



# FLORIDA CANCER DATA SYSTEM

## JANUARY/FEBRUARY 2005 MONTHLY MEMO

### WHAT'S NEW:

THE FOLLOWING INFORMATION IS CURRENTLY AVAILABLE ON THE FCDS WEBSITE.

- **NEW UPDATES TO THE 2004 FCDS DAM WERE MADE IN JANUARY. THESE UPDATES ARE NOW AVAILABLE TO DOWNLOAD FROM THE FCDS WEBSITE.**
- **ICD-9 CODE 259.2 (CARCINOID SYNDROME) HAS BEEN ADDED TO THE FCDS CASEFINDING LIST. THE UPDATED LIST IS NOW AVAILABLE FOR DOWNLOAD FROM THE FCDS WEBSITE.**
- **EDUCATION AND TRAINING WEB MODULES (Under Edu and Training)**
- **FCDS REGISTER VOL. 26**

### FCDS MAILING INFORMATION

US Postal Service mail including Express mail, Priority mail, and Certified mail should be sent to the following PO Box address:

FCDS/University of Miami  
School of Medicine  
P. O. Box 016960 (D4-11)  
Miami, FL 33101

**FCDS STREET ADDRESS SHOULD ONLY BE USED FOR COURIER PACKAGES**  
(Federal Express, UPS, Airborne Express)

FCDS/University of Miami  
School of Medicine  
1550 NW 10th Ave, Fox Bldg,  
Room 410  
Miami, FL 33136



## News and Information



### NEW FCDS EDITS

(If you have questions please contact your field coordinator.)

**Edit # 358:** Malignant Melanoma of the Skin, Vulva, Penis and Scrotum: If SSF 3=000, then CS Lymph nodes must = 00 or 99.

**Edit # 359:** Warning: Please verify this case is reportable. Check Sect. I of the FCDS DAM for reportability guidelines. (This warning displays when class of case= 3 and cancer status= 1 or 9.)

**Edit #360:** A sequence 61 exists in the pending file without a sequence 62.

**Edit # 361:** Sequence 62 being processed without a sequence 61 in the pending file or 60 or 61 in the master file.

**Edit # 362:** Sequence 60 and sequence 61 cannot exist within the same batch being processed.

**Edit # 363:** Sequences 61 and 62 exist in pending file but demographic information does not match.

**Edit # 364:** A sequence 60 or 61 exists in the master file while processing a sequence 61.

**Edit # 365:** Accession numbers exist in master file while attempting to process a sequence 60.

**Edit # 366** is a new edit for the CS Hematopoietic/Reticuloendothelial system schema only. This edit checks for a valid CS extension code for specific morphologies: 'CS Extension code not valid for this morphology. CS extension=10 is only valid for morphology 9731, 9740, 9750, 9755-9758, or 9930.'

**Edit # 367:** ICD-O-2 morphology not valid with behavior.

**Edit # 368:** This case is not reportable. Behavior is = 0 or 1, date of dx is less than 1/1/2004 or date of dx is unknown and date of admission is less than 1/1/2004, and no other sequence exists.

**Edit # 369:** This case is not reportable. Behavior is = 1, date of dx is less than 1/1/2001 or date of dx is unknown and date of admission is less than 1/1/2001, and no other sequence exists.

**Edit # 370:** Warning: Sequence 62 exists in work file, but sequence 61 failed edits.

**Edit # 371:** If primary site=C70.0-C72.9 or C75.1-C75.3 and behavior = 0 or 1, then CS extension must = 05.

**Edit # 372:** If site=C67.0-C67.9 and behavior = 2, then CS extension must = 01-06 or 10.

**Edit # 373:** If site = C50.0-C50.9 and behavior = 2, then CS extension must = 00, 05 or 07.

**Edit # 374:** If CS lymph nodes = 10-80 OR regional nodes positive = 1-97, behavior must = 3 and CS extension must not be less than 10.

**Edit # 375:** C50.0-C50.9: If CS Lymph Nodes = 00, then CS SSF5 must equal 000-002. If CS Lymph Nodes does not = 00, then CS SSF5 must = 888.

**Edit # 376:** C50.0-C50.9: IF CS SSF3 = 001-097, then CS Lymph Nodes must not = 00, 74, or 77.



## FCDS

## EDITS

### FCDS MODIFIED EDITS

**Edit # 32:** Patient has multiple primaries and Dx Confirmation is not equal to 1, 2, 4 or 5 on all Sequences. Benign brain cases diagnosed by radiography will no longer fail this edit.

**Edit # 36** has been corrected to allow ICD-O-2 behavior 0 and 1 for brain, and behavior 1 for morphologies 8931, 9393, 9538, 9950, 9960, 9961, 9962, 9980, 9981, 9982, 9983, 9984, 9989.

**Edit # 91:** As you know, with the current on-line edits program, all facilities using the

upload program must have all the cases pass the FCDS edits in order for all the cases in the batch to be accepted and processed by the Field Coordinators, except of course, for the records that fail the "forcible" edits. We have found that a few of the FCDS edits require the Field Coordinators to correct cases that exist in our master file before the facilities can resubmit the batches. One of these edits is edit 91, which was a "non-forcible" edit (Demographic information on Sequence in pending file does not match that in master file). To fix this problem, we have

made edit 91 a "forcible" edit. This will allow a batch with this edit to come through to the Field Coordinators and be processed. All the other edits that require the Field Coordinators to change any records in the master file (sequence edits) before the cases can be resubmitted by the facility will be addressed immediately with the reporting facility. This will avoid any data submission delays.

**Edit # 289:** For all CS schemas, excluding C50.0-C50.9, if CS Extension=00 or 05, then behavior must=2.

### FCDS NEW BATCH UPLOAD EDITS

The new batch upload edits program went into effect January 18, 2005. Immediately upon uploading a batch, your records will now undergo the full series of inter and intra-item edit checks.

Once all records in the batch have been edited, a message will be sent instructing you to download the discrepancy journal. If all records successfully pass the edits, the batch will be accepted and the discrepancy journal will reflect this.

If any record fails an edit, the entire batch will be rejected. The discrepancy journal will reflect which record (s) failed and a description of the error (s). The facility must correct the record on their system and resubmit the batch. This process must continue until all records successfully pass the edit process.

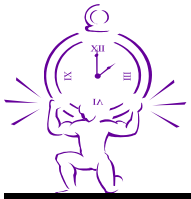
The only records that will be accepted in spite of an error are those records that have an 'over-ride' discrepancy. That is, a record that does not satisfy

national edit criteria but will have the opportunity to be 'forced' into the system with appropriate documentation from the facility. These records will remain in the FCDS pending file until the appropriate documentation is received and accepted. The discrepancy journal will reflect which records failed and based on the error, what documentation is necessary. Should you have any questions please contact your Field Coordinator.

### FCDS SINGLE ENTRY

The FCDS IDEA single entry module has been modified slightly. Upon submitting a case, users will now see any 'forcible' edit message and will have the opportunity to review the case and make any changes before submission. Users will also have the option of going back to review or make changes to any case entered during the week, before it is batched on Saturday mornings.





# Deadlines & Reminders

## AHCA AUDIT - 2003 CASES

On January 28, 2005, FCDS completed the matching of the **2003 In - Patient and Outpatient Discharges** reported by each facility's Finance - Billing/Medical Records Department to the Agency for Health Care Administrative (AHCA). All records with principle or secondary diagnoses of cancer were linked to the FCDS database. Only records reported to AHCA but not matched to an FCDS record will appear on the lists titled "AHCA Unmatched Cancer Records Request 2003." The 2003 listings include patient encounters between January 1, 2003 and December 31, 2003.

Method: The in-patient and out-patient AHCA records were matched with the complete FCDS Master file database regardless of the type of cancer or the date of discharge. Records were matched on Social Security Number, Date of Birth, Sex, Race, and County of Residence. *(AHCA does not collect patient name so we have no way of matching records based on patient name. This is also why you will see no patient name on the AHCA Unmatched Cancer Records Request listings.)*

## AMBULATORY PATIENT CARE CENTERS (OUTPATIENT)

Any facility with fewer than 35 cancer cases identified on the "AHCA Ambi Unmatched Cancer Records Request 2003" listing needs to only submit copies of patient records to FCDS for each of the cases on the list. A Batch Transmittal Form must be included with any chart copies submitted. The following reports (if available) from each patient record must be submitted by **April 29, 2005**: Face sheet, Summary, History & Physical, Operative Reports, Consultation Reports, Pathology Reports, Radiology Reports, Laboratory Reports, and all other pertinent reports.

Any facility with greater than 35 cancer cases on the "AHCA Ambi Unmatched Cancer Records Request" list must

determine whether or not each of the identified case records must be reported to the FCDS by referring to the FCDS reporting criteria outlined in Section I of the *2004 FCDS Data Acquisition Manual*. If the case meets the FCDS reporting criteria, a full case abstract must be submitted to FCDS by **April 29, 2005**. All data must be submitted to FCDS via the encrypted Internet transmission, FCDS IDEA. For further information, visit the FCDS website at <http://fcds.med.miami.edu>. If the case does not meet FCDS reporting criteria, the appropriate Disposition Code must be documented on the "AHCA Ambi Unmatched Cancer Records Request" listing and returned to FCDS by **April 29, 2005**. If after

reviewing the "AHCA Ambi Unmatched Cancer Records Request 2003" list, the facility has fewer than 35 reportable cases, you need only submit copies of patient records to FCDS for each of the cases on the list.

Several Florida Ambulatory Patient Care Centers have been voluntarily reporting their cancer cases to FCDS. The "AHCA Ambi Unmatched Cancer Records Request 2003" list for these facilities will serve as a quality control tool. The cancer cases identified on the listings will be considered "missed cases" and will need to be reviewed to determine whether or not the cases are reportable according to the FCDS reporting criteria.

## HOSPITAL REPORTING SOURCES (INPATIENT)

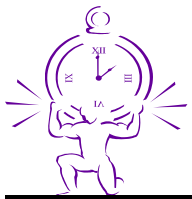
In addition, to the 2003 AHCA case review, FCDS is requesting the review of past AHCA records for years 2000 - 2002 that remain in our files as not having been reported by your facility or not having been cleared as non - reportable cases to FCDS according to our reporting requirements. Please note that your facility may not have past records to submit as missed cases, thus, you will not receive a listing.

Each case that appears on all the *AHCA Unmatched Cancer Records Request*

listings (2000-2003) must be reviewed. The facility must then provide FCDS with a reasonable explanation as to why the case was not submitted to FCDS. The reason that each case was not submitted must be documented using the Disposition Code list. In addition, upon review, any case found to meet the FCDS Cancer Case Reporting Requirements outlined in Section I of the 2004 FCDS DAM and found not to have been previously reported must be reported to FCDS by **March 31, 2005**.

All Forms and Abstracts must be completed and submitted to FCDS according to the current reporting guidelines and record layout no later than **March 31, 2005**.

Please keep in mind that all audits conducted by FCDS are dictated and closely monitored by the Florida Department of Health. Should you have any questions, please contact your Field Coordinator at (305) 243-4600.



# Deadlines & Reminders

## CANCER REPORTING COMPLETENESS REPORT

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF DECEMBER 31, 2004

Total number of New Cases added to the FCDS Master file in December 2004: **11,357**

The figures shown below reflect initial patient encounters (admissions) for cancer by year.

ADMISSION YEAR	HOSPITAL	RADIATION	AMBI/SURG	PHYSICIAN OFFICE	DERM PATH	DCO	TOTAL CASES	NEW CASES
2004	29,739	1,235	273	0	1	Pending	31,248	9,584
2003	142,781	3,485	1,076	0	604	Pending	147,946	1,297
2002	149,039	3,170	2,188	461	870	3,628	159,356	476

Complete for:		<u>Actual</u>	<u>Expected</u>
	2004	23%	50%
	2003	100%	100%
	2002	100%	100

\*Expected % based on 135,000 reported cases/year

## PATHOLOGY LAB REPORTING

Every anatomic pathology laboratory that reads biopsy and surgical resection specimens collected from patient encounters within the state of Florida **MUST** electronically submit the specified data for every malignant cancer case. **Specimens read January 1, 2004 through December 31, 2004 must be submitted to FCDS on or before June 30, 2005 .**



# Education and Training



**FCDS  
WEB-MODULES**

- **Reporting Requirements for Intracranial and CNS Tumors,** Presented by Stuart Herna
- **Data Access for Dept. of Health Personnel and Approved Researchers,** Presented by Jill MacKinnon
- **Collaborative Staging Part 1 & 2 ,** Presented by Stuart Herna
- **Correct/Delete Single Entry Records,** Presented by Mark Rudolph
- **International Classification of Diseases for Oncology ICD-O-3,** Presented by Stuart Herna

The Florida Cancer Data System (FCDS) is pleased to announce the FCDS Web Training Modules, now available on the FCDS website at <http://fcds.med.miami.edu>, under Education and Training. The modules are designed to assist registrars and their staff with clarification on rules, reporting requirements, data definitions, policies, and procedures.

**AMERICAN  
HEALTH  
INFORMATION  
MANAGEMENT  
ASSOCIATION  
(AHIMA)**



**JOIN THE AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION (AHIMA) AND THE CALIFORNIA HEALTH INFORMATION ASSOCIATION (CHIA) FOR A CLINICAL CODING CONFERENCE, ACHIEVING CODING EXCELLENCE!**

*March 3-4, San Francisco, CA  
Sir Francis Drake Hotel*

*Achieving Coding Excellence is an intensive two-day conference designed to boost your understanding of clinical code assignments and emerging issues that affect code reporting. The following topics will be covered*

**MARCH 3**

**MARCH 4**

Orientation to Complex Spine Coding (Intermediate–Advanced)

Elements and Components of E&M (Intermediate–Advanced)

What Is the Connection between Coding and Compliance? (Intermediate–Advanced)

Ethical Dilemmas in Coding (Intermediate–Advanced)

Rehabilitate our Coding Skills: Strengthen Your Coding Skills with Inpatient Rehab Facility Prospective Payment System Training (Intermediate–Advanced)

Home Health Coding and Documentation (Intermediate–Advanced)

Computer-Assisted Coding

A Peek Inside the “Black Box:” How Physicians Make Clinical Decisions (Intermediate–Advanced)

Computer-Assisted Coding—A Look at Opportunity and the Future (Intermediate–Advanced)

*AHIMA-credentialed members can earn up to a total of 12 CE units at this conference. Six CE units will be given for each day. Additional details will be provided with on-site registration materials.*

***If you can't make it to the San Francisco workshop, additional workshops will be held on:***

*June 1-2, Oklahoma City, OK*

*June 22-23, Raleigh, NC*

*August 17-18, Houston, TX*

*August 24-25, Minneapolis, MN*

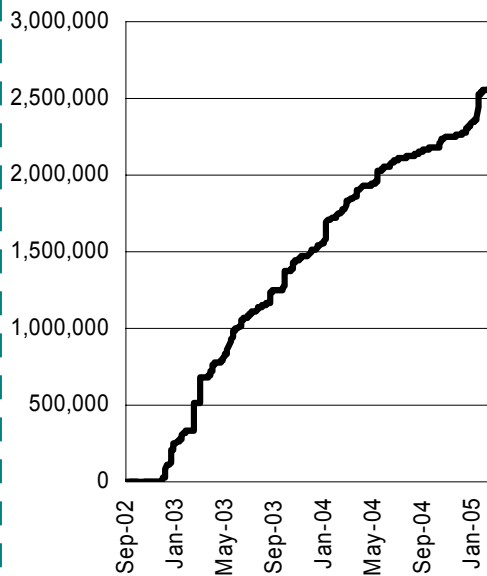
*September 1-2, Orlando, FL*



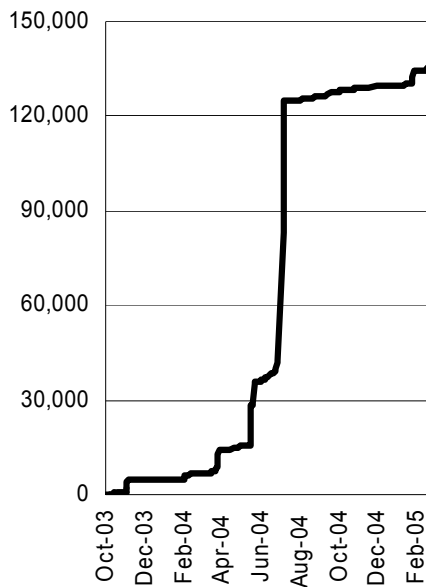
## Florida Cancer Data System

# Pathology & Radiation Reporting

Path



Radiation



A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

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