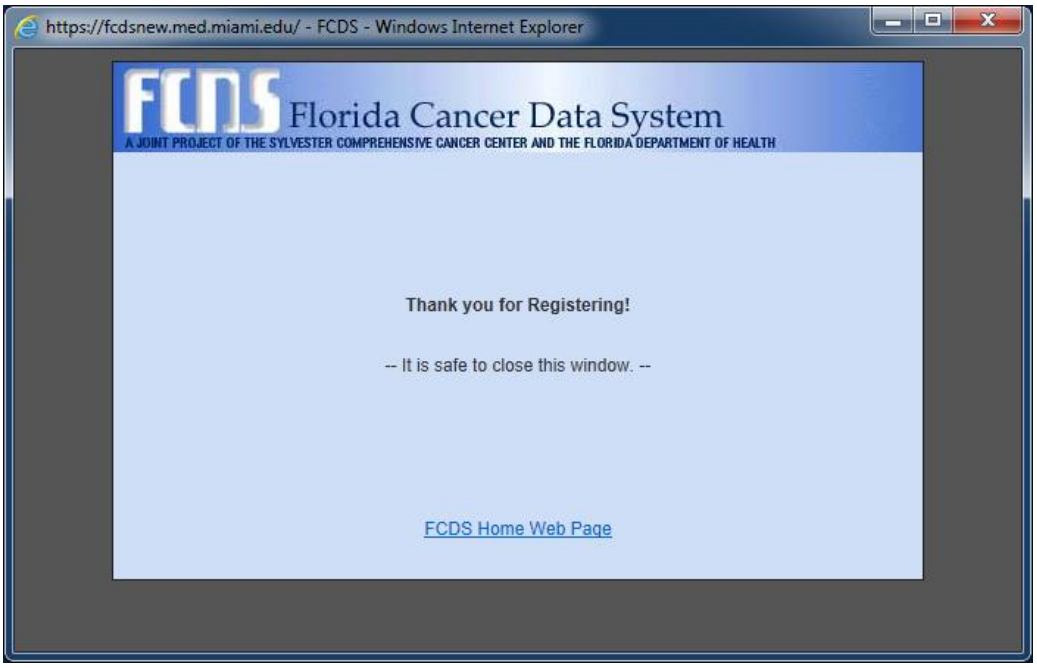
When the 'Save' button is clicked, a notification is displayed stating the physician has been registered and that an email will be sent. The email is sent to both the physician's email and the contact's email. Click 'Register Another PPID' or 'Exit' to leave the FCDS system.



An email is sent to both the physician and primary office contact. The email states that this physician has registered and has selected to manually enter claims data. Also noted is that a specific user is associated to this physician's account. This user identification will be used to manually submit claims data.



If you have no further physicians to enter, click the 'Exit' button. The FCDS IDEA application has been exited. You can close the window or click the FCDS Home Web Page and you will be redirected.



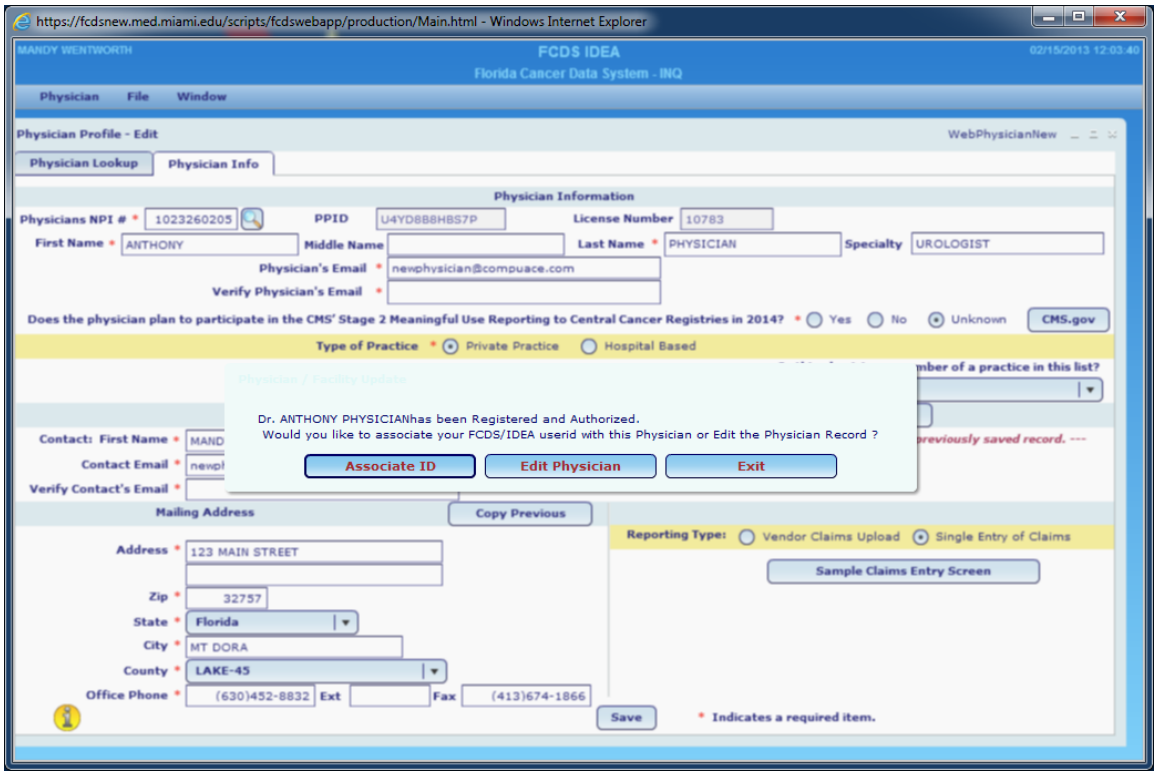
Physician Maintenance

After registration of a physician, the physician's record can be updated at any time by clicking the 'Register a physician' button on the Physician Dashboard. The user will re-enter the PPID and click the find button. You will be asked to Associate ID, Edit Physician or Exit.

Associate ID – will associate your user with this PPID/Facility #. You are already associated with this PPID if you registered it. If you did not register the PPID then by associating your id, you will have access to uploading or manually entering claims for the physician.

Edit Physician – allows you to modify any fields previously entered.

Exit – takes you back to the Physician Lookup tab.



Definition of Terms:

Copied Information: On the second physician that is entered by a logged in user the Mailing Address, Office Phone, Practice name and Reporting type (Vendor info) information is filled in from the previously entered/saved record. This is presuming that one person will input all physician records for a Practice. Once the practice information is entered it will continue to populate the Mailing Address, Office Phone, Practice name and Reporting type (Vendor info) from the previously saved record. At any time the copied information can be cleared by clicking the Clear Copied Data button. It will fill the Mailing Address, Office Phone and Practice name from the DOH file. The previously save information can be reinstated by clicking the Copy Previous button.

FCDS IDEA Application: is FCDS's web site http://www.fcds.med.miami.edu/inc/idea.shtml

Hospital Based Physician: A physician that does NOT see patients in private practice.

Manual Claims Entry: When the Physician's office will enter claims data using the FCDS manual claims entry system for each cancer patient.

Physician Personal Identifier (PPID): is the unique code assigned to each physician that was initially mailed on February 7, 2013.

Physician Practice List: The Physician Practice List is a drop down box under the question "Is this physician a member of a practice in the list?" For a given user, all of the unique practice names will be listed. This will allow a user to copy all data into a new record from a previously saved record in the same practice. It will copy the mailing address, office phone, practice name and reporting type (vendor info). This option is useful when a user needs to sign out before completing registration for a group of physicians and then log back in later. By recalling the data previously entered, input time will be reduced.

Private Practice Physician: A physician who sees patients in private practice. This physician may also see patients at a hospital but also sees patients in a private practice.

Registered User: A users who has created a user account in the FCDS IDEA system for the purposes of registering physicians who are in private practice, manually enter claims data and/or upload claims information using HTTPS methodology.

Vendor Claims Upload: When the Physician's office elects to authorize the uploading of claims data to FCDS by its vendor.

APPENDIX E

Register a Medical/Insurance Claims Vendor

VENDOR INFORMATION

What to Upload: The Florida Cancer Data System (FCDS) is accepting a copy of the physician's medical claim to fulfill their obligation to report cancer to the Florida Department of Health. FCDS accepts the standard electronic claims submission ANSI 837 format using the 5010 version. FCDS is only interested in the patient, physician and practice information. FCDS is NOT uploading any financial data. You may simply make a copy of the claim form you are processing for your client or you may suppress the financial information with nulls. No other modification to the standard format is required.

When to Upload: You may upload file(s) based on a schedule that is operationally best for you. However, FCDS requests that you upload a file(s) at least monthly.

Getting Started: If you have not already done so, please log onto the FCDS web site to register as a medical claims vendor. On the FCDS Web page, click 'Physicians'.

URL: **http://fcds.med.miami.edu/inc/physicians.shtml**

Then click 'Physician Vendor Reporting'. Click the button 'Register' to begin the registration process. You must complete all the requested information. Your Username will be sent to you via e-mail. Please follow the login instruction in the e-mail. After completing the requested information you will be requested to choose one of two encrypted transmission methods. You will be transmitting cases on the physician's behalf via HTTPS or SFTP.

Instructions for HTTPS

Using your login credentials, log on to the FCDS Physician Office Data Upload web page. Click the tab labeled Upload Data. To locate the file you wish to upload you may type in the name of the file in the window or you may click the browse button to locate the name of the file. Click on the file name. Once the file is selected, click on the submit button and the file will be uploaded to the FCDS. You will receive a confirmation e-mail indicating the status of your file upload (successful or unsuccessful).

Instructions for SFTP

The FCDS IT division will establish a special SFTP account for you which will allow you to upload your data. Mark Rudolph in the FCDS office will establish the account for you. His contact information is below.

If you do not already have an SFTP program you will need to acquire one. There are several freeware products available on the market. FCDS is not suggesting any particular product.

However, by way of example using: http://www.coreftp.com/download/coreftplite.exe

Run CoreFTP,
Choose the New Site button, and fill in:
Site Name: FCDS FTP
Host / IP: fcds.med.miami.edu
Username: FCDS generated userid
Password: User generated password – (check the "Don't save password" checkbox)
Connection: SSH/SFTP (should default to this)

When you login, you will see the file on the lower right side window. On the lower left window, browse to where you want the file to go. There are little icons above the filelist to browse the directory tree or to switch to a different drive letter. Hold mouse over an icon to see help.

To upload to FCDS, right-click on the file and choose upload. You will see a progress bar in the bottom window.

Please note: this is a send-only, no-directory listing, no-read sftp account. If you immediately logoff/login again, you won't see the file you just uploaded!

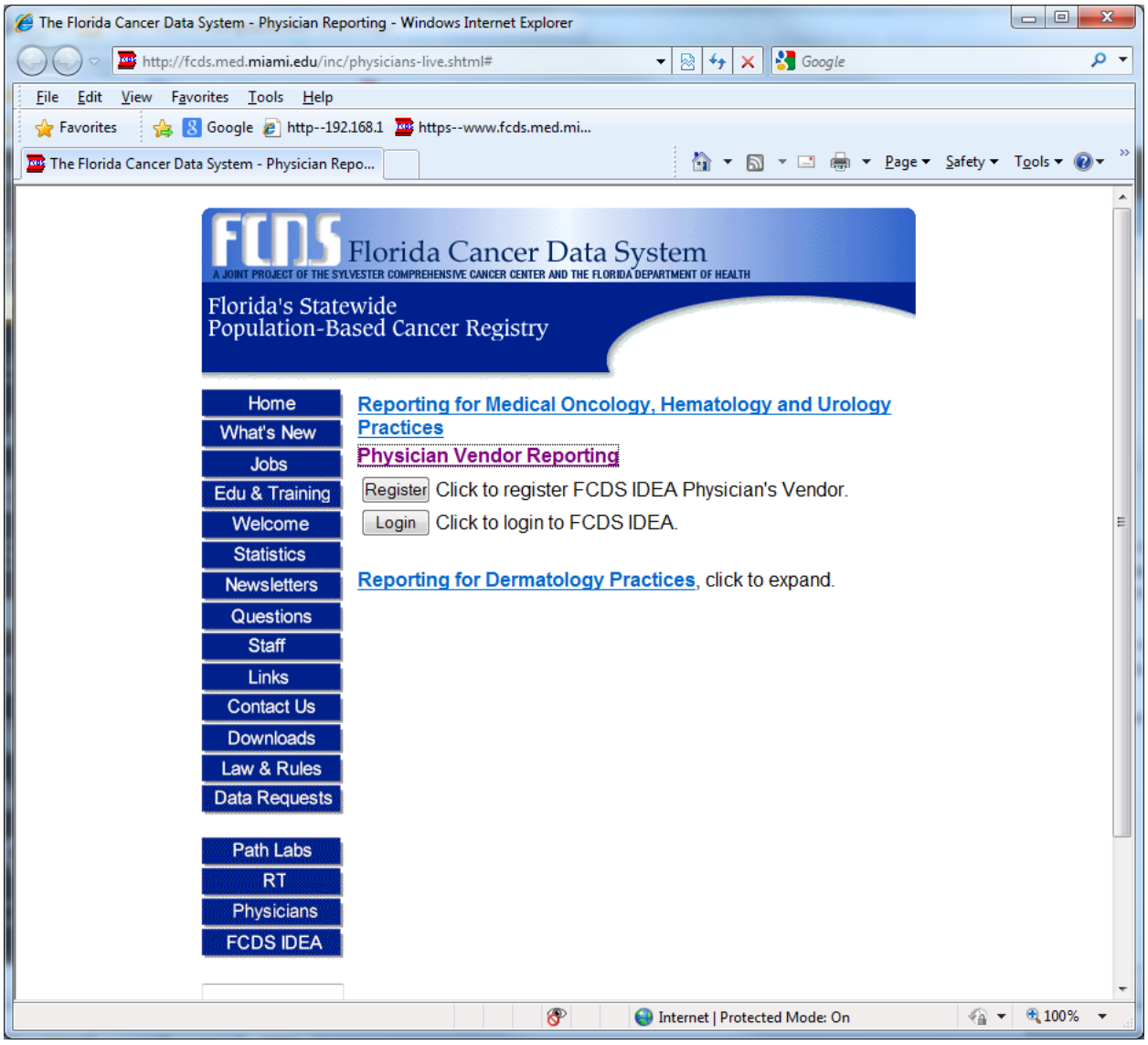
FCDS Technical Contact Information

Mark Rudolph
Phone: (305) 243-2626
e-mail: MRudolph@med.miami.edu

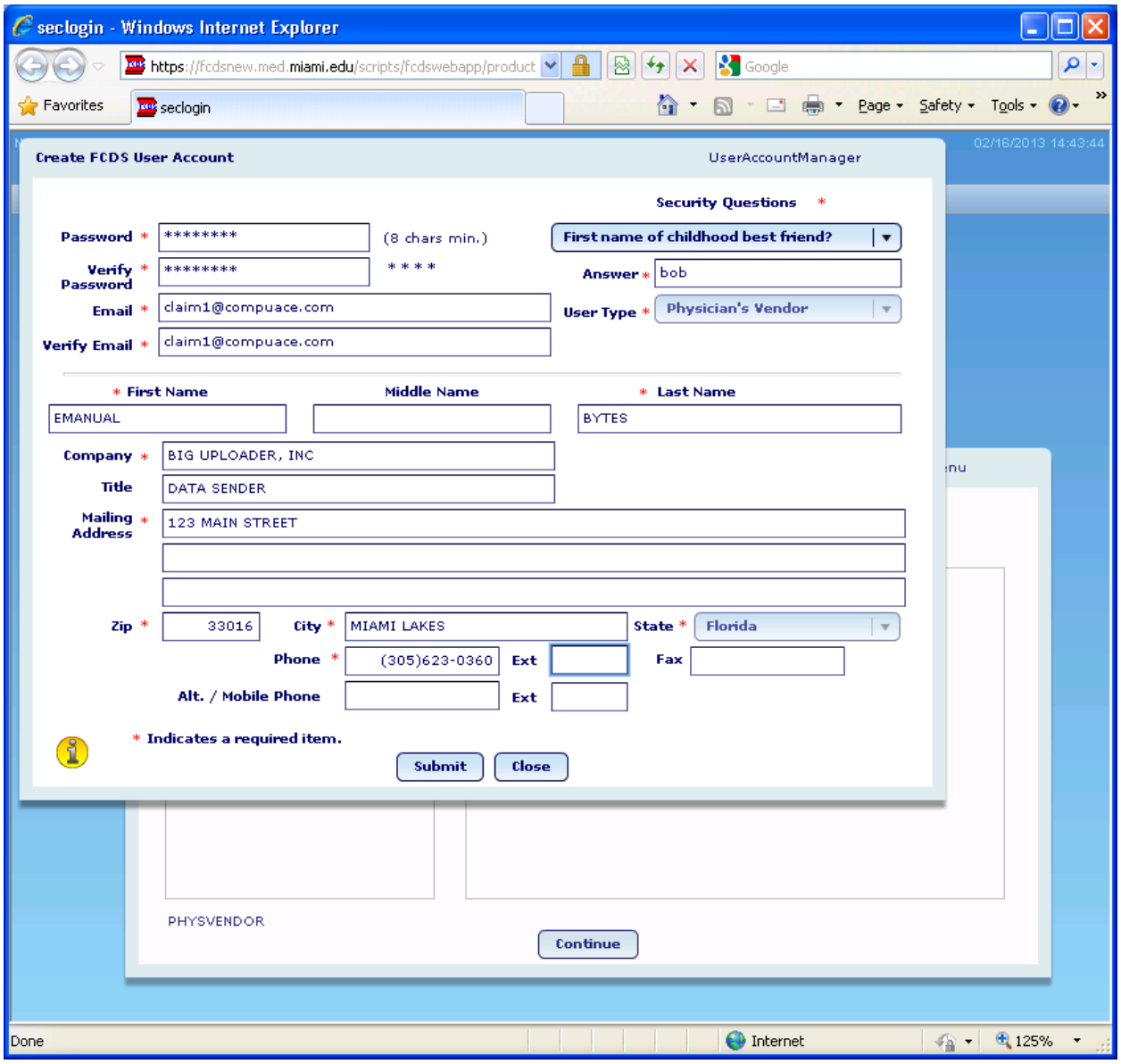
Vendor Registration:

To access vendor registration go to the FCDS Homepage (http://fcds.med.miami.edu/welcome.html) and select the 'Physician' tab on the left side.

Under **Physician Vendor Reporting**, Click the 'Register' button to register a new Physician's Vendor.

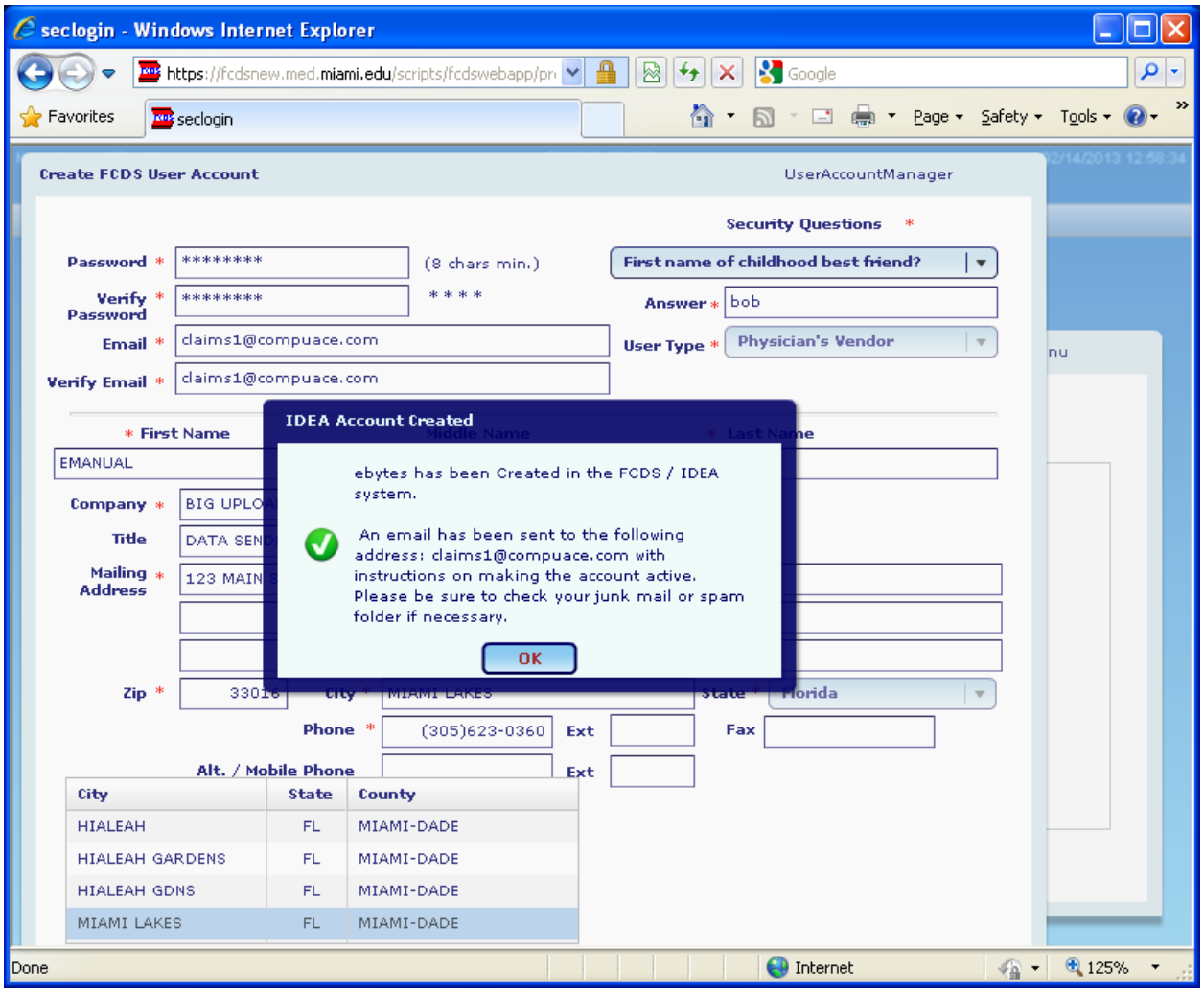


Enter the user information and click the 'Submit' button when finished.

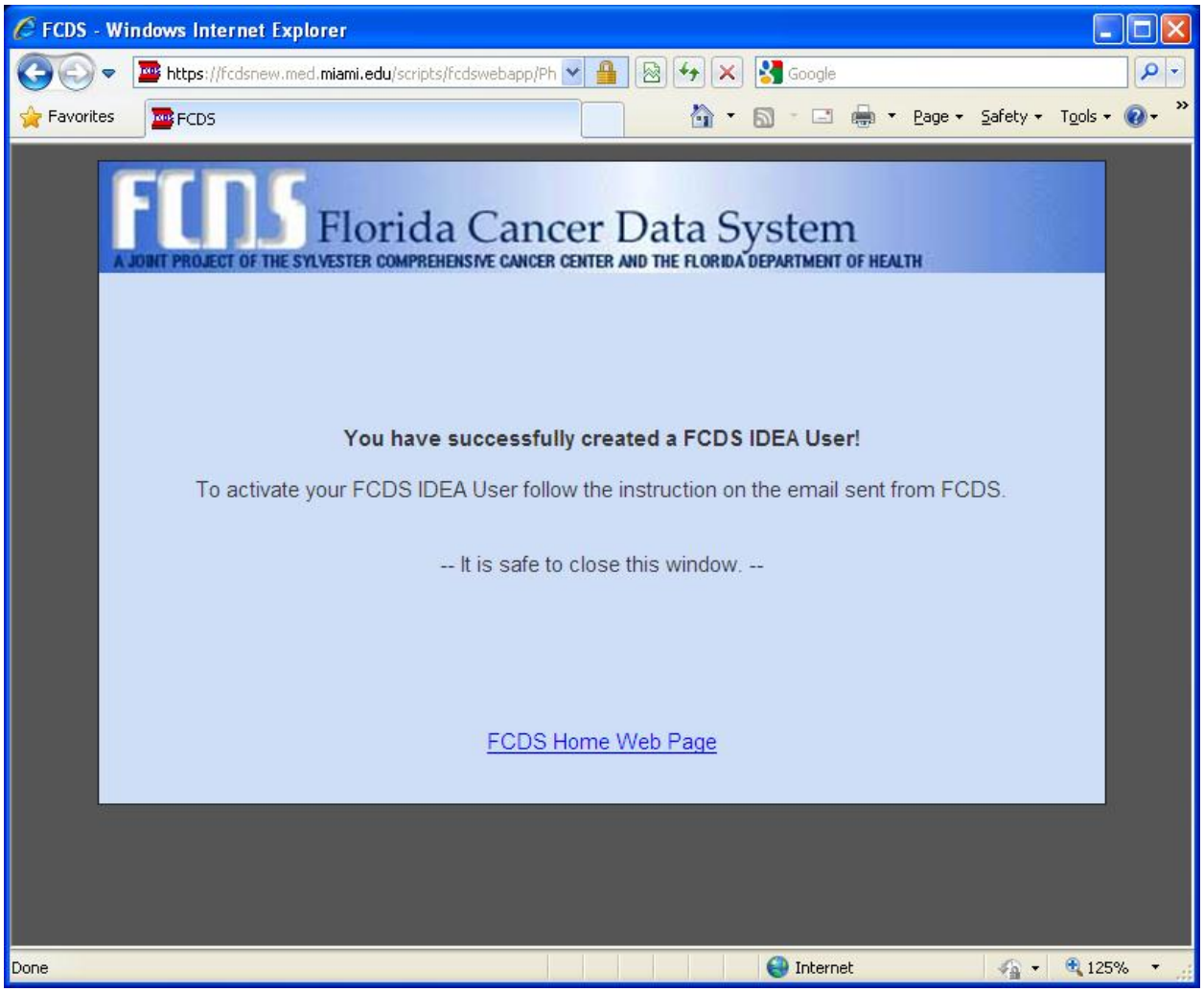


Register a Medical/Insurance Claims Vendor

Once the information has been submited, a box will appear indicating that the IDEA account has been created. An email will be sent confirming this account to the user's email.

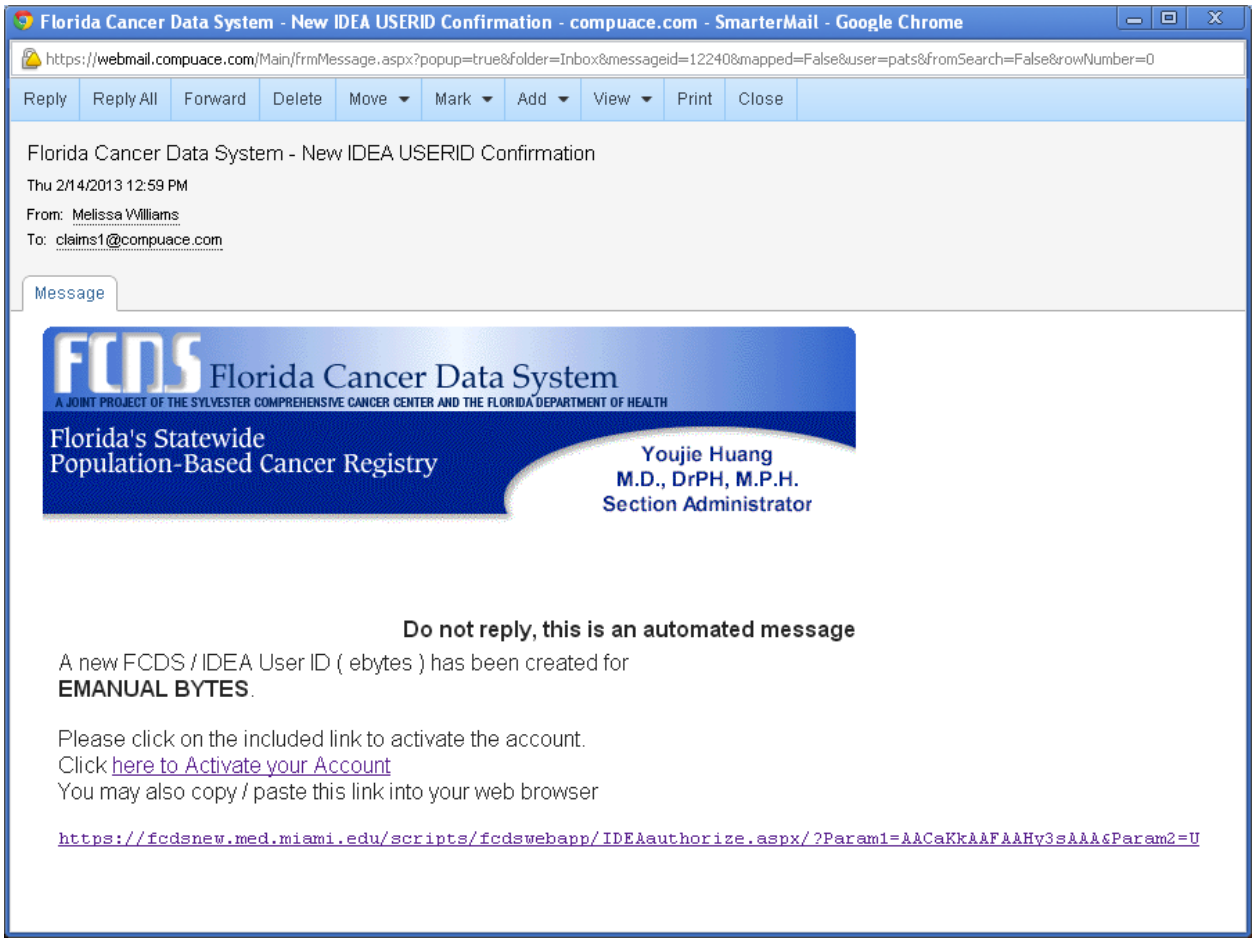


When you click the OK button, the following screen appears.



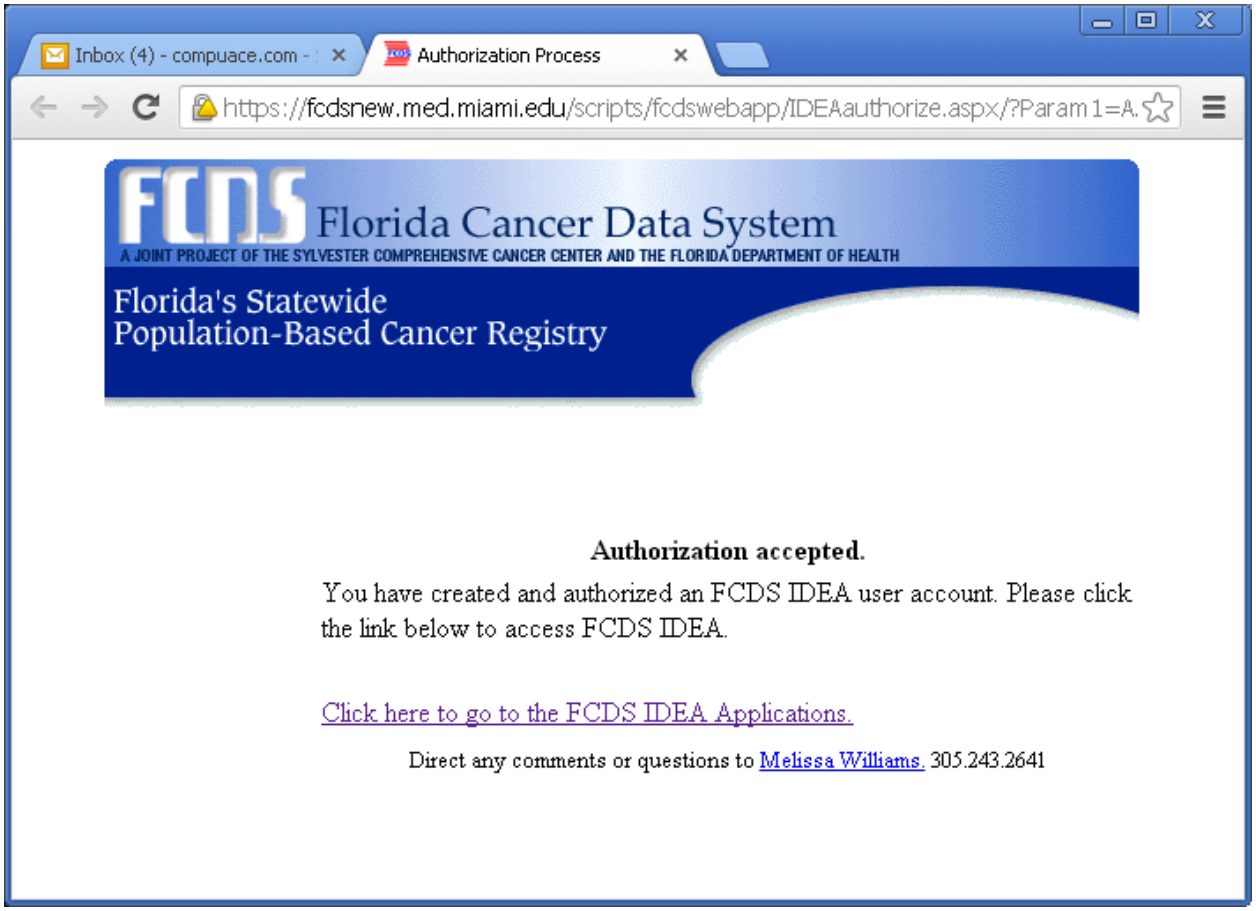
Register a Medical/Insurance Claims Vendor

Below is a sample of the email that is sent to the user. In the email, select 'Click here to Active your Account'.



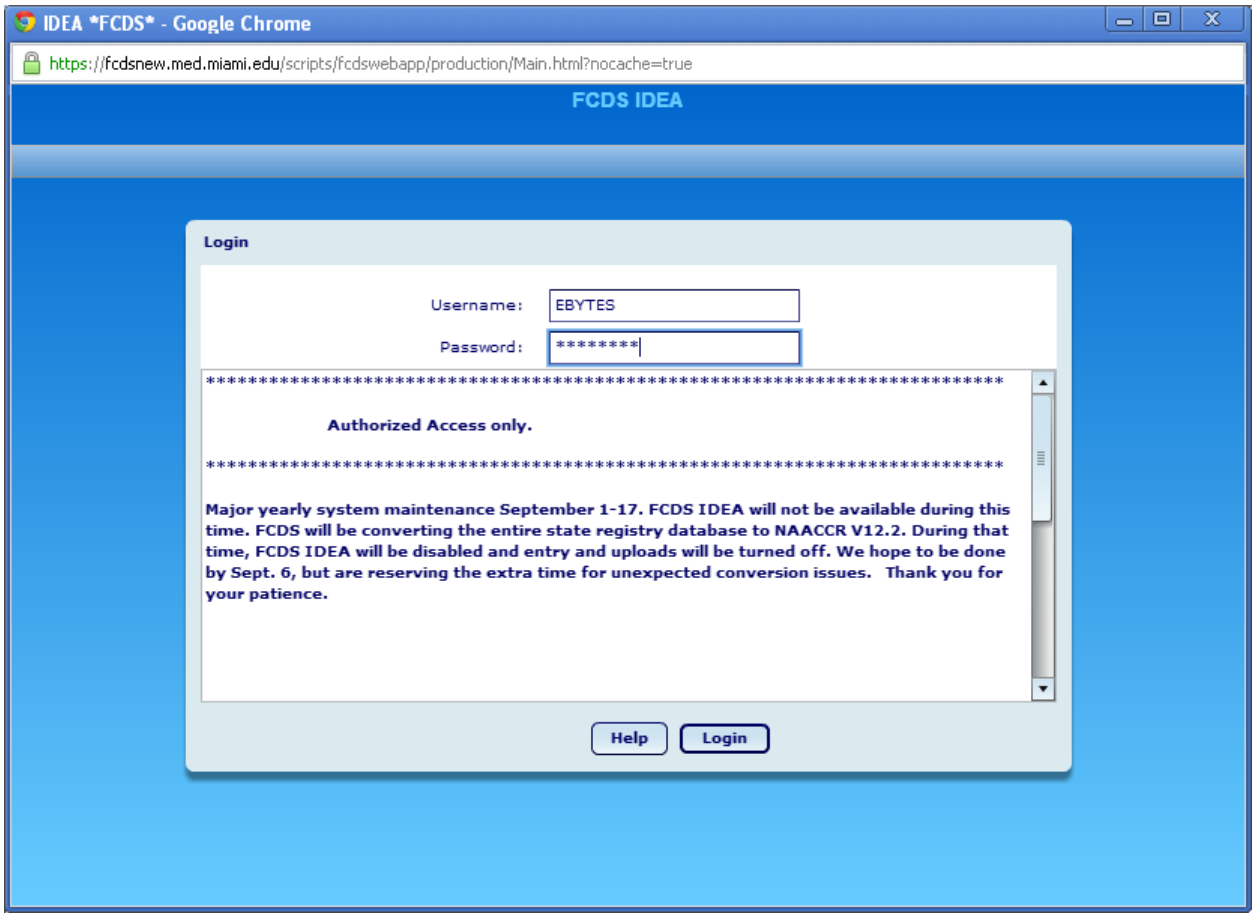
Register a Medical/Insurance Claims Vendor

After clicking to active the following panel will display. To login to FCDS IDEA with your new Useridand Password click on, 'Click here to go to the FCDS IDEA Applications'.



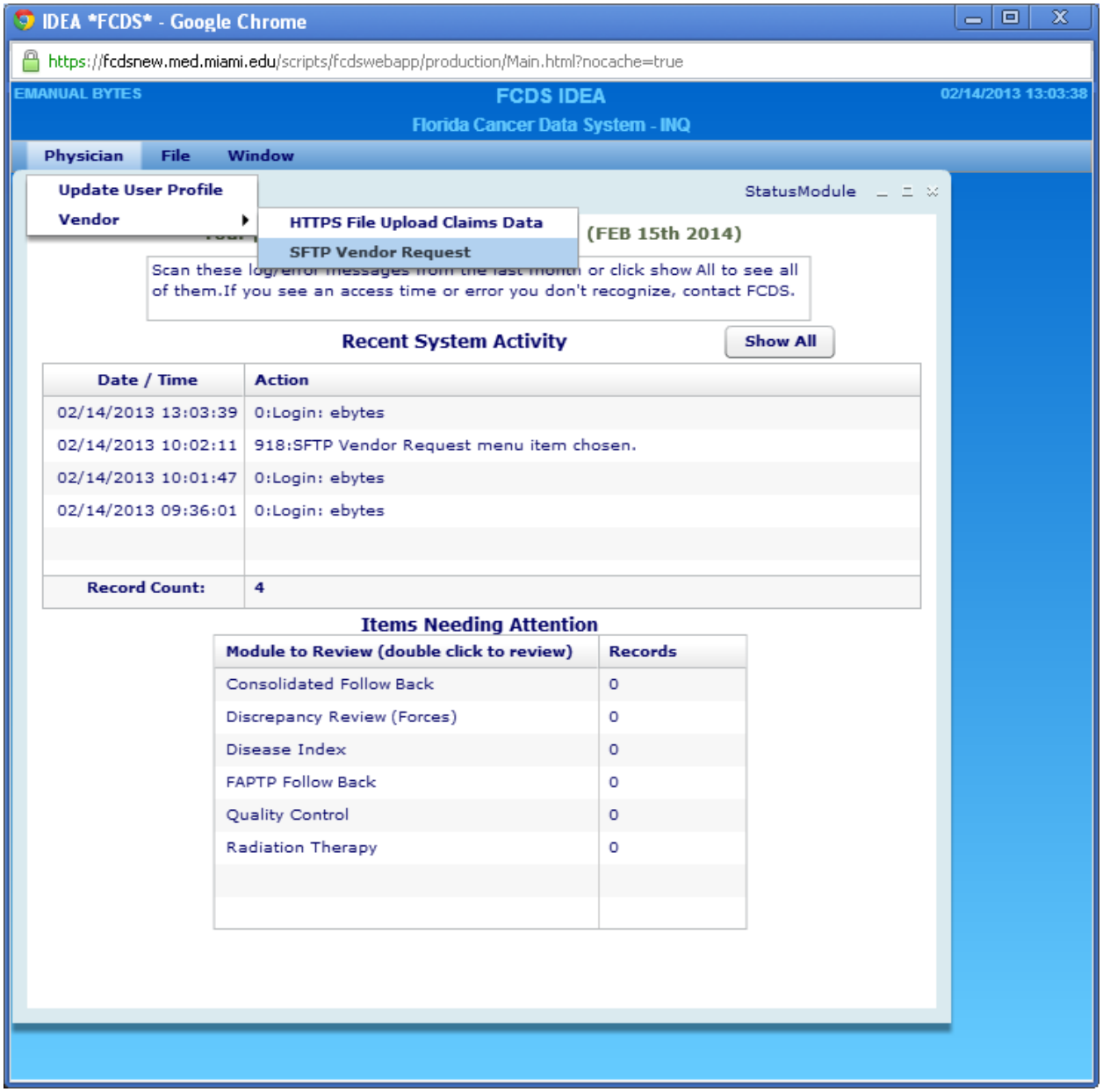
Register a Medical/Insurance Claims Vendor

This is the FCDS IDEA login screen.



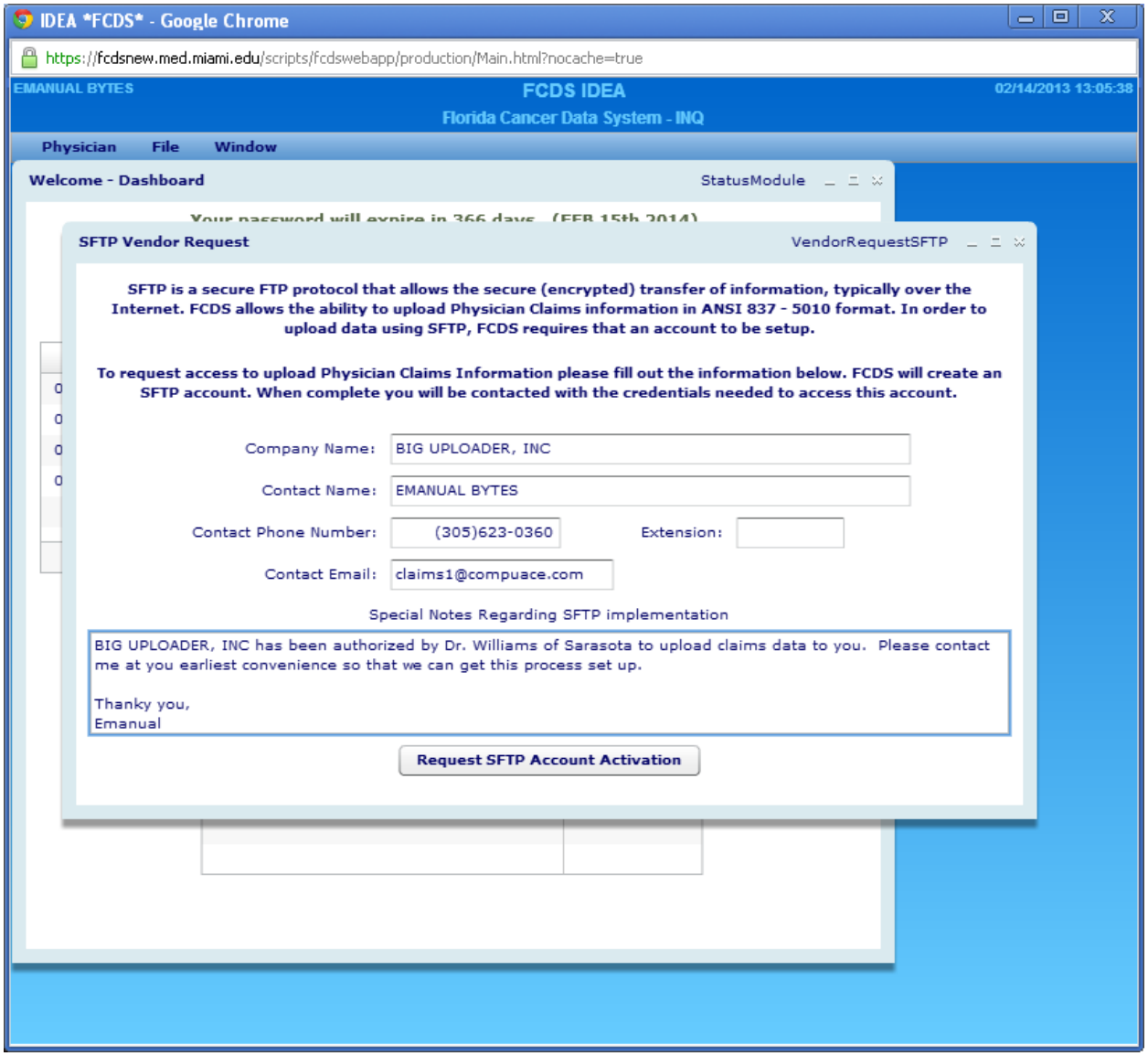
Register a Medical/Insurance Claims Vendor

Once the user is logged into IDEA, under 'Physician' and 'Vendor' the user can select the method for uploading the claims information: HTTPS File Upload Claims, or SFTP Vendor Request.

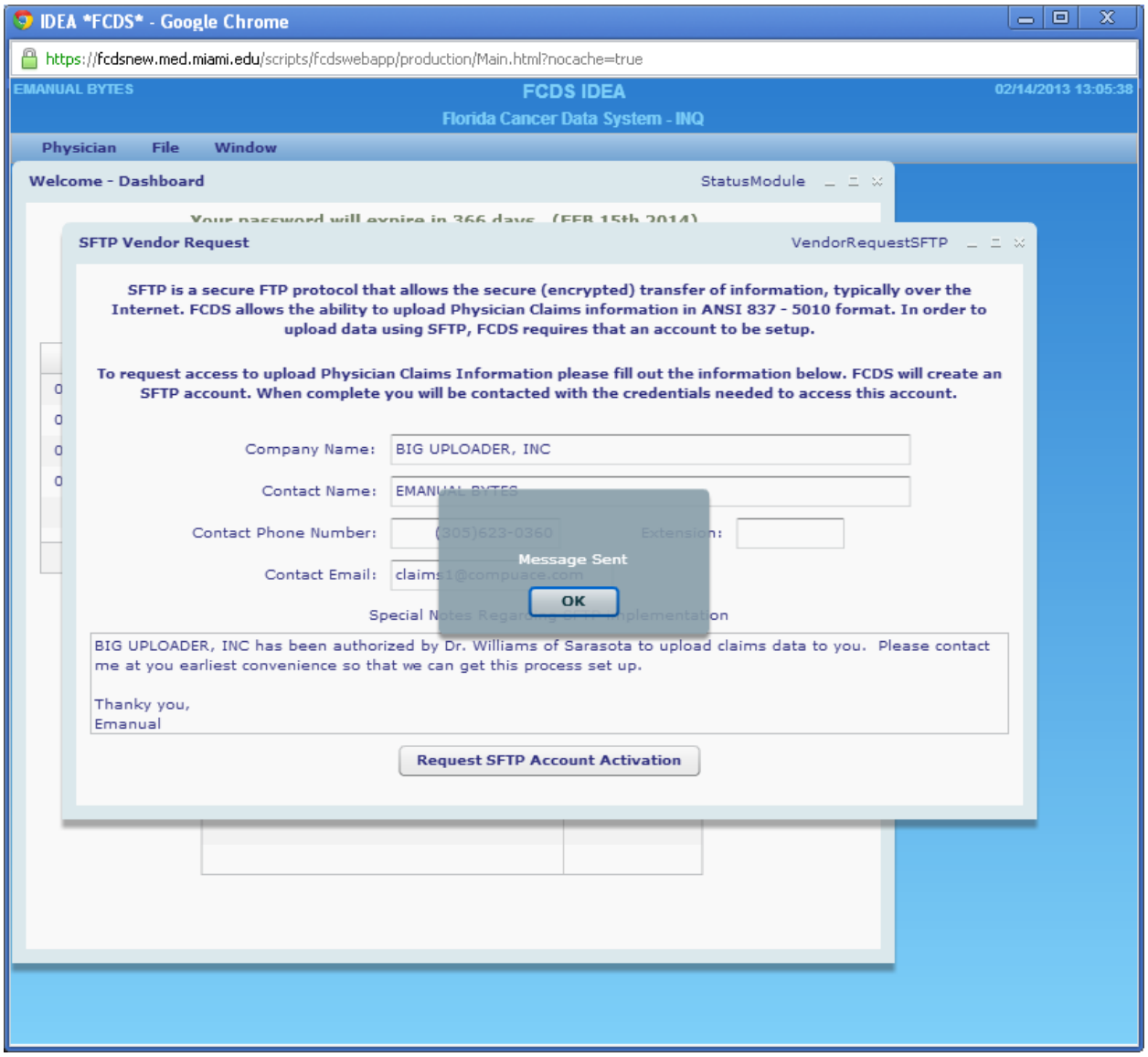


Register a Medical/Insurance Claims Vendor

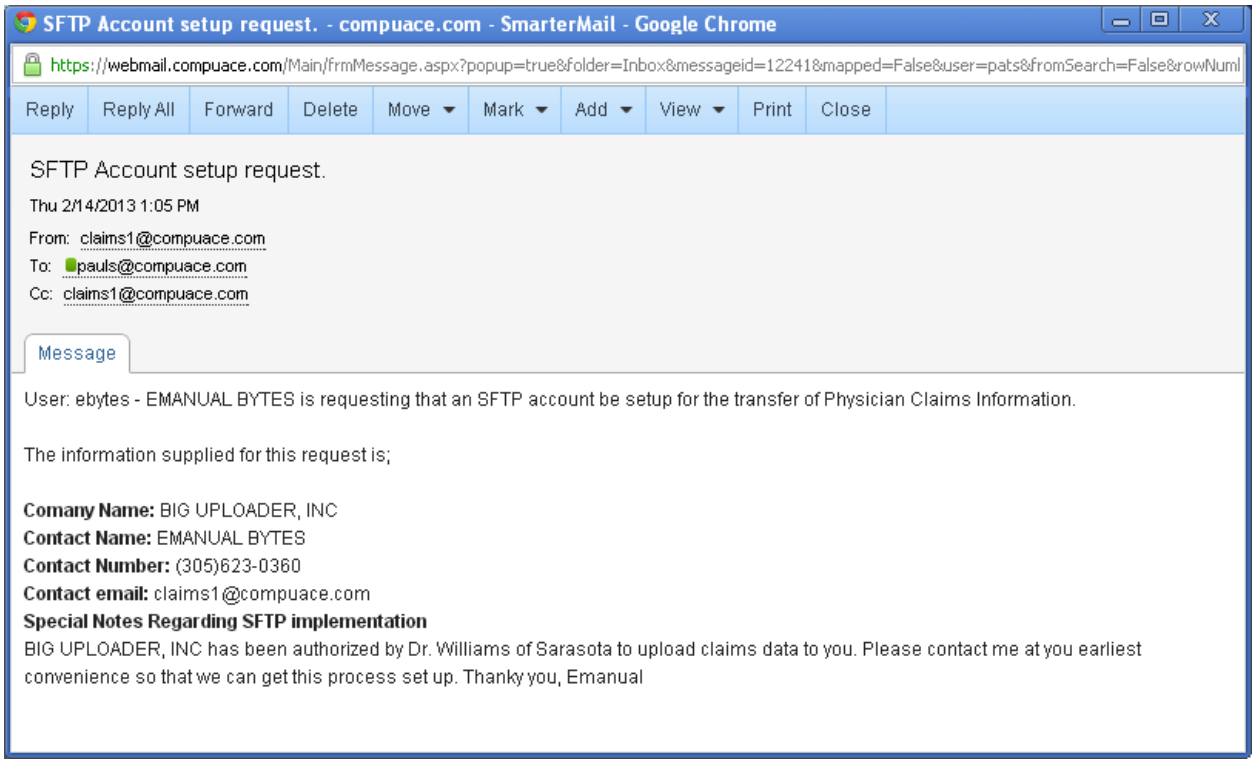
If 'SFTP Vendor Request' is selected, the user will need to complete the following request form. The company and contact information is taken from the vendor registration information. In the 'Special Notes Regarding SFTP implementation' area, enter any pertainent contact information that will help FCDS contact you. When completed, click the button 'Request SFTP Account Activation'. and the form will be sent to FCDS and an SFTP account will be created for the user.



Confirmation that the form was submitted will be displayed.



This is the automated email that will be sent to Mark Rudolph, the FCDS IT Manager.



Mark will then contact the vendor who has registered with further instructions

APPENDIX F

Electronic Claims Secure Data Transmission

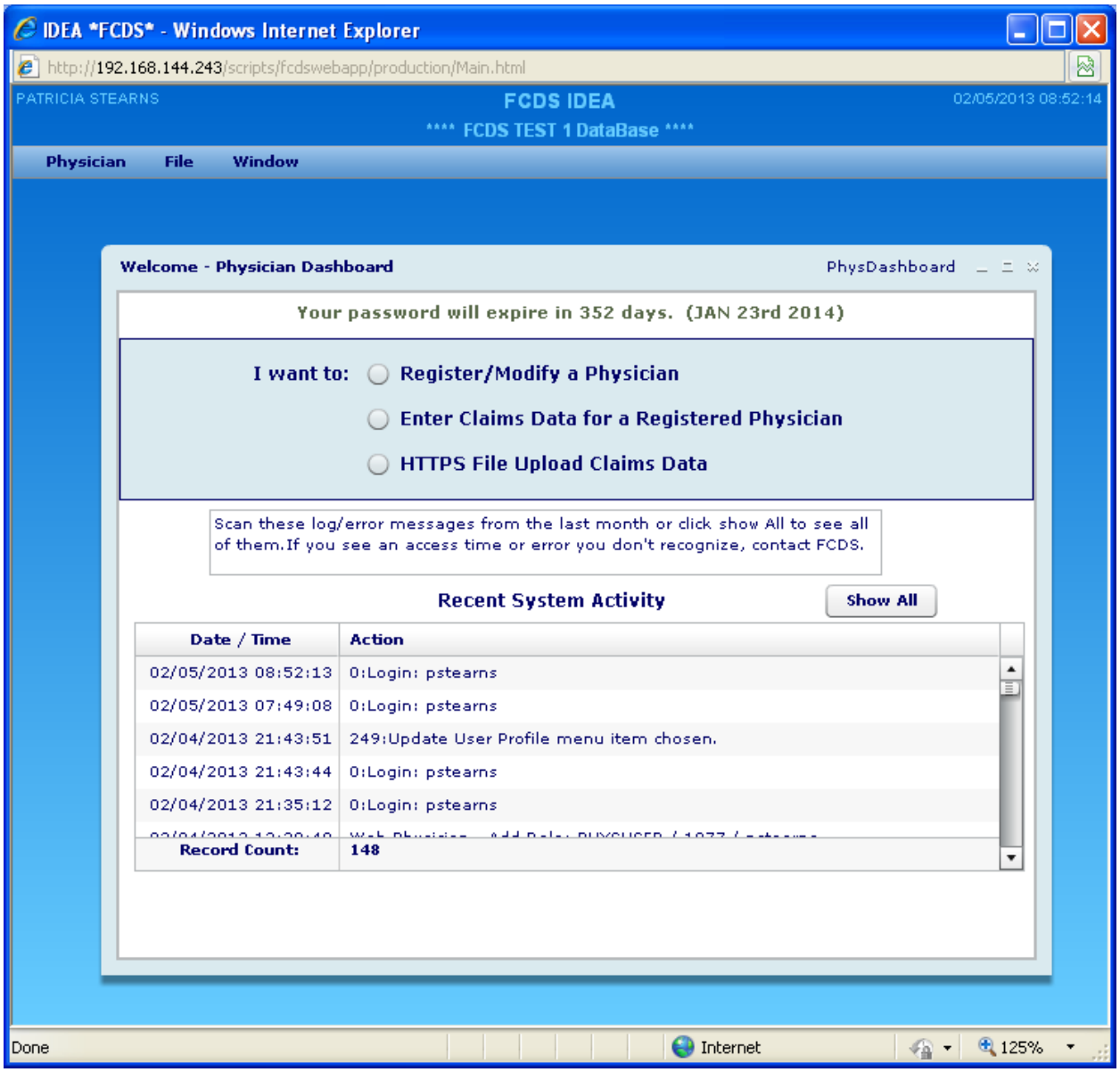
HTTPS Batch Transmission

Secure FTP Batch Transmission

FCDS IDEA Claims Single Entry Program

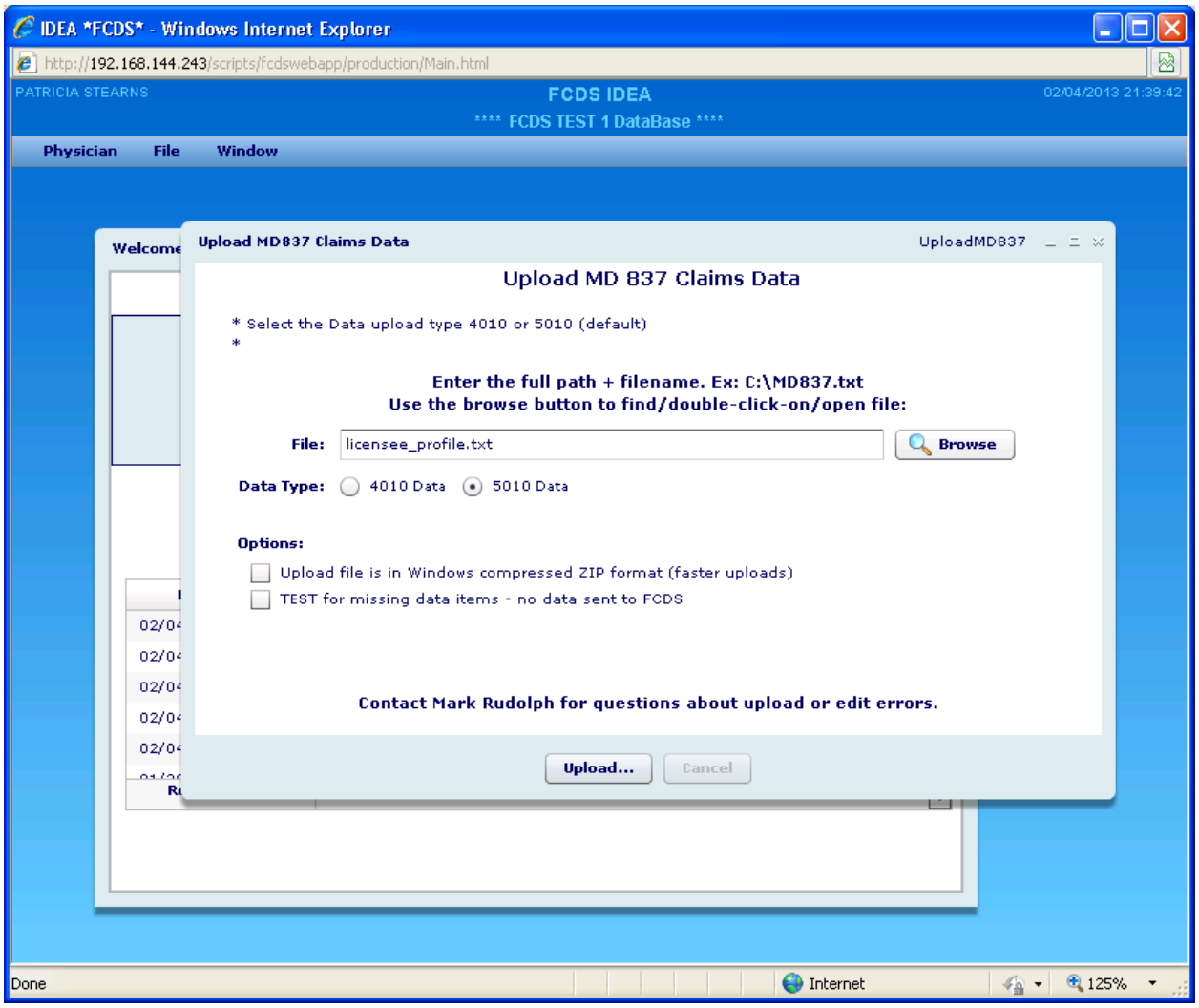
APPENDIX F - HTTPS Batch Transmission

Once logged in. Click on the button labeled: HTTPS File Upload Claims Data. It can also be accessed by clicking Physician in the menu and choosing HTTPS File Upload Claims Data' by clicking it.



APPENDIX F - HTTPS Batch Transmission

When the button is clicked the following screen will appear.



Click the Browse button to locate the file you want to upload and click the Upload button.

APPENDIX F - Instructions for SFTP

The FCDS IT division will establish a special SFTP account for you which will allow you to upload your data. Mark Rudolph in the FCDS office will establish the account for you. His contact information is below.

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However, by way of example using: http://www.coreftp.com/download/coreftplite.exe

Run CoreFTP,
Choose the New Site button, and fill in:
Site Name: FCDS FTP
Host / IP: fcds.med.miami.edu
Username: FCDS generated userid
Password: User generated password – (check the "Don't save password" checkbox)
Connection: SSH/SFTP (should default to this)

When you login, you will see the file on the lower right side window. On the lower left window, browse to where you want the file to go. There are little icons above the filelist to browse the directory tree or to switch to a different drive letter. Hold mouse over an icon to see help.

To upload to FCDS, right-click on the file and choose upload. You will see a progress bar in the bottom window.

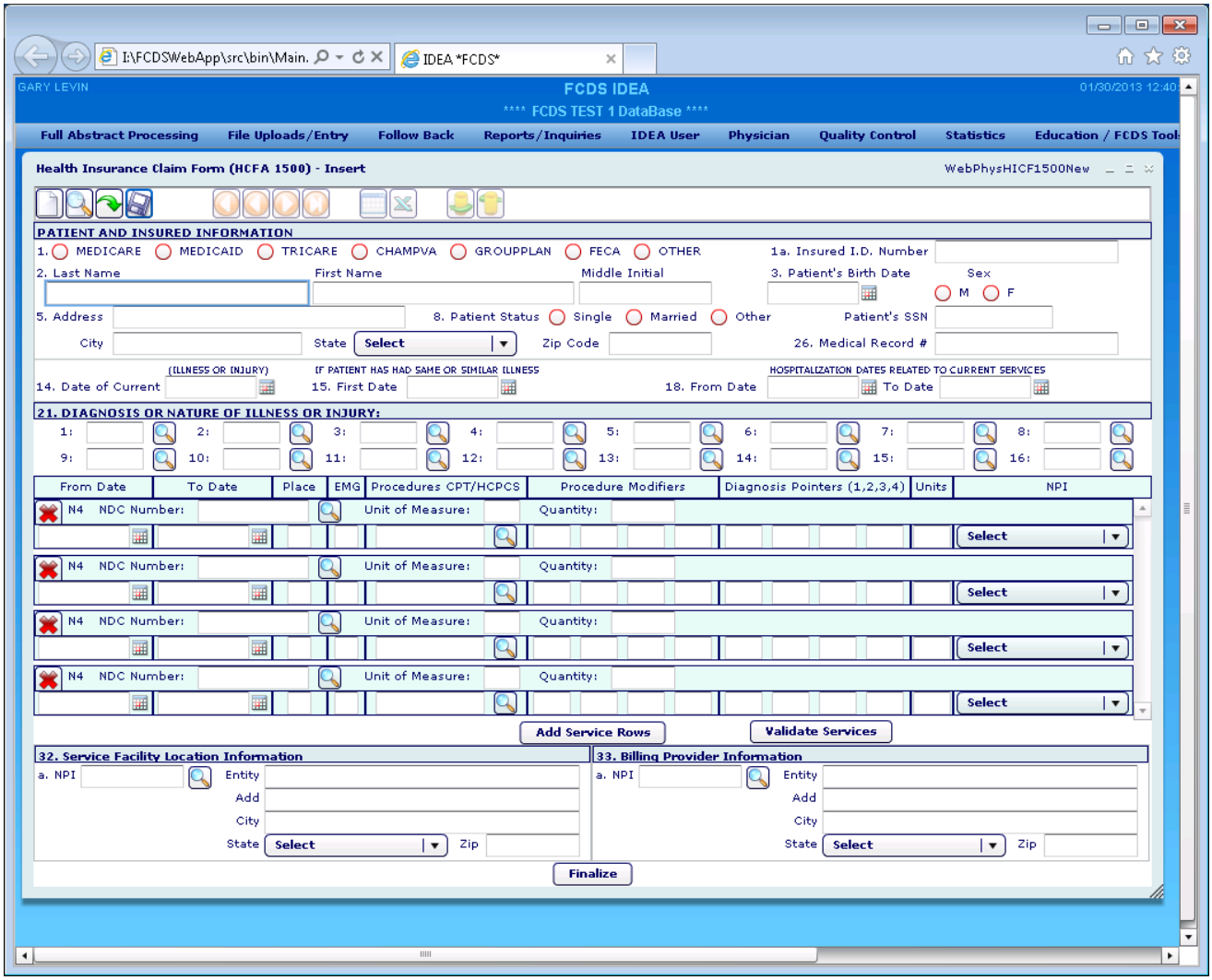
Please note: this is a send-only, no-directory listing, no-read sftp account. If you immediately logoff/login again, you won't see the file you just uploaded!

FCDS Technical Contact Information

Mark Rudolph
Phone: (305) 243-2626
e-mail: MRudolph@med.miami.edu

APPENDIX F – FCDS IDEA Claims Single Entry Program

Sample Claims Entry Screen:



APPENDIX G

1500 Health Insurance Claim Form
And
Claim Form Instruction Manual

GO TO

National Uniform Claim Committee
http://www.nucc.org/images/stories/PDF/cms_1500_sample.pdf
http://www.nucc.org/images/stories/PDF/claim_form_manual_v8-0_7-12.pdf

Or

Centers for Medicare and Medicaid Services
http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf