

KENTUCKY CANCER REGISTRY REPORTING GUIDELINES FOR MEANINGFUL USE

January 6, 2016

The Kentucky Cancer Registry was established in 1990 by the Kentucky State Legislature to conduct ongoing population-based surveillance of cancer in the Commonwealth (Please see Appendix KRS 214.556). All cases of primary malignant disease diagnosed or treated at a Kentucky health care facility on or after January 1, 1991, should be reported to the Kentucky Cancer Registry (KCR). This document provides basic guidelines for reporting to the KCR for the purposes of Meaningful Use.

ELIGIBLE PROVIDERS

Eligible providers for specialized reporting to a central cancer registry include those providers directly involved in the diagnosis and/or treatment of the primary malignant disease. In order to be eligible to report to KCR for Meaningful Use (MU), the provider must first comply with MU rules and regulations and must utilize an Electronic Health Record (EHR) system that is certified for cancer registry reporting.

KCR's priority interests are in providers that specialize in cancer such as private hematology oncology groups, freestanding radiation therapy centers, nonhospital dermatologists, nonhospital urologists, and freestanding diagnostic radiology offices. However, KCR will accept reports from other providers who can provide meaningful cancer data that, at a minimum, must include:

- 1) Patient demographics: Name, Address, Age, Race, Sex, Date of Birth, and SSN
- 2) Confirmed cancer diagnosis: Cancer site, histologic type, behavior, laterality, and diagnosis date
- 3) Treatment and referral information

For example, a general practitioner who has occasional and limited involvement with newly diagnosed cancers in their patients but does not record detailed information as described above would not be eligible. However, a gastroenterologist who routinely confirms cancer diagnoses among their patients and does record meaningful information in their EHR would be eligible.

CASES TO BE REPORTED

Reportable cases are usually described by the terms: carcinoma, sarcoma, melanoma, leukemia, or lymphoma. Reportable cases may be identified by specified ICD-10-CM codes. Please refer to the case finding list of these codes on the Kentucky Cancer Registry website (<http://www.kcr.uky.edu/manuals/cpdms-help/Introduction/casefinding.htm>). They may also be classified by ICD-O topography, morphology, and behavior codes. Effective with diagnoses in 2010, all hematopoietic and lymphoid neoplasms classified with a behavior code 3 in the "WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues" are reportable. These fall into the histology code range of 9590/3 - 9992/3. Only in-situ and malignant neoplasms are reportable (behavior codes 2 and 3); benign, borderline, and metastatic tumors are not reportable to the KCR, except as noted below. However, if a term is used which usually has a behavior code of '0' or '1', but is verified by a pathologist as in-situ or malignant (behavior code 2 or 3), these cases are reportable.

THE ONLY EXCEPTIONS to this are:

- Neoplasms of the skin (ICD-O Topography codes C44.0 to C44.9) with the following ICD-O Morphology codes are NOT reportable:
 - M 8000-8005 Neoplasms, NOS
 - M 8010-8046 Epithelial neoplasms
 - M 8050-8084 Squamous cell neoplasms of the skin
 - M 8090-8110 Basal cell neoplasms of the skin

NOTE: Localized basal and squamous cell skin cancers greater than 5 cm at diagnosis, as well as those diagnosed at a regional or distant stage, were previously required by ACoS for approved hospitals prior to 2003. They are not required to be reported to KCR or to ACoS after January 1, 2003.

- Cases of intraepithelial neoplasia, Grade III, of the cervix or prostate (M-8077/2). These are often designated by terms such as CIN III or PIN III. These cases are not required to be abstracted or reported.
- Any carcinoma in-situ of the cervix is not to be reported to KCR, as of January 1, 1998. This includes any type of malignancy with a topography code of C53 and a behavior code of 2.
- Pilocytic astrocytoma (C71.__, M-9421/1) is required to be reported as a malignant brain tumor with 9421/3.
- As of January 1, 2004, the following non-malignant primary intracranial and central nervous system tumors with a behavior code of /0 or /1 (benign and borderline, or "non-malignant") are required to be reported, regardless of histologic type, for these ICD-O-3 topography codes.

Topography codes for these benign brain tumors are available on the KCR website here:

http://www.kcr.uky.edu/manuals/cpdms-help/Introduction/case_reporting_requirements.htm

PATIENTS TO BE REPORTED

All patients first seen and/or treated at each Kentucky facility after January 1, 1991 for a diagnosis of cancer should be reported to the Kentucky Cancer Registry. This includes inpatient admissions and patients seen in ambulatory care settings that are hospital affiliated. It includes all clinical diagnoses of cancer, whether histologically confirmed or not. It also includes patients diagnosed as autopsy.

As of January 1, 1995, all patients seen or treated in any licensed health facility in the state, which provides diagnostic or treatment services to cancer patients, shall report cases to the Kentucky Cancer Registry. Physicians in private practice should report any cases of cancer diagnosed or treated in their offices which are not otherwise reported to KCR by another health care facility.

PATIENTS NOT REQUIRED TO BE REPORTED

1. Patients who are seen only in consultation to confirm a cancer diagnosis or treatment plan, and no treatment was provided by your facility.

EXAMPLE: Patient comes to your institution for a second opinion. Staff physicians order diagnostic tests. The physicians support the original treatment plan. Patient returns to the other institution for treatment.

2. Patients who receive transient care to avoid interrupting a course of therapy initiated elsewhere, for example, while vacationing, or because of equipment failure at the original hospital.
3. Patients whose medical chart indicates a history of cancer only, and who were diagnosed prior to 1991.
4. Patients with in-situ or localized neoplasms of the skin (as listed above).
5. Patients with pre-invasive neoplasia of the cervix (as listed above).

TIME FRAME FOR REPORTING

Cases must be reported to the KCR within 6 months from the date of initial diagnosis or date first seen at the reporting facility if not diagnosed there. For those patients seen on an outpatient basis only, the outpatient visit date is considered the date of discharge.

Facilities newly reporting to the KCR for Meaningful Use should report all historical cases entered into the practice electronic medical record system.

ADDITIONAL INFORMATION

For additional information please refer to the KCR website: <http://www.kcr.uky.edu/> or contact:

Mr. David Rust at (859) 218-2112, e-mail david@kcr.uky.edu.

APPENDIX: Kentucky State Law KRS 214.556

214.556 Kentucky Cancer Registry -- Cancer patient data management system.

- (1) There is hereby established within the Kentucky cancer program the Kentucky Cancer Registry and the cancer patient data management system for the purpose of providing accurate and up-to-date information about cancer in Kentucky and facilitating the evaluation and improvement of cancer prevention, screening, diagnosis, therapy, rehabilitation, and community care activities for citizens of the Commonwealth. The cancer patient data management system shall be administered by the Lucille Parker Markey Cancer Center.
- (2) Each licensed health facility which provides diagnostic services, or diagnostic services and treatment, or treatment to cancer patients shall report to the Kentucky Cancer Registry, through the cancer patient data management system and in a format prescribed by the Kentucky Cancer Registry, each case of cancer seen at that health facility. Failure to comply may be cause for assessment of an administrative fine for the health facility, the same as for violation of KRS 216B.250.
- (3) Each health facility shall grant to the cancer registry access to all records which would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer, or status of any identified cancer patient. Hospitals actively participating and enrolled in the cancer patient data management system of the Kentucky Cancer Program as of July 13, 1990, shall be considered to be in compliance with this section. The Lucille Parker Markey Cancer Center shall provide staff assistance in compiling and reporting required information to hospitals which treat a low volume of patients.
- (4) No liability of any kind or character for damages or other relief shall arise or be enforced against any licensed health facility by reason of having provided the information or material to the Kentucky Cancer Registry pursuant to the requirements of this section.
- (5) The identity of any person whose condition or treatment has been reported to the Kentucky Cancer Registry shall be confidential, except that:
 - (a) The Kentucky Cancer Registry may exchange patient-specific data with any other cancer control agency or clinical facility for the purpose of obtaining information necessary to complete a case record, but the agency or clinical facility shall not further disclose such personal data; and
 - (b) The Kentucky Cancer Registry may contact individual patients if necessary to obtain follow-up information which is not available from the health facility.
- (6) All information, interviews, reports, statements, memoranda, or other data furnished by reason of this section and any findings or conclusions resulting from those studies shall be privileged.
- (7) The Kentucky Cancer Registry shall make periodic reports of its data and any related findings and recommendations to the Legislative Research Commission, the Interim Joint Committees on Appropriations and Revenue and on Health and Welfare, the Governor, the Cabinet for Health Services, the reporting health facility, and other appropriate governmental and nongovernmental cancer control agencies whose intent it is to reduce the incidence, morbidity, and mortality of cancer. The Kentucky Cancer Registry may conduct analyses and studies as are indicated to advance cancer control in the Commonwealth.

Effective: July 15, 1998 **History:** Amended 1998 Ky. Acts ch. 426, sec. 410, effective July 15, 1998. -

Amended 1994 Ky. Acts ch. 184, sec. 3, effective July 15, 1994. -- Created 1990 Ky. Acts ch. 318, sec. 5, effective July 1, 1990.