

Snapshot of Tumor Registry Coding



Kathleen Gould-Mitchell RHIA, CTR
Cancer Registry Supervisor
CoC and NAPBC Accreditation Coordinator
Middlesex Hospital

My Personal Brags

- FILING in HIM department
- RHIT certificate- Inpatient Coder- ICD-9
- Managed Trauma Surgeons HIM department
- Hospital DRG delinquent monies report
- Trauma , Congenital and Alzheimer's, Cancer Registry
- Bachelors – RHIA
- Consulting
 - Middlesex Health
- Online Instructor for Cancer Registry Management college courses.



Professions Brags

- 1926-1st Tumor Registry was at Yale New Haven
- 1935-1st Central Tumor Registry was CT.

Gender	2012	2017
Male	28 (4%)	67(4%)
Female	619 (96%)	1422(96%)



Degree Obtained	2012 Respondents	2017 Respondents
High School/Some college	159 (24%)	286 (19%)
Associate's Degree	228 (35%)	572 (38%)
Bachelor's Degree	197 (30%)	487 (32%)
Master's Degree	63 (9%)	138 (9%)
Doctoral Degree	12 (2%)	18 (1%)
Total	659 (100%)	1,501 (99%*)

Historically- Under Recognized Profession *Usually housed in the basement!*



- Grouped under occupation code “ Medical Records and Health Information Technicians”
- Not an accurate description of responsibilities
- Best described work of Medical Coders
- Facilities classified positions inaccurately
 - Lower base pay

BRAG..



Our Governing Association

- Advocated for new Standard Occupational Classification (SOC) for Medical Registrars
- 2017 SOC established detailed occupational code
 - *“Health Information Technologists and Medical Registrars”*
- Reflects the increase use of data to
 - Improve medical treatment and care of cancer patients
 - Recognize the critical role cancers registrars play in the collection of the data
- Ensures statistics will be more accurate, meets workforce needs, correct salary information



Cancer registries collect data about cancer patients.



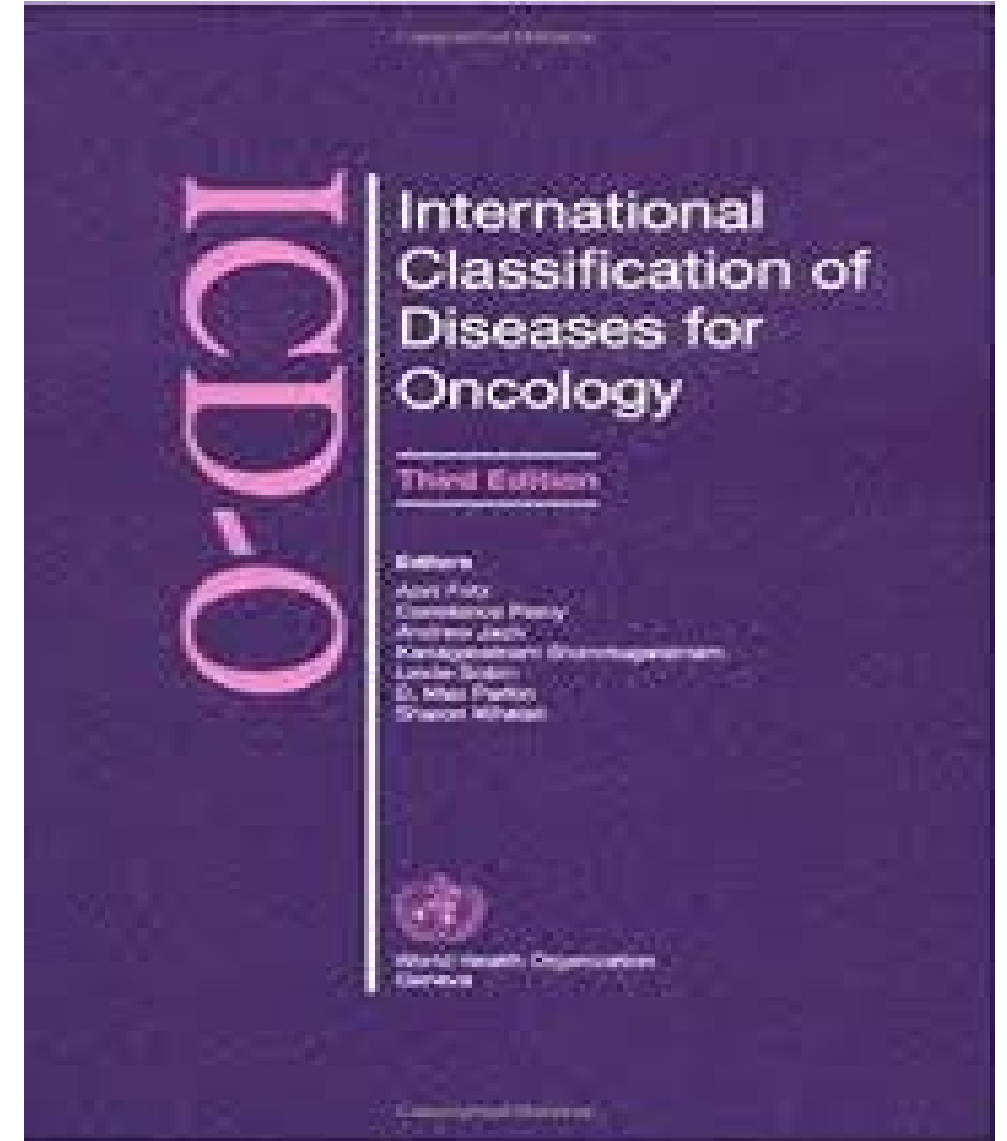
Manuals & Acronyms

- Standards for Oncology Registry Entry (STORE)
- International Classification of Diseases for Oncology (ICD-03)
- Multiple Primary / Histology Rules (MPH)
- Extend of Disease (EOD)
- Seer Summary 2018 (SS2018)
- Site Specific Data Factors (SSDF)
- AJCC 8th Edition Staging Manual (*Your joking, right?*)

ICD-03

Rules on:

- Topography= C codes C50.9
- Morphology = M codes
M8140/33



ICD-10 Relevancy

- ICD -10 disease codes - ICD-03 Codes
- Secondary codes
- ICD-9-CM Diagnosis Code **174.9** : Malignant neoplasm of breast (female), unspecified
- ICD-10-CM Code **C50.919**. Malignant neoplasm of unspecified site of unspecified female breast.
- ICD-03 CM codes **M8000/3, C50.9 , 9, 2**

Case Finding - Electronically input

Based on discharge diagnosis
ICD-10 codes -
Flagged with a cancer diagnosis

Select one line for site code conversion:

C50.211: / Malignant neoplasm of upper-inner quadrant of right female breast-C50.211 (** CANCER **)
C50.412: / Malignant neoplasm of upper-outer quadrant of left female breast-C50.412 (** CANCER **)
C90.00: / Multiple myeloma not having achieved remission-C90.00 (** CANCER **)
E61.1: / Iron deficiency-E61.1
D64.9: / Anemia, unspecified-D64.9

Intractable hiccups, vomiting, weakness

Select one line for site code conversion:

C77.1: / Secondary and unspecified malignant neoplasm of intrathoracic nodes-C77.1 (** CANCER **)
Z85.21: / Personal history of malignant neoplasm of larynx-Z85.21
Z90.02: / Acquired absence of larynx-Z90.02
J44.9: / Chronic obstructive pulmonary disease, unspecified-J44.9
K21.9: / Gastro-esophageal reflux disease without esophagitis-K21.9
F41.9: / Anxiety disorder, unspecified-F41.9
M19.90: / Unspecified osteoarthritis, unspecified site-M19.90

ICD- 03 – Topography Codes

C18 COLON

- C18.0 Cecum
- C18.1 Appendix
- C18.2 Ascending colon
- C18.3 Hepatic flexure of colon
- C18.4 Transverse colon
- C18.5 Splenic flexure of colon
- C18.6 Descending colon
- C18.7 Sigmoid colon
- C18.8 Overlapping lesion of colon
- C18.9 Colon, NOS

C19 RECTOSIGMOID JUNCTION

- C19.9 Rectosigmoid junction

C20 RECTUM

- C20.9 Rectum, NOS

C21 ANUS AND ANAL CANAL

- C21.0 Anus, NOS
- C21.1 Anal canal
- C21.2 Cloacogenic zone
- C21.8 Overlapping lesion of rectum, anus and anal canal

Associated ICD-10-CM Codes:

C18 Malignant neoplasm of colon

Excludes: malignant carcinoid tumors of the colon (C7A.02-)

- C18.0 Cecum
- Ileocecal valve
- C18.1 Appendix
- C18.2 Ascending colon
- C18.3 Hepatic flexure
- C18.4 Transverse colon
- C18.5 Splenic flexure
- C18.6 Descending colon
- C18.7 Sigmoid colon
- Sigmoid flexure

Excludes: rectosigmoid junction (C19)

- C18.8 Overlapping sites of colon
- C18.9 Colon, unspecified
- Large intestine NOS

C19 Malignant neoplasm of rectosigmoid junction

Colon with rectum
Rectosigmoid (colon)

Excludes: malignant carcinoid tumors of the colon (C7A.02-)

C20 Malignant neoplasm of rectum

Rectal ampulla

Excludes: malignant carcinoid tumors of the colon (C7A.02-)

Coding

C50.411

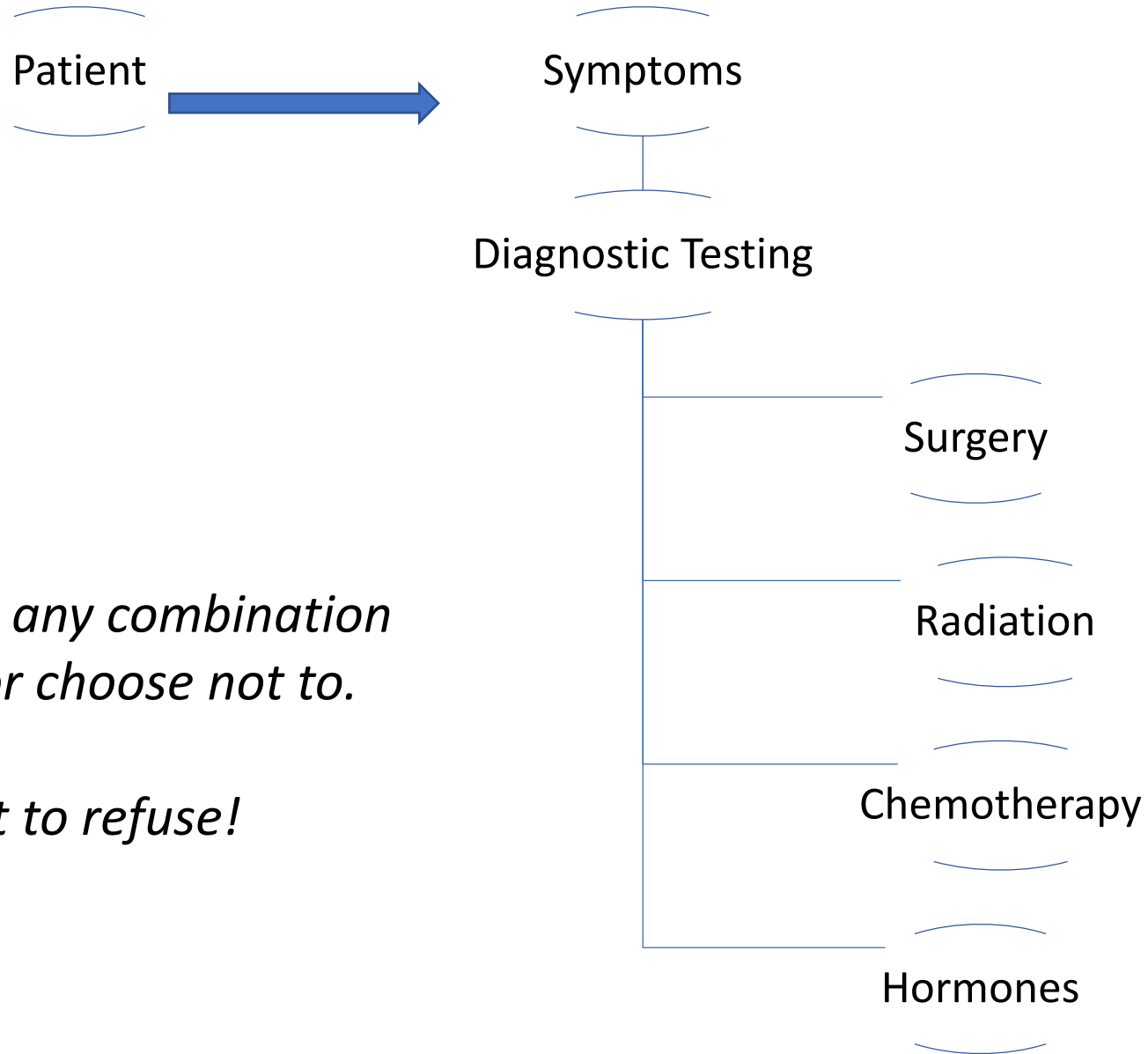
- [C50.411](#) Malignant neoplasm of upper-outer quadrant of right female breast

M8000/3, C50.4 , 1, 2

- All separate Fields
 - Neoplasm, Malignant
 - Breast , UOQ ([C50.4](#))
 - Right breast ([1](#))
 - Female ([2](#))

Treatment codes not similar :

- ICD-10 : [19301](#) = Mastectomy , partial
- Stores code: [22](#)= Mastectomy , partial



Patients may undergo any combination of these treatments, or choose not to.

They do have the right to refuse!

Field Name	Data
Case: Identification	
Date First Contact	01/24/2017
Date Inpatient Admission	03/02/2017
Date Inpatient Discharge	03/04/2017
Date of Diagnosis	01/24/2017
Place of Diagnosis	Middlesex Hospital
Date of Prenatal Diagnosis	00/00/0000
<i>Surgery, Date Surgical Discharge Summary</i>	<i>03/04/2017</i>
Readmit Same Hosp 30 Days	NO SURG/NOT READMITTED [0]
Date Cancer Conference	03/28/2017
Presented at Cancer Conference	RX PROSPECTIVE [2]
Year First Seen (Accession Year)	2017
Class of Case	DX HERE & PART RX HERE [13]
Type of Reporting Source	HOSPITAL/CLINIC [1]
Type of Admission	IN & OUTPATIENT [5]
Inpatient Status	INPATIENT [1]
Source of Casefinding	PATH/AUTOPSY/CYTOLOGY (H) [20]
Hospital Referred From	UNREFERRED PATIENT [0000000000]
Hospital Referred From, NPI	
Hospital Referred To	PHYSICIAN ONLY [0000999996]
Hospital Referred To, NPI	1376533588

Field Name	Data
PE/Scans: Secondary DX	
Secondary Diagnosis 1	Z923
Secondary Diagnosis 2	E0800
Secondary Diagnosis 3	E6601
Secondary Diagnosis 4	I200
Secondary Diagnosis 5	I1600
Secondary Diagnosis 6	J410
Secondary Diagnosis 7	
Secondary Diagnosis 8	
Secondary Diagnosis 9	
Secondary Diagnosis 10	

Field Name	Data
Case: Physicians #1	
Physician, Role	MANAGING, INITIAL [02]
Physician	MALON, ANDREA M MD [00033184]
Case: Physicians #2	
Physician, Role	FOLLOWING, CURRENT [04]
Physician	MALON, ANDREA M MD [00033184]
Case: Physicians #3	
Physician, Role	RAD ONCOLOGIST, INITIAL [05]
Physician	UNREFERRED, NO MD M.D. [00000000]
Case: Physicians #4	
Physician, Role	SURGEON, INITIAL [08]
Physician	MALON, ANDREA M MD [00033184]
Case: Physicians #5	
Physician, Role	MED ONCOLOGIST, INITIAL [12]
Physician	HONG, SUSANNA M.D. [00040659]
Case: Physicians #6	
Physician, Role	OTHER 1 [13]
Physician	LAMB, MARGUERITE NP [005856]
Case: Physicians #7	
Physician, Role	OTHER 2 [14]
Physician	DESHEFY, CAROLYN MD [00036305]

Patient History, Tobacco	PREVIOUS USE [5]
Patient History, Alcohol	CURRENT USE [1]

Field Name	Data
PE/Scans: Family History	
Family history (1st) this cancer	1 RELATIVE [1]
Family history (2nd) this cancer	NONE [0]
Family history (1st) any cancer	NONE [0]
Family history (2nd) any cancer	NONE [0]

ICD-03 – Topography, Laterality, Histology, Grade, Lymph Nodes

Field Name	Data
Pathology: Site	
Primary Site Text	BREAST-UOQ RT
Site - Primary (ICD-O-3)	BREAST UOQ [C504]
Site, ICD-O-1	
Laterality	RIGHT [1]
Histology Text	INV DUCTAL CA GR 1
Histology/Behavior (ICD-O-3)	INVASIVE CARCINOMA OF NO SPECIAL TYPE (C50._) [85003]
Histology/Behavior (ICD-O-2)	
Grade/Differentiation	WELL DIFFERENTIATED [1]
Grade Path Value	
Grade Path System	
Regional Nodes Positive	00
Regional Nodes Examined	03
<i>Discriminator</i>	<i>999</i>
CS Tumor Size	007

AJCC Staging – Tumor, Nodes, Metastasis(TNM)

Staging: AJCC	
TNM, Edition	SEVENTH EDITION (2010-2017) [07]
TNM, Clin, T Code	C1A [C1A]
TNM, Clin, N Code	C0 [C0]
TNM, Clin, M Code	C0 [C0]
TNM, Clin, Stage Group	1A [1A]
TNM, Clin, Descriptor	NONE [0]
TNM, Clin, Staged By	SURGEON [11]
TNM, Clin, Source	DICTATED IN CHART [2]
TNM, Path, T Code	P1B [P1B]
TNM, Path, N Code	P0I- [P0I-]
TNM, Path, M Code	C0 [C0]
TNM, Path, Stage Group	1A [1A]
TNM, Path, Descriptor	NONE [0]
TNM, Path, Staged By	MEDICAL ONCOLOGIST [13]
TNM, Path, Source	DICTATED IN CHART [2]
TNM Basis	

PE/Scans: Text	
Text, Physical Exam	ABN IMAGING, BREASTS ARE SYMMETRICAL W/OUT SKIN CHANGES, NIPPLE CHANGES, OR PALPABLE MASS, NO PALPABLE CERVICAL, SUPRACLAVICULAR OR AXILLARY LYMPHADENOPATHY; HX OF HODGKINS LYMPHOMA W/ RT TO CHEST, FORMER SMOKER, +ETOH;

Text, Xrays/Scans	1/5/17--MAMMO/US--5 MM HYPOECHOIC NODULE AT 11 O'CLOCK RT BREAST;
-------------------	---

Pathology: Cancer ID	
Text, Pathology	2/14/17 S17-1079 BREAST, BX. RT 11 O'CLOCK: INV DUCTAL CA W/ LOBULAR FEATURES, GR 1/3 NS: 4, SIZE: 0.5 CM, LVI: NOT IDENTIFIED, DCIS: PRESENT, ER/PR POS HER2 NEG RATIO 1.1; 3/2/17-S17-2980--SIMPLE MASTECTOMY, RT: INV DUCTAL CA, GR 1/3, NS: 4, SIZE: 0.7 CM, DCIS: PRESENT, LVI: ABSENT, MARGINS: UNINVOLVED, 0/3 LNS

Treatment: General	
Text, Operative Findings	2/14/17--NEEDLE CORE BX--RT BREAST--3/2/17--BILAT SIMPLE MASTECTOMY, RT SLN BX W/ IMMEDIATE RECONSTRUCTION

Follow-Up: Notes	
Text, Follow-Up Notes	3/28/17--TAMOXIFEN, 9/15/17- Labs, 12/15/17- Mammo neg; 3/12/18- Labs, 12/15/18- Mammo Neg

Treatment: Surgery #1	
Surgery, Course	FIRST COURSE [01]
Surgery, Date of RX	03/02/2017
Surgery, Discharge Date	03/04/2017
Surgery, Hospital of RX	MIDDLESEX HOSPITAL [0006160340]
Surgery, Hospital of RX, NPI	1760454334
Surgery of Primary Site	CODE 42 + IMPLANT [49]
Surgical Margins	NO RESIDUAL TUMOR [0]
Scope LN Surgery	SENTINEL LN BX [2]
Surgery to Other Sites	NONE [0]
Text, Surgery	3/2/17--BILAT SIMPLE MASTECTOMY, RT SLN BX, W/ IMMEDIATE RECONSTRUCTION
Reconstruction/Restoration	NO RECONSTRUCTION [0]

Treatment: Radiation #1	
Radiation, Course	FIRST COURSE [01]
Radiation, Date Started	10/09/2017
Radiation, Date Ended	11/22/2017
Radiation, Hospital of RX	MIDDLESEX HOSPITAL [0006160340]
Text, Radiation	10/9/17-11/22/17- Rt breast / Axillia: 3D 5040 cgy/ electron boost 1000 total dose 6040 cgy/ 33 fx/ 43 days
Radiation, Regional RX Modality	CONFORMAL OR 3-D THERAPY [32]
Radiation, Regional Dose cGy	05040
Radiation, Boost RX Modality	ELECTRONS [28]
Radiation, Boost Dose cGy	01000
Radiation, Number of Treatments	033
Intent of treatment (radiation)	CURATIVE (PRIMARY) [1]
Radiation, Treatment volume	BREAST/LYMPH NODES [19]
Radiation, Completion status	COMPLETE [1]
Radiation, Local control status	UNKNOWN [9]
Radiation, Elapsed Days of RX	043

Field Name	Data
Treatment: Chemotherapy #1	
Chemotherapy, Course	FIRST COURSE [01]
Chemotherapy, Procedure	MULTI-AGENT CHEMO [03]
Chemotherapy, Hospital of RX	PHYSICIAN ONLY [0000999996]
Chemotherapy, Date Started	02/28/2017
Chemotherapy, Date Ended	06/12/2017
Text, Chemotherapy	2/28/17--6/12/17-DOXORUBIN+CYCLOPHOSPHAMIDE FOLLOWED BY TAXOL
Chemotherapy, Completion Status	TREATMENT COMPLETED [1]

Field Name	Data
Treatment: Hormone #1	
Hormone, Course	FIRST COURSE [01]
Hormone, Procedure	HORMONE ADMINISTERED [01]
Hormone, Hospital of RX	PHYSICIAN ONLY [0000999996]
Hormone, Date Started	03/28/2017
Hormone, Date Ended	88/88/8888
Text, Hormone	3/28/17--TAMOXIFEN

Immunotherapy, Transplants, Endocrine, Palliative Care, Protocols

Field Name	Data
Follow-Up: Patient Status	
Date Last Patient Contact or Death	07/23/2018
Vital Status	ALIVE [1]
Type of Last Patient Follow-up	OTHER SOURCE (HOSPITAL) [09]
Follow-up Switch	ON (Follow) [1]
Foreign Resident	NON-FOREIGN [0]

Follow-Up: Recurrence #1	
Date Recurrence	00/00/0000
Recurrence, Type	NONE/DISEASE FREE [00]
Recurrence, Distant Site 1	
Recurrence, Distant Site 2	
Recurrence, Distant Site 3	

Field Name	Data
Follow-Up: Cancer Status #1	
Cancer Status, Follow-up Date	01/03/2018
Cancer Status	FREE (NED) [1]
Cancer Status, Follow-up Type	PHYSICIAN [02]
Quality of Survival	NORMAL [0]
Follow-Up: Cancer Status #2	
Cancer Status, Follow-up Date	03/13/2017
Cancer Status	NOT FREE THIS TUMOR [2]
Cancer Status, Follow-up Type	PHYSICIAN [02]
Quality of Survival	NORMAL [0]

- Hospital Administration

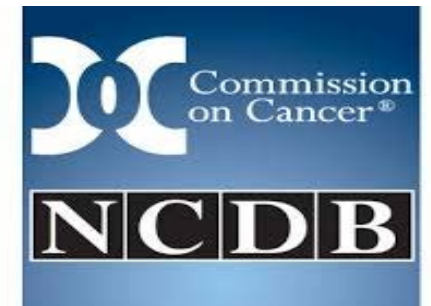
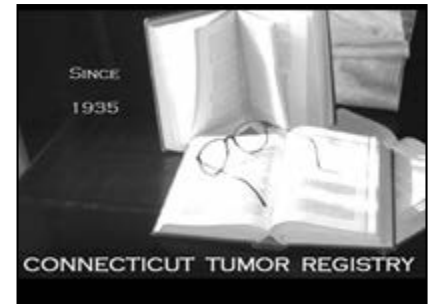
- Equipment
- Recruitment
- Trends

- State Cancer Registry

- Surveillance , Epidemiology and End Results Program
 - Incidence reporting
 - Mortality
 - Research

- American College of Surgeons (ACoS) National Cancer Data Base (NCDB)

- National - >1500 Facilities
- Survival Rates
- Analyzed for Trends
- QI measures , benchmarks



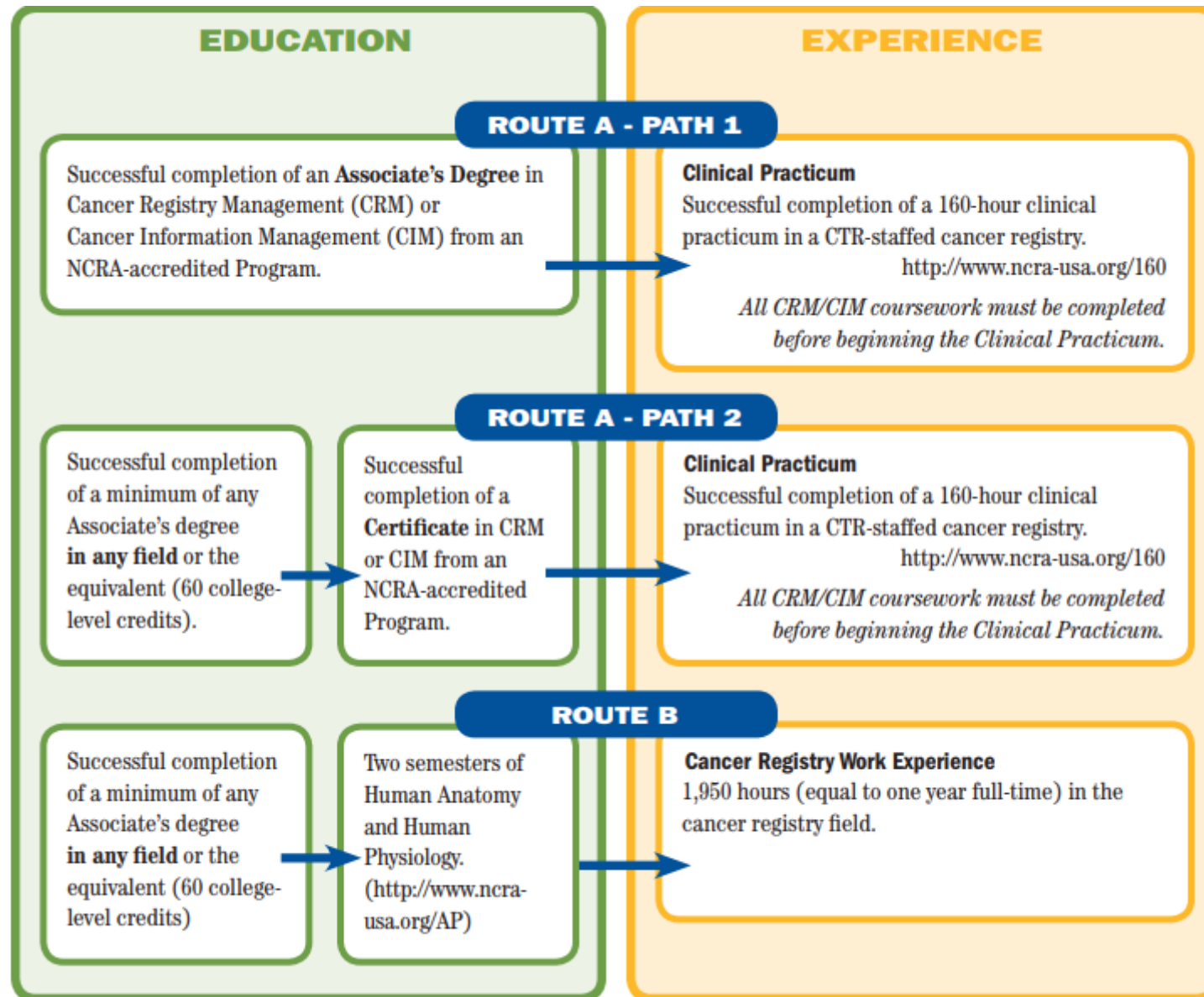
Strengths of a Cancer Registrar

- *Learner*
- *Input*
- *Empathy*
- *Consistency*
- *Intellection*



A word cloud of strengths for a cancer registrar. The words are arranged in a cluster, with 'CANCER.REGISTRAR.' as the central, largest text in green. Other words include 'detective' (blue), 'passionate' (red), 'persevering' (green, vertical), 'disciplined' (green, vertical), 'meticulous' (blue, vertical), 'multitasking' (red), and 'motivated' (yellow).

detective
passionate
persevering
disciplined
meticulous
CANCER.REGISTRAR.
multitasking
motivated



Questions?



kathleen.gould-mitchell@midhosp.org