GCCR Register

Georgia Comprehensive Cancer Registry

Fall 2006

Have You Changed Your Casefinding Codes?

Adapted from The Connection (The Official Newsletter of NCRA) – Spring 2006

Every year there are changes to the ICD-9-CM codes that registrars utilize for casefinding through the Health Information (Medical Record) indices. It's important to check for updates each October 1 to see if they affect the cancer diagnostic codes we utilize.

Please make sure to note that on October 1, 2005, a change was made to the chemotherapy diagnosis code V58.1, encounter for chemotherapy. This is no longer a valid code, as it now requires a fifth digit. The updated codes effective October1, 2005, are V58.11, encounter for antineoplastic chemotherapy, and V58.12, encounter for immunotherapy for neoplastic condition.

Have you reviewed these changes every year? If not, a conversion table is available that will help you determine if your codes have changed, and in which year the change(s) went into effect. You'll find the table at: http://www.cdc.gov/nchs/icd9.htm.

The National Center for Health Statistics (NCHS) and the Center for Medicare & Medicaid Services (CMS) have issued new diagnosis and procedure codes for the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) every year since 1986. The effective date for new codes is the same every year, October 1.

Here's another example of how codes can change: Were you aware that in 1986 a code was created that was a combination of AIDS with specified malignancies, 042.2? IN 1994, this code was changed to 042 and was no longer a combination code that included malignancies, but was instead strictly an AIDS code. If there was a malignancy, a separate malignancy code had to be used, as the code 042.2 was deleted from the coding book.

2007 Multiple Primary and Histology Coding Rules

By Judy Andrews, GCCR Metro Regional Coordinator

The 2007 Multiple Primary and Histology (MP/H) Coding Rules have been finalized and will be ready to be launched for 2007 diagnosis year cases. These present the first site-specific multiple primary and histology coding instructions. The primary sites included for 2007 MP/H Rules are lung, breast, colon, melanoma of the skin, head and neck, kidney, renal pelvis/ureter/bladder, and malignant brain. There is one separate set of rules for malignant solid tumors originating in all other sites. The rules will guide and standardize the process of determining the number of primaries, and contain detailed histology coding instructions. GCCR will be conducting multiple training sessions throughout Georgia this fall and during the first of 2007 to fully acquaint every registrar with the application of the rules. We will be posting the date, time and location of the sessions, and will ask every facility to ensure that anyone who abstracts or requires an understanding of the rules to sign up to attend one or more of the sessions. Training will be provided in convenient locations across the state, and the size of classes may be limited. However, we will assure that everyone has an opportunity to attend one or more sessions. The new rules are very different from the process we now use to determine multiple primaries and histology. Adequate education in the application of the new rules will be required prior to abstracting 2007 cases.

Special Bulletins

South Atlantic Division Cancer Facts and Figures 2006, a data report produced by the American Cancer Society which includes Georgia cancer incidence and mortality data, is now available from GCCR. If you have not received a copy or would like additional copies, please contact Simple Singh at 404-463-8917.

NAACCR is presenting a series of (webinars) for cancer data collectors. A webinar includes a presentation by an instructor with an audio portion (telephone) and a visual portion (computer through the Internet). Each webinar will address cancer data collection for a specific site. More information is available at http://www.naaccr.org/.

Please check the SEER website regularly. You can find the updated SEER Program Code Manual, the new 2007 Multiple Primary and Histology Coding Rules, and lots of other useful information at http://seer.cancer.gov/.





Welcome Wagon

I am a graduate of Adairsville High School, class of 2004. I attended Coosa Valley Technical College and I'm currently on the waiting list for medical assisting. I am the new Cancer Registry Assistant in Medical Records.

I have an older sister and a younger brother. My sister works for one of the Floyd Primary Care offices and she told me about this position. I love helping others and I'm eager to begin my career in the medical field.

Miranda Fletcher
Floyd Medical Center
Rome

My name is Tiffany Davenport. I am 19 years old and about to finish tumor registrar core classes from Ogeechee Technical College. I will be getting married on February 03, 2007. I hope to be a Certified Tumor Registrar within a year or so. I am waiting for Gordon Hospital to become COC-approved so I can do my clinical here. I have really enjoyed working as a tumor registrar so far. I hope maybe far into the future go back to school and get my radiation therapist associate degree but no where near anytime soon. I enjoy my job too much!!

Tiffany Davenport
Gordon County Hospital
Calhoun

Hi, my name is Bernice Hector. I live in Athens, Ga. I am married with 4 daughters. I joined the Cancer Registry Department on May 01, 2006 of this year after retiring from the UGA Health Services after 30 years of service. I also worked part time here at ARMC in the Medical Records Dept. for 18 yrs. during that time. I am happy to be a part of the Cancer Registry and hope to spend many years here learning and growing with the Registry.

Bernice Hector
Athens Regional Medical Center
Athens

I am married to Donald Bailey & we have no children. But our pride & joy is our Toy Rat Terrier – Rosey. Everybody says that if she ever discovers she is a dog she would die. Miss Rosey probably has more clothes & toys than some children.

I am the very proud aunt of a six-year old niece & am looking forward to the birth of another niece/nephew in late March or early April of 2007. I plan on taking the Certified Tumor Registrar On-line course offered by Ogeechee Tech.

Debra Bailey
Redmond Regional Med Center
Rome

Cynthia Smith, born in Mobile Alabama, landed in Valdosta, Georgia. That is where she met her husband, Court. They started their family and after all 3 children were in school, Cynthia became an LPN. She discovered she loved Pediatrics and worked in that field for several years.

As her kids became teenagers, she decided to work part-time. She chose a path that led to 8 years of work and service at the Houston County Health Dept with the WIC program. "I truly loved all of it."

However, she decided after the last child left home she would "retire" as her husband traveled a lot and they wanted to be together. Well, she retired and he quit traveling. Cynthia went back to work, this time for Houston Medical Center in medical records. When the position for a cancer registrar opened it was a good fit for her.

She has a growing family with 5 grandchildren and another due in November. Her favorite activities are reading and sailing on their sailboat. They go almost every weekend from March to October. Next spring they plan to sail to the Bahamas. One of her pet peeves is lazy people who "look busy." I think she will do just fine in cancer registry.

Betty Gentry, RHIT, CTR
Central Regional Coordinator
Macon

While residing in Aiken, SC, Lance Danko enjoys reading, writing, traveling, bowling and spending time with his family including his wife, Madea, son, Hunter, and dog, Sarah. In his spare time he prefers reading a good book especially by his favorite author Max Lucado.

Although new to us, Lance is not totally new to the cancer registry field. He graduated from the University of Pittsburgh in 1992 which offered the only program in HIM where graduates were dually eligible to receive their RHIA and CTR upon completion. He became a CTR in the Fall of 1992. From there Lance was hired by Medical College of Georgia to oversee and establish a specialty registry at the Georgia Radiation Therapy Center. Staying with the profession, he went to the SC Central Registry to serve as Program Coordinator. Taking a leave of cancer registry (which we won't hold against him), Lance accepted the position of Director for United Hospice for 5 locations throughout Georgia. He has written several articles that have been published nationally in various health information management publications.

He is currently employed by Doctor's Hospital, Augusta as Director of the new Cancer Program. So, to Lance Danko we not only say welcome, but welcome back!

Betty Gentry, RHIT, CTR
Central Regional Coordinator
Macon

Born and reared in Georgetown, Ohio, Aimee Bishop moved to Georgia at the age of 2. She is married with two boys (12 & 14) and two cats.

When Aimee started working at Henry Medical Center (HMC) 6 years ago, she was in the process of completing her Independent Study Program with AHIMA. She finished and passed the exam to receive her RHIA. She became interested in cancer registry due to her studies and training in the HIM program. When a recent position opened for a cancer registrar at HMC Aimee was excited for the opportunity.

Currently, a lot of her free time is spent studying for the CTR exam which she plans to take next year. When she does have free time, she enjoys hobbies such as, cross-stitch, quilting and sewing. She states, "However, I didn't say I was any good at it." She also likes to start house remodeling projects; the key word there being "start." She rarely gets around to completing them (she has three rooms that need to be finished and they have been that way for over a year). I think Aimee has her priorities in order though. We wish her well on her studies and welcome her to the cancer registry profession.

Betty Gentry, RHIT, CTR
Central Regional Coordinator
Macon

FAQ's

Q: Should the BI-RADS categories that Radiologists use to assess their findings on mammograms be used in determining reportability? For example: Category 5 terminology states "highly suggestive," and has a 75% to 99% rate of being cancer.
A: No, do not use categories 4 or 5 as the sole basis of reportability. Report a case with a mammogram classified in category 4 or category 5 only if the diagnosis is confirmed by a physician (clinical diagnosis). The terms "suspicious abnormality" and "highly suggestive of malignancy" are not on the reportable list.

Q: How do you code "regional lymph node positive" and "regional lymph node examined" when a person has surgery (either biopsy or excisional) and there are no regional nodes removed
A: Code the regional lymph node positive field "98"—No nodes examined", and the regional lymph node examined field "00—No nodes examined". Do not code them as "99". If you code "Scope of RegLN Surg" as 0, indicating no lymph node surgery was performed at your facility, you can not code LN Pos/LN Exam as 99. If you code "Scope of RegLN Surg" 1-7, you must use one of the codes that best represents the procedure and number of lymph nodes. Remember to code what you know. If lymph node surgery was not done at your facility and you have no information that they were done elsewhere, code as "none" rather than "unknown".

Q: I am looking for some kind of guidelines for how long to keep certain things in my registry, such as old disease indices, cancer conference notes, etc. I swear I have seen guidelines somewhere, tu I can't seem to find them
A: The COC Cancer Program Standards 2004 page 33 addresses retention of documents. "Abstracted data for cases diagnosed and/or treated at the facility after the cancer registry reference data are retained in perpetuity. …All other documentation of cancer program and cancer registry activity meet the facility standard for retention of documents or five years, whichever is longer.

Mark Your Calendars…

Multiple Primary Training

GCCR will be conducting several regional trainings on the new multiple primary coding rules. Sign-up sheets will be available at the GATRA 2006 Fall Meeting. Space is limited, so first come, first served. Contact your regional coordinator for more details.

Scheduled Dates…

Nov 8, 2006 – Savannah
Nov 14, 2006 – Atlanta
Nov 15, 2006 – Columbus
Nov 20, 2006 – Video Conference in Dalton and Brunswick
Nov 28, 2006 – Decatur

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Blue Ribbon Award

Kudos for casefinding goes to West Georgia Health System. This hospital started off about a year ago with two new registrars that had no experience in cancer reporting and who faced a backlog of work. They are a good example of what happens when a facility invests in training for the registrars and the registrars apply what they have learned.

This cancer program not only overcame their obstacles, but when the Discharge Data Match came out for the 2004 year, this facility only had 50 cases that did not match. Of those 50 cases only 1 needed to be abstracted. The reason for such a good outcome was due to the diligence and thorough efforts of Brenda Jackson in following casefinding procedures.

Congratulations and thank you to West Georgia Health Systems for investing in their staff and to Brenda Jackson for a job well done.

Betty Gentry, RHIT, CTR
Central Regional Coordinator
Macon

Piedmont Hospital is matching data against the hospital electronic record in an effort to check names, SS#, DOB and coded sex to make sure they are correct. GCCS recently received incidental updates that showed 3 name changes, 21 corrections to SS#, 30 corrections to DOB and 167 corrections to coded sex. The information on the incidental updates corrected 175 records. We really appreciate facilities being proactive in correcting data…and sending it to us as incidental updates. Great job!

Judy Andrews, CTR
Metro Regional Coordinator
Atlanta

New CTRs

The following candidates successfully passed the CTR Exam in March 2006 and formally became Certified Tumor Registrars:

- Kristin M. Edwards – Savannah
- Keri A. Grier – Kennesaw

Cancer Stat Bite

By Chrissy McNamara, GCCR Epidemiologist

- GA cancer incidence data for 1999-03 and mortality data for 2000-04 are now available on the web at http://health.state.ga.us/programs/gccr/data.asp.
- Prostate cancer is the most common form of non-skin cancer diagnosed in men. It is also the second leading cause of cancer deaths among men, after lung cancer.
- Each year from 1999-2003, about 4965 prostate cancers were reported to GCCR.
- White men living in rural Georgia have the lowest prostate cancer incidence rate (133.2 per 100,000). Black men living in urban areas of Georgia have the highest prostate cancer incidence rate (262.7 per 100,000).
- Each year from 2000-2004, about 735 Georgia men died from prostate cancer.
- White men have the lowest prostate cancer mortality rate, regardless of whether they live in urban or rural Georgia. The overall prostate cancer mortality rate for white men is 24.9 per 100,000. Rural black men have the highest prostate cancer mortality rate (75.9 per 100,000) – about three times that of white men.