Cancer Reporting Manual

Wyoming Cancer Surveillance Program
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Wyoming Cancer Surveillance Program

6101 Yellowstone Road, Suite 510
Cheyenne, WY 82002

Phone: (307) 777-3477
Fax: (307) 777-3419

Julia Espinoza, MS, RHIT, CTR
Program Manager
julia.espinoza@wyo.gov
(307) 777-3477
(307) 777-3419

INTRODUCTION

The Wyoming Cancer Surveillance Program is a population-based statewide cancer incidence reporting system that collects, analyzes, and disseminates information on all new cases of cancer. A statewide cancer registry is the foundation for cancer prevention and control. This central repository of information is a valuable and essential tool for identifying populations at high risk for cancer, monitoring of cancer incidence trends and mortality, facilitating studies related to cancer prevention, evaluating cancer control initiatives, planning health care delivery systems, and developing educational awareness programs. It is dependent on complete, timely and accurate reporting.

The Wyoming Cancer Surveillance Program Oncology Data Reporting Manual has been developed to assist and direct healthcare providers in reporting cancer cases to the central cancer registry. This manual has been implemented due to the requirements from the National Program of Cancer Registries (NPCR), Centers for Disease Control and Prevention (CDC); North American Association of Central Cancer Registries (NAACCR); Surveillance, Epidemiology, and End Results Program (SEER) of the National Cancer Institute (NCI); and the American College of Surgeons (ACoS).

The Wyoming Cancer Surveillance Program (WCSP) is a statewide population-based cancer registry. Our mission is to maintain a nationally comparable population-based cancer incidence, follow-up, treatment and mortality monitoring system that collects, analyzes and disseminates information on all new cancer cases in Wyoming. In operation since 1966, the WCSP has been collecting cancer data on all cancer cases diagnosed or treated in Wyoming since 1962. The WCSP monitors cancer incidence through pathology reports and uniform reporting of information by health care providers in Wyoming. In 1977, a law was passed requiring reporting by all entities detecting, diagnosing and treating cancer cases in Wyoming (statute 35-1-240[b] and public law 102-515).

In 1995, the WCSP became member of the National Program of Cancer Registries (NPCR). The NPCR was established by Congress through the Cancer Registries Amendment Act in 1992, and administered by the Centers for Disease Control and Prevention (CDC), the NPCR collects data on the occurrence of cancer; the type, extent, and location of the cancer; and the type of initial treatment. The CDC provides funding for states to implement and enhance existing registries to meet national standards for completeness, timeliness and data quality.

In 1987, the first employee of the WCSP became a member of the North American Association of Central Cancer Registries (NAACCR). NAACCR is a professional organization that develops and promotes uniform data standards for cancer registration; provides education and training; certifies population-based registries; aggregates and publishes data from central cancer registries and promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs and patient care to reduce the burden of cancer in North America.

The following sources were used in the preparation of this manual:

• The 2007 SEER Program Coding and Staging Manual (SPCSM) with 2008 Revisions, National Cancer Institute, NIH (Also known as the 2008 Coding and Staging Manual on CD-ROM) Updated December 22, 2008 Pub. No. 07-5581, Bethesda, MD, 2004.

• Standards of the Commission on Cancer Volume II: Facility Oncology Registry Data Standards (FORDS). Chicago: American College of Surgeons Commission on Cancer, January 2003, revised 2/13/09.

• NAACCR Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary, Eleventh Edition, Record Layout Version 12.

• Source: Cancer Reporting in California: Abstracting and Coding Procedures for Hospitals (California Cancer Reporting System Standards, Vol. I) updated May 2007. California Cancer Registry, Public Health Institute.

• International Classification of Diseases for Oncology. 3rd Edition (ICD-O-3). Geneva: World Health Organization, 2000.

• Wyoming's statute W.S. 35-1-240 (b) and P.L. 102-515.

• SEER*Rx Version 1.3.0. The Cancer Registrar's Interactive Antineoplastic Drug Database. U.S. Department of Health and Human Services, Public Health Services, National Institutes of Health, Bethesda, MD, 2005 (applicable for cases diagnosed January 1, 2005 forward). Updated 5/01/09.

• Collaborative Staging Task Force of the American Joint Committee on Cancer. Collaborative Staging Manual and Coding Instructions, version 01.04.00. Jointly published by American Joint Committee on Cancer (Chicago, IL) and U.S. Department of Health and Human Services (Bethesda, MD), 2004. NIH Pub. No. 04-5496. Incorporates updates through October 31, 2007.

• Abstracting and Coding Guide for the Hematopoietic Diseases, National Cancer Institute, NIH Pub. No. 02-5146, with errata Pub. No. 03-5146, Bethesda, MD.

• Data Collection of Primary Central Nervous Tumors National Program of Cancer Registries Training Materials 2004, U.S. Department of Health and Human Services, CDC.

• Multiple Primary and Histology Coding Rules January 1, 2007, revised May 6, 2008, National Cancer Institute. Bethesda, MD.

GENERAL INSTRUCTIONS

The following information provides some basic rules regarding cancer reporting to the Wyoming Cancer Surveillance Program.

Hospitals are required by Wyoming (statute 35-1-240[b] and public law 102-515) to report and/or abstract inpatient and outpatient cancer cases. Inclusion of outpatients was effective with January 2000 cases.

All cases diagnosed and/or treated for cancer in a Wyoming medical facility on or after January 1, 1996, must be abstracted and/or reported.

The following information provides some basic rules regarding cancer reporting to the Wyoming Cancer Surveillance Program.

A. Healthcare providers including, but not limited to, hospitals, ambulatory surgery centers, laboratories, radiation therapy facilities, oncology facilities and physician offices are required to report cancer cases to the Wyoming Cancer Surveillance Program. Hospitals need to abstract and/or report inpatient and outpatient cancer cases.

B. All required data items should be collected and reported to the Wyoming Cancer Surveillance Program. The list is based on the rules and regulations of NPCR and NAACCR.

C. The ICD-O-3 coding scheme must be used for site and histology for cases diagnosed on or after January 1, 2001. The ICD-O-2 coding scheme must be used for cases diagnosed prior to January 1, 2001.

D. The Collaborative Staging Manual is to be used for cases diagnosed on or after January 1, 2004. The SEER Summary Staging Manual – 2000 is to be used for staging for cases diagnosed between January 1, 2001 and December 31, 2003. The SEER Summary Staging Guide, 1986 reprint, is to be used for cases diagnosed prior to January 1, 2001.

E. The Multiple Primary and Histology Coding Rules Manual are to be used for cases diagnosed January 1, 2007 and later.

F. All cases diagnosed and/or treated for cancer in Wyoming medical facilities on or after January 1, 1996, must be abstracted and reported to the Wyoming Cancer Surveillance Program.

For ALL reporting facilities:

Benign brain and Central Nervous System (CNS) cases are reportable if diagnosed on or after January 1, 2004.

Incomplete abstracts (i.e., abstracts with required fields not completed) will be returned to the facility. The facility must supply data for the missing required fields and re-submit the records to WCSP.

The following coding manuals are required to complete case reporting for WCSP. Information has been provided on how to download these manuals if not already on site at the reporting facility.

1. Facility Oncology Registry Data Standards (FORDS)
   https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals/fordsmanual
   Use this manual to determine case eligibility, coding principles and coding instructions.

2. Collaborative Stage Manual (CS) Versions 1 and 2.
   http://cancerstaging.org/cstage/Pages/default.aspx
   The Collaborative Staging Manual must be used to stage cases diagnosed on or after January 1, 2004. The SEER Summary Staging Manual 2000 is to be used for cases diagnosed between January 1, 2001 and December 31, 2003. The SEER Summary Staging Guide 1977 is to be used for cases diagnosed prior to January 1, 2001. See Appendix V for a complete list of websites where these manuals are available.

3. Multiple Primary and Histology Coding Rules (MP/H)
   http://seer.cancer.gov/tools/mphrules/download.html
   Use this coding manual to determine the number of reports needed to complete for each case.

4. Data Collection of Primary Central Nervous System Tumors
   http://www.cdc.gov/cancer/npcr/pdf/btr/braintumorguide.pdf
   Use this manual to determine reportability and correct coding for benign brain and CNS tumors (reportable to WCSP beginning January 1, 2004).

5. SEER*Rx - Interactive Antineoplastic Drugs Database
   http://seer.cancer.gov/tools/seerrx/index.html
   Use this tool to determine correct coding of oncology drug and regimen treatment categories.

REPORTING RESPONSIBILITIES

Completed cases should be submitted to the Central Registry within six months after date of first contact for cancer diagnosis and/or treatment with your facility.

Recurrences and metastatic sites are reportable. Patients presenting with metastatic disease or recurrence at the hospital are reportable.

Clinics/physician offices are required to report all active primary cancers for diagnoses on or after 1992.

All pathology reports with a diagnosis of cancer that are read by hospital pathology laboratories should be forwarded to the WCSP. The Wyoming Cancer Surveillance Program will be responsible for contacting the physicians on the pathology reports to obtain the information needed to include the case into the registry database.

It is important for all reporting facilities to submit data in a timely manner. This will ensure that all data will be processed at the time of data merging and de-duplication.

All facilities submitting data electronically are required to perform EDITS on these cases to detect any errors that may exist in the data. Upon arrival to the Wyoming Cancer Surveillance Program, all files will undergo additional edit checks. The WCSP will also notify the facility either by phone or e-mail that cases received by the WCSP were either incomplete or inaccurate. The WCSP will provide training to the facility to ensure that complete and accurate abstracts are received in the future.

If after submission to the WCSP, additional information is learned from the patient's chart that would change specific data items, please use secure e-mail to notify the Wyoming Cancer Surveillance Program and report changes. For changes to more than five cases, make corrections to cases and resubmit via a secure email. If a pathology report is amended, the amended report should be faxed to Wyoming Cancer Surveillance Program and changes will be made. For paper abstract form, complete the cancer form with the new information and write, "AMENDED" across the form in red.

NON-REPORTABLE FILE

All facilities are requested to submit a list of non-reportable cancer cases to the WCSP at a minimum once a year, upon request. These cases are to be documented and submitted electronically on an Excel spreadsheet. The following information should be included: Facility Name and Number, months/year being submitted, Patient Name, last and first, Social Security Number, Cancer Diagnosis (ICD-10 code), Cancer Site, Date of Birth, and Date of Diagnosis

DATA SUBMISSION PROCEDURES

Electronic Data Transmissions

Electronic data must be sent using the NAACCR Version 18 layout. Data should be electronically submitted to the WCSP via a secure email or in another manner that has been pre-approved and coordinated with the WCSP.

FOLLOW-UP INFORMATION

Follow-up information is required by Wyoming Cancer Surveillance Program. Hospitals and other healthcare providers are requested to review the patient's medical record on an annual basis for:

- Patient status
- Cancer status
- Date of death
- Place of death if known

The WCSP uses a variety of methods to collect vital status follow-up information for cases not known to be deceased. The primary follow-up method involves linking the Registry case file to a death certificate file provided by the Wyoming Department of Health - Bureau of Vital Records and Health Statistics.

When a Wyoming resident is diagnosed with cancer and it is reported to the Wyoming Cancer Surveillance Program (WCSP), the case is entered into the main database. Fourteen (14) months later, the follow-up process begins and will continue on a fourteen (14) month interval cycle for the rest of that person's life. We strive to maintain the most accurate, current and complete data possible.

These data are reported annually to the National Program of Cancer Registries (NPCR) which is administered by the Centers for Disease Control and Prevention (CDC), and to the North American Association of Central Cancer Registries (NAACCR).

According to the CDC, "Data collected by state cancer registries help public health professionals understand and address the nation's cancer burden. Vital information about cancer cases and cancer deaths improves health agencies' ability to report on cancer trends, assess the impact of cancer prevention and control efforts, participate in research, and respond to reports of suspected increases in cancer occurrence." While the gathered follow-up data are primarily used for incidence and mortality statistics at the state level, the potential is there for a multitude of other valuable uses.

WCSP Follow-Up Process:

- Fourteen (14) months after the date of last contact the WCSP staff sends an initial follow-up request for information from the patient's primary physician of record.
- In the event that the primary physician does not return a response; the WCSP initiates a secondary follow-up system. A letter is generated that contacts, in sequential order, the next four (4) physicians or medical entities identified in the patient's medical information. Once a valid response with pertinent follow-up information is received the process is suspended until the next follow up period for the identified patient.
- Each patient is followed at fourteen (14) month intervals until the WCSP has been notified of their demise.

CONFIDENTIALITY

According to State Cancer Law (Statute 35-1-240[b] and Public Law 102-515), information accumulated and maintained in the Wyoming Cancer Surveillance Program (WCSP) shall not be divulged except as statistical information which does not identify individuals and for purposes of such research as approved by the Wyoming State Board of Health. All information reported to the Department of Health shall be confidential and shall not be disclosed under any circumstances except (1) to other state cancer registries with which the Department of Health has agreements that insure confidentiality; (2) to other state health officials who are obligated to keep such information confidential; and (3) to approved cancer research centers under specific conditions where names and identities of the individuals are appropriately protected, and when such research is conducted for the purpose of cancer prevention, control and treatment.

WCSP staff is required to sign confidentiality agreements and follow confidentiality procedures as stated in the Wyoming Cancer Surveillance Program Central Cancer Registry Policy and Procedure Manual.

HIPAA allows reporting of cancer cases to the Wyoming Cancer Surveillance Program, due to the fact that the registry is considered as a public health authority. HIPAA allows facilities to continue to report cancer incidence data to the registry in compliance with the current state statutes

Written informed consent is not required from the cancer patient under HIPAA or a Business Associate Agreement, but healthcare providers must document that reporting is occurring.

DISCLOSURE OF DATA

According to Public Law 102-515 Chapter 4, Section 1. Disclosure of Data Confidential Case Data. The protection and release of confidential statistical records shall be in accordance with W.S. 16-4-201, et seq, the Wyoming Public Records Act, and the Wyoming Department of Health Information Practices Rules.

Non-Confidential Statistical Data. Non-confidential statistical data shall be released to all hospitals, physicians, or other healthcare providers and interested persons in compliance with the latest written policies set forth by the Wyoming State Epidemiologist.

The Wyoming Cancer Surveillance Program may exchange patient-specific information with the reporting facility or clinical facility for the purpose of completing a case record, provided these facilities comply with all Wyoming Cancer Surveillance Program confidentiality policies.

To achieve complete case ascertainment, the Wyoming Cancer Surveillance Program may exchange patient-specific information with other state cancer registries if reciprocal data sharing agreements and confidentiality provisions are in place.

QUALITY ASSURANCE

Wyoming Cancer Surveillance Program Certified Tumor Registrar (s) (CTR) will conduct annual casefinding and continuous quality assurance (re-abstracting) as required by NPCR.

The WCSP uses the standardized data elements and edits provided in the Rocky Mountain Cancer Data Systems software to determine completeness and/or accuracy of those cases submitted by hospitals

The purpose of quality assurance is to ensure that all reportable cases are being identified and reported to the Wyoming Cancer Surveillance Program and that all information submitted is of good quality and accurately abstracted.

The quality assurance measures will consist of two parts:

Casefinding – On a yearly basis all Inpatient/Outpatient hospital disease indices, pathology reports and other pertinent casefinding documents are reviewed for those hospitals who are abstracting and/or reporting cases to the WCSP. All reportable codes are compared with the WCSP database for the facility being audited. All cases that are not identified in the database will be reconciled by the designated cancer registrar/HIM director at the audited facility. The designated cancer registrar/HIM director will have a minimum of 30 days to complete the reconciliation process and return an updated list to WCSP with reasons why the identified cases were not abstracted and/or reported or if the cases are reportable and were missed during the original abstracting period. Cases that are reportable but were missed must be abstracted and/or reported to the WCSP.

All cases diagnosed before January 1, 1996 or cases diagnosis/treatment was not performed at the reporting facility are removed from the reconciliation log and a percentage is calculated at that time. A report is sent to the facility cancer registry director and/or administrator of the facility that summarizes the percentage of case ascertainment and provides suggestions to help improve the case ascertainment process.

Re-abstraction – (Applies to all facilities, contracted agencies or individuals that submit abstracted cancer cases to the WCSP.) The re-abstracting consists of Certified Tumor Registrars reviewing 100% of all cases abstracted and sent in to the WCSP on a monthly basis. Discrepancies are discussed with the hospital reporters; abstracting and coding guidelines are reinforced. The WCSP makes the necessary revisions to ensure a complete and accurate abstract.
If continued discrepancies continue to occur with cases sent to the WCSP, a CTR will make an onsite visit to provide the necessary education assistance.

CASE ASCERTAINMENT

CASEFINDING TECHNIQUES

ALL HEALTHCARE PROVIDERS must perform case finding to identify all patients with a new diagnosis of cancer or history of cancer which meets the case eligibility criteria. Every patient; inpatient and/or outpatient, who is diagnosed with and/or treated for a reportable diagnosis, must be reported by all healthcare providers.

Cases can be identified via many sources. The pathology reports can provide cases diagnosed by histology, cytology, hematology, bone marrow or autopsy. Other sources are clinic admission logs, daily discharges, disease indices, radiology reports, inpatient and outpatient surgery logs, radiotherapy consults, treatment reports and logs, oncology clinic treatment reports and logs. The pathology reports should never be the only source of casefinding, due to the fact that cases not diagnosed, only treated at your facility may not have a path report. Oncology clinic logs will be a good source in locating these cases. Cases not diagnosed histologically will be either confirmed by the physician in the patient's record or on the medical record disease index. A system should be established that would enable you to receive a copy of the disease index.

At a minimum, a system must be established to create a complete disease index of all reportable conditions as identified on the "Comprehensive Reportability List" on page 19.

ALL HEALTHCARE PROVIDERS shall provide to the WCSP, a disease index of cancer cases identified by ICD-10 codes as identified in the "Comprehensive Reportability List" on page 19 of this document within thirty (30) days of written request by the WCSP. All patients identified as having a history of a specific disease as identified on the "Comprehensive Reportability List" on page 19 are to also be included on the disease index.

SUGGESTED BEST PRACTICE FOR CREATING A DISEASE INDEX:

A disease index should be defined to identify all inpatient, outpatient, emergency department and ancillary services provided for patients with a primary discharge diagnosis with any ICD-10 code as identified on the "Comprehensive Reportability List" on page 19. The Disease Index should be created in, or exported to, an Excel file that can be provided to the WCSP. Submission of the Disease Index must occur via a secure email or password protected encrypted CD.
At a minimum the Disease index must include the following data elements:

- Medical Record Number
- Social Security Number
- Patient Name
- Age
- Date of Birth
- Date of Service
- Type of Service/Service Code
- First ten (ten) ICD-10 diagnosis codes as identified on the discharge diagnosis.

CASE ELIGIBILITY BASED ON DIAGNOSTIC TERMS

The American College of Surgeons Commission on Cancer (CoC) requires registries in approved hospital programs to accession, abstract, and conduct follow-up activities for required tumors diagnosed and/or initially treated at the abstracting facility. The tumors must meet the criteria for analytic cases (classes of case 0, 1, or 2), and pathologically and clinically diagnosed inpatients and outpatients must be included.

For diagnoses made beginning in 2006 the following differences in reportability exist between the COC and the WCSP. All facilities in Wyoming are required to report WCSP-reportable cases to the central registry regardless of their reportability status according to the Commission on Cancer standards and guidelines.

- Non-analytic cases of Class 3, 4, 5, 6, 7 and 9 are required to be reported to the WCSP. The WCSP will follow back to the ordering physician for complete information when necessary.
- Cases in which the patient receives only transient first-course treatment while temporarily in Wyoming are reportable to the WCSP.

As part of the central cancer and hospital cancer registry case-finding activities, all pathology reports should be reviewed to confirm whether a case is required. If the terminology is ambiguous, use the following guidelines to determine whether a particular case should be included.

LIST OF AMBIGUOUS TERMS

Lists of Ambiguous Terms Terms that constitute a diagnosis; case should be reported		
Apparent (ly)	Favors	Suspect (ed)
Appears	Malignant appearing	Suspicious (for)
Comparable with	Most likely	Typical of
Compatible with	Presumed	
Consistent with	Probable	
Consistent with Tumor (beginning with 2004 diagnoses and only for C70.0–C72.9, C75.1–75.3)		
Neoplasm or Tumor (beginning with 2004 diagnoses and only for C70.0-C72.9, C75.1 C75.3)		
Terms that DO NOT constitute a diagnosis; case should NOT be reported**		
Approaching	Potentially malignant	Suggests
Cannot be ruled out	Questionable	Very close to
Equivocal	Rule out	Worrisome
Possible		

NOTE:
Malignant neoplasms of the skin of genital sites are reportable. These sites include: vagina (C529), clitoris (C512), vulva (C519), prepuce (C600), penis (C609), and scrotum (C632).

Reportable skin tumors such as adnexal carcinomas (carcinomas of the sweat gland, ceruminous gland, and hair follicle), adenocarcinomas, lymphomas, melanomas, sarcomas, and Merkel cell tumor must be reported regardless of site. Any carcinoma arising in a hemorrhoid is reportable since hemorrhoids arise in mucosa, not in skin.

NON-REPORTABLE NEOPLASMS

- Basal cell carcinoma (8090–8110) of the skin (C440-C449) except genital sites
- Basal and squamous cell carcinoma (8070–8110) of skin of anus (C445)
- Epithelial carcinomas (8010–8046) of the skin (C440-C449)
- Papillary and squamous cell carcinomas (8050–8084) of the skin (C440-C449) except genital sites
- Malignant neoplasms, NOS (8000–8005) of the skin (C440-C449)
- In situ neoplasms of cervix regardless of histology (behavior of /2; C539)
- Intraepithelial neoplasms of the cervix (CIN) (8077/2; C539) or prostate (PIN)(8148/2; C619)
- Borderline cystadenomas (8442, 8451, 8462, 8472, and 8473) of the ovaries (C569) with behavior code 1 are not collected as of January 01, 2001
- Cases diagnosed prior to 1995 are no longer required to be reported.
- Benign and borderline tumors of the cranial bones (C410)
- Cysts or lesions of the brain or CNS diagnosed January 01, 2004 or later which have no ICDO-3 morphology code

ICD-10 CODES

COMPREHENSIVE CASEFINDING CODE LIST – FOUND IN APPENDIX H

COMPREHENSIVE ICD-10-CM Casefinding Code List for Reportable Tumors (EFFECTIVE DATES: 10/1/2018-9/30/2019) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10 Code	**Explanation of Code**

SUPPLEMENTAL CODES - FOUND IN APPENDIX I

SUPPLEMENTAL LIST ICD-10-CM (EFFECTIVE DATES: 10/1/2018-9/30/2019) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10 Code	**Explanation of Code**

PATIENT DEMOGRAPHICS

PATIENT ADDRESS AND RESIDENCY RULES

General Coding Instructions for Place of Residence at Diagnosis:
The Wyoming Cancer Surveillance Program collects information on place of residence at diagnosis. Rules for determining residency at diagnosis are either identical or comparable to rules used by the U.S. Census Bureau, to ensure comparability of definitions of cases (numerator) and the population at risk (denominator).
Coding Priorities/Sources

1. Code the street address of usual residence as stated by the patient. Definition: U.S. Census Bureau Instructions: "The place where he or she lives and sleeps most of the time or the place the person says is his or her usual home."

2. Post Office Box is not a reliable source to identify the residency at diagnosis. Post office box addresses do not provide accurate geographic information for analyzing cancer incidence. Use the post office box address only if no street address information is available after follow-back.

3. Use residency information from a death certificate only when residency from other sources is coded as unknown. Review each case carefully and apply the U.S. Census Bureau rules for determining residence. The death certificate may give the person's previous home address rather than the nursing home address as the place of residence; use the nursing home address as the place of residence.

4. Do NOT use legal status or citizenship to code residence.

Persons with No Usual Residence

Homeless people and transients are examples of persons with no usual residence. Code the patient's residence at diagnosis such as the shelter or hospital where diagnosis was confirmed.

Temporary Residents of the Wyoming Area Code the place of usual residence rather than the temporary address for: migrant workers; educators temporarily assigned to a University in the Wyoming area; persons temporarily residing with family during cancer treatment.

Military personnel on temporary duty assignments (TDY); boarding school students below college level (code the parent's residence)

Code the residence where the student is living while attending college.

Code the address of the institution for Persons in Institutions. U.S. Census Bureau definition: "Persons under formally authorized, supervised care or custody are residents of

the institution." Persons who are incarcerated, Persons who are physically handicapped, mentally retarded, or mentally ill who are residents of homes, schools, hospitals or wards Residents of nursing, convalescent, and rest homes Long-term residents of other hospitals such as Veteran's Administration (VA) hospitals

Persons in the Armed Forces and on Maritime Ships (Merchant Marine)

Armed Forces

For military personnel and their family members, code the address of the military installation or surrounding community as stated by the patient.

Personnel Assigned to Navy, Coast Guard, and Maritime Ships

The U.S. Census Bureau has detailed rules for determining residency for personnel assigned to these ships. The rules refer to the ship's deployment, port of departure, destination, and homeport. Refer to U.S. Census Bureau Publications for detailed rules: http://www.census.gov

County-Current and County at DX

NAACCR has adopted the Federal Information Processing Standards (FIPS) codes for county as the standard in this volume (See Appendix B for Wyoming specific codes).

- CoC requires the use of FIPS county codes as their standard, plus the special codes 998 and 999. However, the FORDS manual also provides for; use of geocodes for countries of residence outside the United States and Canada to be used in this field.

- NPCR requires the use of FIPS codes for counties in the United States, plus the special code 999, starting with cancers diagnosed on or after January 1, 2002.

RACE AND ETHNICITY

Race and ethnicity are two of the most important data items to epidemiologists who investigate cancer. Differences in incidence rates among ethnic groups generate hypotheses for research. The National Cancer institute has recognized the need to better explain the cancer burden in racial/ethnic minorities and is concerned with research on the full diversity of the U.S. population.

Race

Race code documentation must be supported by text documentation for those cases where there is conflicting information. A text statement indicating patient's race is required. Text validation should be entered in the physical exam text field.

Cases that lack supporting text documentation may be returned as queries and counted as discrepancies.

January 1, 2004 and Forward

Effective with cases diagnosed January 1, 2004 forward, apply the following SEER race coding guideline:

Races (and ethnicity) are defined by specific physical, heredity and cultural traditions or origins, not necessarily by birthplace, place of residence, or citizenship. 'Origin' is defined by the Census Bureau as the heritage, nationality group, lineage, or in some cases, the country of birth of the person or the person's parents or ancestors before their arrival in the United States.

1. All resources in the facility, including the medical record, face-sheet, physician and nursing notes, photographs, and any other sources, must be used to determine race. If a facility does not print race in the medical record but does maintain it in electronic form, the electronic data must also be reviewed.

2. Record the primary race(s) of the patient in fields Race 1, Race 2, Race 3, Race 4, and Race 5. The five race fields allow for the coding of multiple races consistent with the Census 2000. Rules 2 - 8 further specify how to code Race 1, Race 2, Race 3, Race 4 and Race 5. See the editing guidelines that follow for further instructions. If a person's race is a combination of white and any other race(s), code to the appropriate other race(s) first and code white in the next race field.

3. The fields Place of Birth, Race, Marital Status, Name, Maiden Name, and Hispanic Origin are inter-related. Use the following guidelines in order:

    a. Code the patient's stated race, if possible.

    b. If the patient's race is determined on the basis of the races of relatives, there is no priority to coding race, other than to list the non-white race(s) first

c. If no race is stated in the medical record, or if the stated race cannot be coded, review the documentation for a statement of a race category.

d. If race is unknown or not stated in the medical record and birth place is recorded, in some cases race may be inferred from the nationality.

e. Use of patient name in determining race.

4. Death certificate information may be used to supplement antemortem race information only when race is coded unknown in the patient record or when the death certificate information is more specific.

For cases diagnosed prior to January 1, 2000, only the first race field is to be completed and patients of mixed parentage are to be classified according to the race or ethnicity of the mother.

For cases diagnosed January 1, 2000 and later, this no longer applies. Enter each race given. For cases diagnosed prior to January 1, 2004, no "primary" race is designated, and multiple races may be listed in any order, consistent with the 2000 Census.

SPANISH/HISPANIC ORIGIN (HISPANIC ETHNICITY)

The primary source for coding is an ethnic identifier stated in the medical record.

Procedures for determining ethnicity include:

- Recording ethnicity from information found in the medical record.
- Recording ethnicity based on a combination of patient demographic information that may include last name, maiden name, birthplace, or a statement of ethnicity in the record.

The Spanish/Hispanic Origin field is for identifying patients of Spanish or Hispanic origin or descent. Coding is independent of the Race field, since persons of Hispanic origin might be described as white, black, or some other race in the medical record. Spanish origin is not the same as birth in a Spanish language country. Birthplace might provide guidance in determining the correct code, but do not rely on it exclusively. Information about birthplace is entered separately.

General Coding Instructions for Reporting Ethnicity

1. Coding Spanish Surname or Origin is not dependent on race. A person of Spanish descent may be white, black, or any other race.

2. Portuguese, Brazilians and Filipinos are not Spanish; code non-Spanish (code '0').

Commented [J1]: From SEER 2007 Manual P. 51 NAACCR Item 160)

3. All information should be used to determine the Spanish/Hispanic Origin including the stated ethnicity in the medical record, stated Hispanic origin on the death certificate, birthplace, information about life history and/or language spoken found in the abstracting process and a last name and maiden name found on a list of Hispanic/Spanish names. Assign code '7' when the only evidence of the patient's Hispanic origin is a surname or maiden name and there is no evidence that the patient is not Hispanic. Code '7' is ordinarily for central registry use only. If the origin is not stated in the medical record and the hospital registry does not have a list of Hispanic surnames, assign code '9,' "Unknown whether Spanish/Hispanic or not." Code '7' was adapted for use effective with January 1, 1994 diagnoses. See Appendix C. for further clarification.

OCCUPATION AND INDUSTRY

Information on the occupation and industry of cancer patients can be used in research on possible links between workplace exposures and cancer. Occupation and industry information from the central registry is often used by researchers as a partial proxy indicator of socioeconomic status. Specific occupational information can also help identify a patient being reported by multiple hospitals in different ways.

Data on usual occupation and industry are unavailable in an unknown, but significant, proportion of medical records. Even when available, the quality of the data in the medical record is generally untested and often limited to less useful information such as ―retired.

Effort should be made to record the occupation and the industry in which the patient **works or worked**, regardless of whether the patient was employed at the time of admission. **Ideally, the information should pertain to the longest held job.** Review all admissions in the patient's medical record, including those before the diagnosis of cancer, and record the best information available. It is not necessary to request parts of the medical record predating diagnosis solely to determine occupation and industry, but review all admissions in the parts pulled for abstracting.

- Do not leave these fields empty.
- Always enter supporting documentation in an appropriate text field

Occupation

Enter any available information about the kind of work performed (e.g., television repairman, chemistry teacher, bookkeeper, construction worker), up to 40 characters associated with the longest held occupation.

- Avoid the use of abbreviations where possible.
- If an occupation is recorded in the chart without mention of its being the longest held, indicate this with an asterisk next to the entry (e.g., insurance salesman*).
- If the patient is not employed, try to determine the longest held occupation.
- Do not enter a term such as "homemaker," "student," "retired," "unemployed or "disabled" unless no other information can be obtained.
- If no information is available, enter "NR" (not recorded). Do not leave this field blank.

Industry

Enter any available information about the industry associated with the longest held occupation (e.g., automotive repair, junior high school, trucking, house construction), up to 40 characters.

If the chart identifies the employer's name but does not describe the industry, enter the employer's name (and city if available). If only an abbreviation is given for the industry or employer (e.g., PERS, USD, or FDIC), record it even if it’s meaning is not known. However, avoid the use of abbreviations where possible.

The following rules and guidelines apply to the occupation and industry fields:

No occupation/industry information	Enter “Unknown” in both the Usual Occupation and Usual Industry/ Type of Business fields.	Do not use the term "none" which could mean that the individual has never worked.
Incomplete information	Enter Unknown in the Usual Industry field if information on occupation, but not industry, is available. If only information on industry is available, enter Unknown for Usual Occupation	You need not have specific information in both fields if it is unavailable Do not use the term "none" which could mean that the individual has never worked.
More than one occupation/industry	Try to determine the occupation/industry held during most of the patient's life.	
Only a current occupation/industry listed	If you know only the most recent or current occupation/ industry, record this information.	
Housewives/persons at home	If no information is available for an occupation outside the home enter Housewife/ husband in the Usual Occupation field. Enter “At Home or Own Home” in the Usual Industry field.	

STAGING SYSTEMS

Cancer Staging

Historically, four major staging schemes have been widely used in cancer registries in the United States. The schemes, AJCC TNM, SEER Extent of Disease, SEER Historic Stage, and SEER Summary Stage, differ in complexity, purpose, structure, rules, and definitions. AJCC TNM staging provides forward flexibility and clinical utility. SEER EOD provides longitudinal stability for epidemiological studies. And, SEER Historic and Summary Stage provide population surveillance staging capability. In January 2004, the Collaborative Staging System was introduced to reduce duplication of effort and provide a common staging schema for registry use and from which the other major staging categories could be electronically derived. All standard setters in the United States required the use of the Collaborative Staging

AJCC Staging

Both clinical and pathologic staging fields are collected by the WCSP. If you have enough information to specifically stage a case clinically and pathologically, then both stages should be specifically reported. Use the codes for "unknown" and "not applicable" to complete the staging fields whenever appropriate.

The WCSP is not concerned with who staged the case, as long as the information is correct and is coded correctly. The "Staged By" fields are not collected by the WCSP. If the coded staging information in the AJCC fields is known to be incorrect or questionable, please explain the situation in a Staging narrative text fields.

None of the TNM fields may be left empty for pre-2004 diagnoses.

Collaborative Stage

The Collaborative Stage (CS) data set is a combination of data items (most of which have traditionally been collected as a part of regular cancer surveillance activities) that include tumor size, extension, lymph node status, metastatic status, evaluation fields describing the hierarchy of the data collected, and relevant site-specific information. This unified data set was specifically designed for cancer reporting and includes an algorithm which derives three different staging systems from the data collected and resolves subtle staging rule differences. The systems for which staging currently can be derived include AJCC TNM 8th Edition, and SEER Summary Stage 2018.

Appendix A-Page 1

Wyoming County Codes

County	City/Town	Zip Code/ County Code
Albany County		001
	Arlington	82083
	Bosler	82051
	Bosler	82070
	Bosler	82072
	Buford	82052
	Centennial	82055
	Foxpark	82070
	Foxpark	82072
	Garrett	82058
	Jelm	82063
	Jelm	82070
	Jelm	82072
	Lookout	82051
	McFadden	82083
	Mountain Home	82072
	Tie Siding	82084
	Woods Landing	82063
	Rock River	82058
	Rock River	82083
	Laramie	82051
	Laramie	82063
	Laramie	82070
	Laramie	82071
	Laramie	82072
	Laramie	82073
Big Horn County		003
	Basin	82410
	Burlington	82411
	Byron	82412
	Cowley	82420
	Deaver	82421
	Greybull	82426
	Lovell	82431
	Manderson	82432
	Emblem	82422
	Hyattville	82428
	Otto	82434
	Shell	82441

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County	City/Town	Zip Code/ County Code
Campbell County		005
	Gillette	82716
	Gillette	82717
	Gillette	82718
	Gillette	82731
	Gillette	82732
	Wright	82732
	Recluse	82725
	Rozet	82727
	Weston	82731
Carbon County		007
	Baggs	82321
	Casper	82615
	Dixon	82323
	Elk Mountain	82324
	Hanna	82327
	Medicine Bow	82329
	Riverside	82325
	Saratoga	82331
	Sinclair	82334
	Creston	82301
	Elmo	82327
	Encampment	82325
	Fort Steele	82301
	Kortes Dam	82327
	Leo	82327
	Muddy Gap	82301
	Riner	82301
	Ryan Park	82331
	Savery	82332
	Shirley Basin	82615
	Walcott	82335
Converse County		009
	Douglas	82633
	Glenrock	82637
	Lost Springs	82224
	Rolling Hills	82637
	Bill	82633
	Orin	82633
	Parkerton	82637

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County	City/Town	Zip Code/ County Code
	Shawnee	82229
Crook County		011
	Hulett	82720
	Moorcroft	82721
	Pine Haven	82721
	Sundance	82729
	Alva	82711
	Beulah	82712
	Carlile	82721
	Devils Tower	82714
	New Haven	82720
	Oshoto	82721
Freemont County		013
	Dubois	82513
	Hudson	82515
	Lander	82520
	Pavillion	82523
	Rawlins	82301
	Rawlins	82310
	Riverton	82501
	Shoshoni	82649
	Arapahoe	82510
	Atlantic City	82520
	Burris	82512
	Crowheart	82512
	Ethete	82520
	Fort Washakie	82514
	Gas Hills	82501
	Jeffrey City	82310
	Kinnear	82516
	Lost Cabin	82642
	Lucky Maccamp	82501
	Lysite	82642
	Midval	82501
	Morton	82501
	Sand Draw	82501
	South Pass City	82520
	St. Stephens	82524
	Sweetwater Station	82520

Appendix A-Page 4		
County	City/Town	Zip Code/ County Code
Goshen County		015
	Fort Laramie	82212
	La Grange	82221
	Lingle	82223
	Torrington	82240
	Yoder	82244
	Hawk Springs	82217
	Huntley	82218
	Jay Em	82219
	Prairie Center	82240
	Rockeagle	82223
	Veteran	82243
Hot Springs County		017
	East Thermopolis	82430
	Kirby	82430
	Thermopolis	82443
	Worland	82430
	Grass Creek	82443
	Hamilton Dome	82443
Johnson County		019
	Buffalo	82834
	Buffalo	82840
	Kaycee	82639
	Linch	82640
	Mayoworth	82639
	Saddlestring	82840
	Sussex	82639
Laramie County		021
	Albin	82050
	Burns	82053
	Cheyenne	82001
	Cheyenne	82002
	Cheyenne	82003
	Cheyenne	82005
	Cheyenne	82006
	Cheyenne	82007
	Cheyenne	82008
	Cheyenne	82009
	Pine Bluffs	82010

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County	City/Town	Zip Code/ County Code
	Pine Bluffs	82082
	Archer	82009
	Carpenter	82053
	Carpenter	82054
	Egbert	82053
	Granite Canyon	82059
	Harriman	82059
	Hillsdale	82060
	Horse Creek	82061
	Iron Mountain	82009
	Lindbergh	82082
	Meriden	82081
Lincoln County		023
	Afton	83110
	Alpine	83128
	Cokeville	83114
	Diamondville	83116
	Kemmerer	83101
	La Barge	83123
	Opal	83124
	Thayne	83127
	Auburn	83111
	Bedford	83112
	Etna	83118
	Fairview	83119
	Fontenelle	83101
	Freedom	83120
	Frontier	83121
	Grover	83122
	Hamsfork	83101
	Raymond	83114
	Smoot	83126
	Turnerville	83110
	Turnerville	83112
Natrona County		025
	Bar Nunn	82601
	Bar Nunn	82609
	Casper	82630
	Casper	82638
	Casper	82646
	Edgerton	82635

Appendix A-Page 6		
County	City/Town	Zip Code/ County Code
	Evansville	82636
	Midwest	82643
	Mills	82604
	Mills	82644
	Alcova	82620
	Allendale	82609
	Arminto	82630
	Hiland	82638
	Moneta	82638
	Natrona	82646
	Powder River	82648
Niobarara County		027
	Lusk	82225
	Manville	82227
	Van Tassell	82242
	Keeline	82227
	Kirtley	82225
	Lance Creek	82222
	Node	82225
Park County		029
	Cody	82414
	Frannie	82423
	Meeteetse	82433
	Powell	82435
	Garland	82435
	Heart Mountain	82435
	Mammoth Hot Springs	82190
	Mantua	82435
	Ralston	82440
	Wapiti	82450
	Willwood	82435
	Yellowstone National Park	82190
Platte County		031
	Chugwater	82210
	Glendo	82213
	Guernsey	82214
	Hartville	82215
	Wheatland	82201
	Bordeaux	82201
	Diamond	82210
	Slater	82201

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County	City/Town	Zip Code/ County Code
	Sunrise	82215
	Uva	82201
Sheridan County		033
	Clearmont	82835
	Dayton	82836
	Ranchester	82839
	Ranchester	82844
	Sheridan	82801
	Acme	82839
	Arvada	82831
	Banner	82832
	Big Horn	82833
	Leiter	82837
	Parkman	82838
	Story	82832
	Story	82842
	Wolf	82844
	Wyarno	82845
Sublette County		035
	Big Piney	83113
	Marbleton	83113
	Pinedale	82941
	Bondurant	82922
	Boulder	82923
	Cora	82925
	Daniel	83115
Sweetwater County		037
	Bairoil	82322
	Granger	82934
	Green River	82935
	Green River	82938
	Rock Springs	82901
	Rock Springs	82902
	Rock Springs	82942
	Superior	82945
	Wamsutter	82336
	Bitter Creek	82901
	Eden	82932
	Farson	82932
	Lamont	82322
	Little America	82929
	McKinnon	82938

Appendix A-Page 8		
County	City/Town	Zip Code/ County Code
	Point of Rocks	82942
	Quealy	82901
	Red Desert	82336
	Reliance	82943
	Tipton	82336
Teton County		039
	Jackson	83001
	Jackson	83002
	Jackson	83025
	Alta	83414
	Alta	82711
	Colter Bay	83013
	Jackson Hole	83001
	Jackson Hole	83002
	Jenny Lake	83012
	Kelly	83011
	Moose	83012
	Moran	83013
	Teton Village	83025
	Wilson	83014
Uinta County		041
	Bear River	82930
	Evanston	82930
	Evanston	82931
	Lyman	82937
	Mountain View	82939
	Fort Bridger	82933
	Lonetree	82936
	Piedmont	82933
	Robertson	82944
	Urie	82937
Washakie County		043
	Ten Sleep	82442
	Worland	82401
Weston County		045
	Newcastle	82701
	Newcastle	82715
	Upton	82730
	Four Corners	82715
	Osage	82723

Appendix B

Fourteenth Edition, Record Layout Version 12
(Effective January 1, 2010)

FIPS CODES FOR COUNTIES AND EQUIVALENT ENTITIES
Version 12 – Appendix A: FIPS Codes for Counties and Equivalent Entities
STATE NAME: WYOMING, ALPHABETIC CODE: WY, NUMERIC CODE: 56

001 Albany	017 Hot Springs	033 Sheridan
003 Big Horn	019 Johnson	035 Sublette
005 Campbell	021 Laramie	037 Sweetwater
007 Carbon	023 Lincoln	039 Teton
009 Converse	025 Natrona	041 Uinta
011 Crook	027 Niobrara	043 Washakie
013 Fremont	029 Park	045 Weston
015 Goshen	031 Platte	

APPENDIX C

1980 CENSUS LIST OF SPANISH SURNAMES

Instructions for Using 1980 Census List of Spanish Surnames

This list can be used to code last names in most areas of the United States.

- All names are listed alphabetically in upper-case letters without any blanks or spaces. For example, names such as "De Leon," "De la Torre," or "La Luz" are shown as "DELEON," DELATORRE," or "LALUZ."
- Spanish surnames often have accent marks (’) or a tilde (~) over the n (ñ). Disregard accent marks or tildes as these marks have been omitted from the list. For example, the names "Martínez" with an accent (’) and "Nuñez" with a tilde (~) are listed as "MARTINEZ" and "NUNEZ."
- If a surname consists of two names, separated by a dash or a space, code the person as Spanish if either name appears on the list. For example, for "Collins-Garcia," check "COLLINS" on the list. Since it does not appear, check for "GARCIA." If the name appeared as 'Garcia-Collins," then "GARCIA"" would be checked first.
- If the surname is of the form "Lopez R.," ignore the initial and look up the name, "LOPEZ."
- If the surname consists of two surnames separated by "de" such as "Perez de Seda," first look up the name written first, i.e., "PEREZ;" if it is not on the list, look up the final name including the word "de," i.e., "DESEDA;" if it is still not on the list, look up the final name without the word "de," i.e., "SEDA."
- Surnames written with spaces which begin "de," "de la," or "del," such as "de la Cruz," should be looked up with and without the prefix words, i.e., "CRUZ," "LACRUZ," and "DELACRUZ." If any of the combinations is listed, the surname should be considered Spanish.

Appendix D

Wyoming Cancer Surveillance Program
Needed Documentation

Face Sheet
History and Physical
Pathology reports
Operative Reports
X-rays,
CT Scans
MRI's
Consultations (all)
Radiation/ Oncology reports (if any)
Laboratory tests – i.e., PSA's. CEA's. CA-125
Discharge Summaries
Discharge instruction sheet

Appendix E

Wyo. Stat. § 35-1-240

Title 35 Public Health and Safety
Chapter 1 Administration
Article 2. Department of Health
Division 3. Administration

Wyo. Stat. § 35-1-240 (2015)

§ 35-1-240. Powers and duties.

(a) The department of health, through the state health officer, or under his direction and supervision, through the other employees of the department, shall have and exercise the following powers and duties:

(i) To exercise in Wyoming, all the rights and powers and perform all duties hereunder;

(ii) To investigate and control the causes of epidemic, endemic, communicable, occupational and other diseases and afflictions, and physical disabilities resulting therefrom, affecting the public health;

(iii) To establish, maintain and enforce isolation and quarantine, and in pursuance thereof, and for such purpose only, to exercise such physical control over property and over the persons of the people within this state as the state health officer may find necessary for the protection of the public health;

(iv) To close theaters, schools and other public places, and to forbid gatherings of people when necessary to protect the public health;

(v) To abate nuisances when necessary for the protection of the public health;

(vi) To enforce such sanitary standards for the protection of public health as to the quality of water supplied to the public and as to the quality of the effluent of sewerage systems and trade wastes discharged upon the land or into the surface or ground waters of the state, as are or may be established by law, and to advise with municipalities, utilities, institutions, organizations and individuals, concerning the methods or processes believed by him best suited to provide the protection or purification of water and the treatment of sewage and trade wastes to meet such minimum standards;

(vii) To collect, compile, and tabulate reports of marriages, divorces and annulments, births, deaths and morbidity, and to require any person having information with regard to the same to make such reports;

(viii) To regulate the disposal, transportation, interment and disinterment of the dead;

(ix) To establish, maintain and approve chemical, bacteriological and biological laboratories and to conduct or require such laboratory investigations and examinations as it may deem necessary or proper for the protection of the public health;

(x) To make, approve, and require standard diagnostic tests and to prepare, distribute and require the completion of forms of certificates with respect thereto;

(xi) To purchase and to distribute to licensed physicians, with or without charge, as the department may determine, or to administer such vaccines, serums, toxoids and other approved biological or therapeutic products as may be necessary for the protection of the public health;

(xii) To exercise sanitary control over the use of water employed in the irrigation of vegetables or other edible crops intended for human consumption, and to exercise sanitary control over the use of fertilizer derived from excreta of human beings or from the sludge of sewage disposal plants. The state health officer shall have authority to impound any and all vegetables and other edible crops and meat and animal products intended for human consumption which have been grown or produced in violation of the orders, rules and regulations of the department, and upon five (5) days notice and after affording reasonable opportunity for a hearing, to the interested parties before the state health officer or his designee, to condemn and destroy the same if it deems such necessary for the protection of the public health;

(xiii) To certify, inspect and exercise sanitary control over hospitals, sanitoriums, convalescent homes, maternity homes, asylums, and other similar institutions;

(xiv) To establish standards and make sanitary, sewerage and health inspections for charitable, penal and other state and county institutions;

(xv) To enforce current sanitary standards, or those that may be established by law, for the operation and maintenance of lodging houses, hotels, public conveyances and stations, schools, factories, workshops, industrial and labor camps, recreational resorts and camps, and other buildings, centers and places used for public gatherings;

(xvi) To establish and enforce sanitary standards for the operation of toilet facilities in all garages, filling stations and other places of business which maintain such facilities for the convenience of their patrons;

(xvii) To disseminate public health information;

(xviii) To exercise all the rights and powers and perform all the duties vested in or imposed by law upon the state department of health, its officers and employees, as constituted before this act, becomes effective; to hold hearings, administer oaths, subpoena

witnesses and take testimony in all matters relating to the exercise and performances of the powers and duties vested in or imposed upon the department;

(xix) To advise the director of the department about public health issues, programs and policies for the state;

(xx) To operate a public health nursing program which may include, but is not limited to, provision of immunizations, evaluation of the need of individuals for nursing home admission or services and the operation of an infant public health nurse home visitation subprogram. The public health nursing program may, where and to the extent appropriate, be administered through or in conjunction with county, municipal or district health departments;

(xxi) During a public health emergency as defined by W.S. 35-4-115(a)(i), the state health officer may prescribe pharmaceutical or therapeutic interventions en masse as necessary to protect the public health;

(xxii) Administer the Wyoming physician recruitment grant program provided in W.S. 35-1-1101.

(b) In carrying out duties prescribed under paragraphs (a)(ii) and (vii) of this section, the department shall:

(i) Develop and require the uniform registration and reporting of medical information by hospitals, physicians and other health care providers as necessary to establish the Wyoming central tumor registry in accordance with the American college of surgeons guidelines;

(ii) By rule and regulation establish registration fees for hospitals, physicians or other health care providers required to register medical information with the registry under paragraph (b)(i) of this section in an amount to ensure that, to the extent practicable, the total revenue generated from the fees collected approximates but does not exceed the direct and indirect costs of administering and operating the registry. Fees collected under this paragraph shall be deposited in the general fund.

HISTORY: Laws 1947, ch. 67, § 6; 1955, ch. 233, § 4; W.S. 1957, § 35-25; Laws 1961, ch. 135, § 16; 1969, ch. 218, § 10; 1991, ch. 221, § 2; 1992, ch. 63, § 1; 2000, ch. 37, § 3; ch. 74, § 2; 2003, ch. 83, § 2; ch. 101, § 2; 2008, ch. 121, § 2.

Appendix F

section, and that the applicant will comply with the peer review requirements under sections 491 and 492.

"(2) ASSURANCES.—Each applicant, prior to receiving Federal funds under subsection (a), shall provide assurances satisfactory to the Secretary that the applicant will—

"(A) provide for the establishment of a registry in accordance with subsection (a);

"(B) comply with appropriate standards of completeness, timeliness, and quality of population-based cancer registry data;

"(C) provide for the annual publication of reports of cancer data under subsection (a); and

"(D) provide for the authorization under State law of the statewide cancer registry, including promulgation of regulations providing—

"(i) a means to assure complete reporting of cancer cases (as described in subsection (a)) to the statewide cancer registry by hospitals or other facilities providing screening, diagnostic or therapeutic services to patients with respect to cancer;

"(ii) a means to assure the complete reporting of cancer cases (as defined in subsection (a)) to the statewide cancer registry by physicians, surgeons, and all other health care practitioners diagnosing or providing treatment for cancer patients, except for cases directly referred to or previously admitted to a hospital or other facility providing screening, diagnostic or therapeutic services to patients in that State and reported by those facilities;

"(iii) a means for the statewide cancer registry to access all records of physicians and surgeons, hospitals, outpatient clinics, nursing homes, and all other facilities, individuals, or agencies providing such services to patients which would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer, or medical status of any identified patient;

"(iv) for the reporting of cancer case data to the statewide cancer registry in such a format, with such data elements, and in accordance with such standards of quality timeliness and completeness, as may be established by the Secretary;

"(v) for the protection of the confidentiality of all cancer case data reported to the statewide cancer registry, including a prohibition on disclosure to any person of information reported to the statewide cancer registry that identifies, or could lead to the identification of, an individual cancer patient, except for disclosure to other State cancer registries and local and State health officers;

"(vi) for a means by which confidential case data may in accordance with State law be disclosed to cancer researchers for the purposes of cancer prevention, control and research;

"(vii) for the authorization or the conduct, by the statewide cancer registry or other persons and organizations, of studies utilizing statewide cancer registry data,

including studies of the sources and causes of cancer, evaluations of the cost, quality, efficacy, and appropriateness of diagnostic, therapeutic, rehabilitative, and preventative services and programs relating to cancer, and any other clinical, epidemiological, or other cancer research; and

"(viii) for protection for individuals complying with the law, including provisions specifying that no person shall be held liable in any civil action with respect to a cancer case report provided to the statewide cancer registry, or with respect to access to cancer case information provided to the statewide cancer registry.

"(d) RELATIONSHIP TO CERTAIN PROGRAMS.—

"(1) IN GENERAL.—This section may not be construed to act as a replacement for or diminishment of the program carried out by the Director of the National Cancer Institute and designated by such Director as the Surveillance, Epidemiology, and End Results Program (SEER).

"(2) SUPPLANTING OF ACTIVITIES.—In areas where both such programs exist, the Secretary shall ensure that SEER support is not supplanted and that any additional activities are consistent with the guidelines provided for in subsection (c)(2) (C) and (D) and are appropriately coordinated with the existing SEER program.

"(3) TRANSFER OF RESPONSIBILITY.—The Secretary may not transfer administration responsibility for such SEER program from such Director.

"(4) COORDINATION.—To encourage the greatest possible efficiency and effectiveness of Federally supported efforts with respect to the activities described in this subsection, the Secretary shall take steps to assure the appropriate coordination of programs supported under this part with existing Federally supported cancer registry programs.

"(e) REQUIREMENT REGARDING CERTAIN STUDY ON BREAST CANCER.—In the case of a grant under subsection (a) to any State specified in section 399K(b), the Secretary may establish such conditions regarding the receipt of the grant as the Secretary determines are necessary to facilitate the collection of data for the study carried out under section 399C.

"SEC. 399I. PLANNING GRANTS REGARDING REGISTRIES.

42 USC 280e-1.

"(a) IN GENERAL.—

"(1) STATES.—The Secretary, acting through the Director of the Centers for Disease Control, may make grants to States for the purpose of developing plans that meet the assurances required by the Secretary under section 399B(c)(2).

"(2) OTHER ENTITIES.—For the purpose described in paragraph (1), the Secretary may make grants to public entities other than States and to nonprofit private entities. Such a grant may be made to an entity only if the State in which the purpose is to be carried out has certified that the State approves the entity as qualified to carry out the purpose.

"(b) APPLICATION.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary, the application contains the certification required in subsection (a)(2) (if the application is for a grant under such subsec-

tion), and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

42 USC 280e–2.

"SEC. 399J. TECHNICAL ASSISTANCE IN OPERATIONS OF STATEWIDE CANCER REGISTRIES.

"The Secretary, acting through the Director of the Centers for Disease Control, may, directly or through grants and contracts, or both, provide technical assistance to the States in the establishment and operation of statewide registries, including assistance in the development of model legislation for statewide cancer registries and assistance in establishing a computerized reporting and data processing system.

42 USC 280e–3.

"SEC. 399K. STUDY IN CERTAIN STATES TO DETERMINE THE FACTORS CONTRIBUTING TO THE ELEVATED BREAST CANCER MORTALITY RATES.

"(a) IN GENERAL.—Subject to subsections (c) and (d), the Secretary, acting through the Director of the National Cancer Institute, shall conduct a study for the purpose of determining the factors contributing to the fact that breast cancer mortality rates in the States specified in subsection (b) are elevated compared to rates in other States.

"(b) RELEVANT STATES.—The States referred to in subsection (a) are Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, and the District of Columbia.

"(c) COOPERATION OF STATE.—The Secretary may conduct the study required in subsection (a) in a State only if the State agrees to cooperate with the Secretary in the conduct of the study, including providing information from any registry operated by the State pursuant to section 399H(a).

"(d) PLANNING, COMMENCEMENT, AND DURATION.—The Secretary shall, during each of the fiscal years 1993 and 1994, develop a plan for conducting the study required in subsection (a). The study shall be initiated by the Secretary not later than fiscal year 1994, and the collection of data under the study may continue through fiscal year 1998.

"(e) REPORT.—Not later than September 30, 1999, the Secretary shall complete the study required in subsection (a) and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings and recommendations made as a result of the study.

42 USC 280e–4.

"SEC. 399L. AUTHORIZATION OF APPROPRIATIONS.

"(a) REGISTRIES.—For the purpose of carrying out this part, the Secretary may use $30,000,000 for each of the fiscal years 1993 through 1997. Out of any amounts used for any such fiscal year, the Secretary may obligate not more than 25 percent for carrying out section 399I, and not more than 10 percent may be expended for assessing the accuracy, completeness and quality of data collected, and not more than 10 percent of which is to be expended under subsection 399J.

"(b) BREAST CANCER STUDY.—Of the amounts appropriated for the National Cancer Institute under subpart 1 of part C of title IV for any fiscal year in which the study required in section 399K is being carried out, the Secretary shall expend not less than $1,000,000 for the study.".

Approved October 24, 1992.

Authorization extended through 1998.

LEGISLATIVE HISTORY–S. 3312:

CONGRESSIONAL RECORD, Vol. 138 (1992):
Oct. 2, considered and passed Senate.
Oct. 5, considered and passed House, amended.
Oct. 7, Senate concurred in House amendment.

APPENDIX G

APPENDIX G

TUMOR REGISTRY RULES AND REGULATIONS

CHAPTER 1

GENERAL PROVISIONS

Section 1. **Authority.** The statutory authority for these rules is W.S. § 35-1-240(b) and P.L.102-515.

Section 2. **Definitions.** The following definitions shall apply in the interpretation and enforcement of these rules and regulations.

(a)"ACoS" means the American College of Surgeons Commission on Cancer.

(b) "Billing Period" means January 1 through December 31 of each calendar year.

(c) "Cancer" means diagnosis of disease to include carcinoma, sarcoma, melanoma, leukemia and lymphoma.

(d) "Case Eligibility Criteria" means criteria determined by the ACoS as reportable cases of cancer, supplied by the State Agency.

(e) "Case Finding" means screen hospital listing of patient admit and outpatient visits by ICD-9 code to determine patients with a new diagnosis or history of cancer. Screen pathology department autopsy, cytology and pathology reports to determine patients with a new diagnosis or history of cancer.

(f) "Clinical Laboratory" means a facility for the microbiological, serological, chemical, hematological, biophysical, cytological or pathological examination of materials derived from a human body for the purpose of obtaining information for the diagnosis, prevention or treatment of disease or assessment of medical conditions

(g) "Completed Registration" means all of a cancer patient's available data items required by the ACoS in format specified in manuals required by the State Agency

(h) "Confidential statistical records" means a group of any records under the control of an agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.

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(i) "Epidemiologist" means one who specializes in the practice of the science concerned with the study of the factors determining and influencing the frequency and distribution of disease, injury and other health-related events and their causes in a defined human population for the purpose of establishing programs to prevent and control their development and spread.

(j) "Health Care Provider" means a person who is licensed, certified or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession, but does not include a person who provide health care solely through the sale or dispensing of drugs.

(k) "Hospitals" means establishments with organized medical staffs, with permanent facilities that include in-patient; beds and with medical services, including physician services and continuous nursing services; to provide diagnosis, treatment, and continuity of care for patients.

(l) "Hospital Authority" means administrator or person appointed by the administrator

(m) "Hospital Cancer Registrar" means a person on staff or contracted by a Wyoming Hospital, who is assigned the responsibility of completed registration of all required cancer cases to the State Agency.

(n) "Infirmaries of Wyoming Institutional Facilities" means a place where ill persons are cared for within lodging facilities owned and operated by the State of Wyoming.

(o) "ICD-9" means International Classification of Diseases.

(p) "NAACCR" means North American Association of Central Cancer Registries.

(q) "Nonconfidential statistical data" means nonidentifying masses of numerical data which summarize disease factors.

(r) "Nursing Care Facilities" means a facility which is currently licensed and certified to provide skilled nursing services and/or intermediate nursing services.

(s) "Patient" means an individual who receives or has received health care and/or a deceased individual who has received health care.

(t) "Patient Follow-up" means annual investigation and recording of patient status and of patient's disease required by ACoS.

(u) "Physician" means a term used to indicate individuals appropriately licensed in Wyoming.

(v) "Private Office" means a term used to indicate office space used by physician in private practice.

(w) "Rules" means to be construed to embrace and be synonymous with the term "regulation".

(x) "Semi-Annually" means every six months (twice a year). Schedule will be established and agreed on between each individual hospital and the State Agency.

(y) "Shall" means State Agency requirement.

(z) "State Agency" means the Wyoming Department of Health, Division of Public Health, Preventive Medicine Branch, office of the Wyoming Central Tumor Registry.

Section 3. **Applicability.**

(a) Chapters 1, 2 and 3 of these regulations shall apply to all hospitals, physicians and other health care providers licensed and performing patient care in Wyoming.

(i) Exception: Wyoming State (Psychiatric) Hospital.

(b) Chapters 1 and 4 of these regulations shall apply to any person employed by the State Agency, epidemiologist, researcher and any other persons or organizations utilizing statewide cancer registry data.

Section 4. **Immunity from Civil Action.**

(a) Any person who complies with W.S. § 35-1-240(b) is immune from any civil action with respect to a cancer case report provided to the State Agency or with respect to access to cancer case information provided to the registry.

Section 5. **Standards.** The State Agency has adopted the latest version of "Standards for Cancer Registries" published by the North American Association of Central Cancer Registries (NAACCR).

(a) Data Completeness: 95% of unduplicated, expected malignant cases of reportable cancer occurring in Wyoming residents in a diagnosis year shall be reported to the state cancer registry.

(b) Data Timeliness: Cancer cases shall be reported to the state cancer registry within six (6) months of diagnosis date.

(c) Data Quality: Comply with standards for data quality including standardized data format as promulgated by the NAACCR.

CHAPTER 2

UNIFORM REGISTRATION AND REPORTING OF CANCER CASES

Section 1. **Training.**

(a) All hospitals shall arrange for a minimum of one (1) person and a maximum of three (3) persons, to attend initial training at the State Agency unless a waiver is granted to the hospital by the State Agency. Waivers will be granted at the sole discretion of the agency upon a showing of good cause; i.e., proof of contract with an independent contractor or proof that current hospital personnel have previously received training.

(b) Initial educational training of Hospital Cancer Registrars shall be done in the State Agency offices by a qualified trainer at no cost to the hospital. Hospital's employee expenses shall be the responsibility of the hospital.

(c) Hospitals shall be responsible for utilizing the initially trained employees to train other personnel to insure a continuum of trained personnel.

(d) Additional training of Hospital Cancer Registrars shall be provided by the State Agency or a suitable alternative within a reasonable time of individual hospital's request.

Section 2. **All Hospitals, Physicians and Other Health Care Providers.**

(a) and other health care providers shall grant State Agency access to all records that would identify cases of cancer or would establish characteristics of the cancer, treatment or medical status of any identified patient.

(b) Hospitals, physicians and other health care providers shall not be held liable in any civil action with respect to a cancer case report provided to the statewide cancer registry, or with respect to access to cancer case information provided to the statewide cancer registry per W.S. § 35-2-609 (Disclosure without patient's authorization).

Section 3. **All Hospitals.**

(a) Hospitals shall perform case finding to determine all patients with a new diagnosis of cancer or history of cancer which meets the case eligibility criteria.

(b) Hospitals shall provide semi-annually to the State Agency a listing of cancer cases by ICD-9 codes which includes the diagnosis of cancer and history of cancer. The State Agency shall be authorized to inspect same, to verify the completeness of cancer reporting.

(c) Hospitals shall perform patient follow-up on all living patients annually per ACoS guidelines. Follow-up shall be submitted to the State Agency on a monthly basis.

(d) All hospitals shall have the right to establish a contract, to meet Tumor Registry requirements, with an independent contractor or hospital previously trained.

Section 4. **Registration Options**

(a) All hospitals shall select one of the following options relative to the registration of cancer patients seen in their hospital:

(i) Option 1.

(A) Submit completed registration to the State Agency of all cases within the facility which meet case eligibility criteria. New case registrations shall be reported to the State Agency on a monthly basis.

(ii) Option 2.

(A) Pay the designated fee per cancer case as defined in Chapter 3, Section 1.

(B) Mail all required documentation to the State Agency on a monthly basis for case registration to be completed within the State Agency.

(b) Hospitals selecting option 2 shall notify the State Agency in writing of their selection no later than December 1st of the calendar year.

(c) Option selection may be reviewed and/or changed after December 1st of the current years by hospital authority or by State Agency by providing thirty (30)days written notice.

Section 5. **Physicians.**

(a) Physicians shall report to the State Agency, all cancer patients who meet case eligibility criteria who are diagnosed and/or treated in a private office and who are not admitted to a Wyoming Hospital.

(b) Physicians shall supply all available information requested by the State Agency concerning cancer patients who meet case eligibility criteria.

(c) Physicians shall supply all available information requested by their Hospital Cancer Registrar, concerning cancer patients who meet case eligibility criteria.

Section 6. **Other Health Care Providers.**

(a) Clinical Laboratories in Wyoming shall provide copies of all tissue, cytology and autopsy reports on cancer patients seen outside a Wyoming Hospital.

(b) Infirmaries of Wyoming Institutional Facilities shall supply all available information requested by the State Agency concerning cancer patients who meet case eligibility criteria.

(c) Nursing Care Facilities shall supply all available information requested by the State Agency concerning cancer patients who meet case eligibility criteria.

CHAPTER 3

REGISTRATION FEES

Section 1. **Fee Assessment.**

(a) Fees shall be assessed only to those hospitals which select option 2 as defined in Chapter 2, Section 4(ii).

(b) Hospitals which select option 2 as defined in Chapter 2, Section 4(ii), shall be assessed a fee of twenty-five dollars ($25) per new case.

(c) Cancer cases diagnosed prior to July 1, 1994 shall not be subject to fee assessment.

(d) Cancer case count for assessment of fees shall be calculated by State Agency's record of cases added to each hospital's file during each billing period.

(e) State Agency shall assess hospital fees annually for each cancer case registered within each billing period.

(f) Fees shall be payable to the state general fund within sixty (60) days of receipt of billing.

(g) Individual physicians shall not be assessed fees.

CHAPTER 4

PUBLIC LAW 102-515

Section 1. **Disclosure of Data**

(a) Confidential Case Data. The protection and release of confidential statistical records shall be in accordance with W.S. § 16-4-201, et seq, the Wyoming Public Records Act, and the Wyoming Department of Health Information Practices Rules.

(b) Nonconfidential Statistical Data. Nonconfidential statistical data shall be released to all hospitals, physicians, other health providers and interested persons in compliance with the latest written policies set forth by the Wyoming State Epidemiologist.

Appendix H Page 1

ICD-10-CM Casefinding List, 2019
Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2019

COMPREHENSIVE ICD-10-CM Casefinding Code List for Reportable Tumors (EFFECTIVE DATES: 10/1/2018-9/30/2019) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10 Code	**Explanation of Code**
C00.- - C43.-, C4A.-, C45.- - C48.-, C49.- -C96.-	Malignant neoplasms (excluding category C44 and C49.A), stated or presumed to be primary (of specified site) and certain specified histologies
C44.00, C44.09	Unspecified/other malignant neoplasm of skin of lip
C44.10-, C44.19-	Unspecified/other malignant neoplasm of skin of eyelid
C44.13-	Sebaceous cell carcinoma of skin of eyelid, including canthus Note: Effective 10/1/2018
C44.20-, C44.29-	Unspecified/other malignant neoplasm skin of ear and external auricular canal
C44.30-, C44.39-	Unspecified/other malignant neoplasm of skin of other/unspecified parts of face
C44.40, C44.49	Unspecified/other malignant neoplasm of skin of scalp & neck
C44.50-, C44.59-	Unspecified/other malignant neoplasm of skin of trunk
C44.60-, C44.69-	Unspecified/other malignant neoplasm of skin of upper limb, incl. shoulder
C44.70-, C44.79-	Unspecified/other malignant neoplasm of skin of lower limb, including hip
C44.80, C44.89	Unspecified/other malignant neoplasm of skin of overlapping sites of skin
C44.90, C44.99	Unspecified/other malignant neoplasm of skin of unspecified sites of skin
C49.A-	Gastrointestinal Stromal Tumors Note: GIST is only reportable when it is malignant (/3). GIST, NOS (not stated whether malignant or benign) is a /1 and is not reportable.
D00.- - D09.-	In-situ neoplasms Note: Carcinoma in situ of the cervix (CIN III-8077/2) and Prostatic Intraepithelial Carcinoma (PIN III-8148/2) are not reportable
D18.02	Hemangioma of intracranial structures and any site
D32.-	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.-	Benign neoplasm of brain and other parts of central nervous system
D35.2 - D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42.-, D43.-	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3 - D44.5	Neoplasm of uncertain or unknown behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3) ICD-10-CM Coding instruction note: Excludes familial polycythemia (C75.0), secondary polycythemia (D75.1)
D46.-	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.02	Systemic mastocytosis
D47.1	Chronic myeloproliferative disease (9963/3, 9975/3) ICD-10-CM Coding instruction note: Excludes the following: Atypical chronic myeloid leukemia BCR/ABL-negative (C92.2_) Chronic myeloid leukemia BCR/ABL-positive (C92.1_) Myelofibrosis & Secondary myelofibrosis (D75.81) Myelophthisic anemia & Myelophthisis (D61.82)
D47.3	Essential (hemorrhagic) thrombocythemia (9962/3) Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia

1 Note: Pilocytic/juvenile astrocytoma M-9421 moved from behavior /3 (malignant) to /1 (borderline malignancy) in ICD-O-3. However, SEER registries will CONTINUE to report these cases and code behavior as /3 (malignant).
NOTE: Cases with the codes listed below should be screened as registry time allows. Experience in the SEER registries has shown that using the supplemental list increases casefinding for benign brain and CNS, hematopoietic neoplasms, and other reportable diseases

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ICD-10-CM Casefinding List, 2019
Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2019

COMPREHENSIVE ICD-10-CM Casefinding Code List for Reportable Tumors (EFFECTIVE DATES: 10/1/2018-9/30/2019) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10 Code	**Explanation of Code**
D47.4	Osteomyelofibrosis (9961/3) Includes: Chronic idiopathic myelofibrosis Myelofibrosis (idiopathic) (with myeloid metaplasia) Myelosclerosis (megakaryocytic) with myeloid metaplasia) Secondary myelofibrosis in myeloproliferative disease
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1, 9931/3)
D47.Z-	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960/3, 9970/1, 9971/3, 9931/3)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
R85.614	Cytologic evidence of malignancy on smear of anus
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.624	Cytologic evidence of malignancy on smear of vagina

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ICD-10-CM Casefinding List, 2019
Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2019

SUPPLEMENTAL LIST ICD-10-CM (EFFECTIVE DATES: 10/1/2018-9/30/2019) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10 Code	**Explanation of Code**
B20	Human immunodeficiency virus [HIV] disease with other diseases
B97.33, B97.34, B97.35	Human T-cell lymphotrophic virus, (type I [HTLV-1], type II [HTLV-II], type 2 [HIV 2]) as the cause of diseases classified elsewhere
B97.7	Papillomavirus as the cause of diseases classified elsewhere
C44.01, C44.02	Basal/squamous cell carcinoma of skin of lip
C44.11-, C44.12-	Basal/squamous cell carcinoma of skin of eyelid
C44.21-, C44.22-	Basal/squamous cell carcinoma of skin of ear and external auricular canal
C44.31-, C44.32-	Basal/squamous cell carcinoma of skin of other and unspecified parts of face
C44.41, C44.42	Basal/squamous cell carcinoma of skin of scalp and neck
C44.51-, C44.52-	Basal/squamous cell carcinoma of skin of trunk
C44.61-, C44.62-	Basal/squamous cell carcinoma of skin of upper limb, including shoulder
C44.71-, C44.72-	Basal/squamous cell carcinoma of skin of lower limb, including hip
C44.81, C44.82	Basal/squamous cell carcinoma of skin of overlapping sites of skin
C44.91, C44.92	Basal/squamous cell carcinoma of skin of unspecified sites of skin
D10.- - D31.-, D34, D35.0, D35.1, D35.5-,D35.9, D36.-	Benign neoplasms (see "must collect" list for reportable benign neoplasms) Note: Screen for incorrectly coded malignancies or reportable by agreement tumors Note: Borderline cystadenomas M-8442, 8451, 8462, 8472, 8473, of the ovaries moved from behavior /3 (malignant) to /1 (borderline malignancy) in ICD-O-3. SEER registries are not required to collect these cases for diagnoses made 1/1/2001 and after. However, cases diagnosed prior to 1/1/2001 should still be abstracted and reported to SEER.
D37. _ - D41. _	Neoplasms of uncertain or unknown behavior (see "must collect" list for reportable neoplasms of uncertain or unknown behavior) Note: Screen for incorrectly coded malignancies or reportable by agreement tumors
D3A._	Benign carcinoid tumors
D44.0 - D44.2, D44.6-D44.9	Neoplasm of uncertain or unknown behavior of other endocrine glands (see "must collect" list for D44.3-D44.5) Note: Screen for incorrectly coded malignancies or reportable by agreement tumors
D47.01	Cutaneous mastocytosis (9740/1)
D47.09	Other mast cell neoplasms of uncertain behavior
D47.2	Monoclonal gammopathy Note: Screen for incorrectly coded Waldenstrom's macroglobulinemia
D47.Z2	Castleman disease
D48.-	Neoplasm of uncertain behavior of other and unspecified sites
D49.0 - D49.9	Neoplasm of unspecified behavior (except for D49.6 and D49.7)
D61.1	Drug-induced aplastic anemia (also known as "aplastic anemia due to antineoplastic chemotherapy") ICD-10-CM Coding instruction note: Use additional code for adverse effect, if applicable, to identify drug
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.82	Myelophthisis ICD-10-CM Coding instruction: Code first the underlying disorder, such as: malignant neoplasm of breast (C50. _)

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ICD-10-CM Casefinding List, 2019
Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2019

SUPPLEMENTAL LIST ICD-10-CM (EFFECTIVE DATES: 10/1/2018-9/30/2019) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10 Code	**Explanation of Code**
D63.0	Anemia in neoplastic disease ICD-10-CM Coding instruction: Code first neoplasm (C00-C49)
D64.81	Anemia due to antineoplastic chemotherapy
D69.49, D69.59, D69.6	Other thrombocytopenia Note: Screen for incorrectly coded thrombocythemia
D70.1	Agranulocytosis secondary to cancer chemotherapy ICD-10-CM Coding instruction: code also underlying neoplasm
D72.1	Eosinophilia (Note: Code for eosinophilia (9964/3). Not every case of eosinophilia is a malignancy. Reportable Diagnosis is "Hypereosonophilic syndrome")
D75.81	Myelofibrosis (note: this is not primary myelofibrosis [9961/3] ICD-10-CM Coding instruction note: Code first the underlying disorder, such as: malignant neoplasm of breast (C50._)
D76.-	Other specified diseases with participation of lymphoreticular and reticulohistiocytic tissue
D89.0, D89.1	Other disorders involving the immune mechanism, not elsewhere classified Note: Review for miscodes
D89.4-	Mast cell activation syndrome and related disorders
E08	Diabetes mellitus due to underlying condition ICD-10-CM Coding instruction note: Code first the underlying condition, such as: malignant neoplasm (C00-C96)
E31.2-	Multiple endocrine neoplasia [MEN] syndromes ICD-10-CM Coding instruction: Code also any associated malignancies and other conditions associated with the syndromes
E34.0	Carcinoid syndrome ICD-10-CM Coding instruction: May be used as an additional code to identify functional activity associated with a carcinoid tumor
E83.52	Hypercalcemia
E88.09	Other disorders of plasma-protein metabolism, not elsewhere classified
E88.3	Tumor lysis syndrome (following antineoplastic chemotherapy)
G13.0	Paraneoplastic neuromyopathy and neuropathy ICD-10-CM Coding instruction note: Code first underlying neoplasm (C00-D49)
G13.1	Other systemic atrophy primarily affecting central nervous system in neoplastic disease ICD-10-CM Coding instruction note: Code first underlying neoplasm (C00-D49)
G32.8-	Other specified degenerative disorders of nervous system in diseases classified elsewhere ICD-10-CM Coding instruction note: Code first underlying disease, such as: cerebral degeneration (due to) neoplasm (C00-D49)
G53	Cranial nerve disorders in diseases classified elsewhere Note: Code first underlying neoplasm (C00-D49)
G55	Nerve root and plexus compressions in diseases classified elsewhere ICD-10-CM Coding instruction note: code also underlying disease, such as neoplasm (C00-D49)

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ICD-10-CM Casefinding List, 2019
Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2019

SUPPLEMENTAL LIST ICD-10-CM (EFFECTIVE DATES: 10/1/2018-9/30/2019) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10 Code	**Explanation of Code**
G63	Polyneuropathy in diseases classified elsewhere ICD-10-CM Coding instruction note: Code first underlying disease, such as: neoplasm (C00-D49)
G73.1	Lambert-Eaton syndrome in neoplastic disease ICD-10-CM Coding instruction: Code first underlying neoplasm (C00-D49)
G89.3	Neoplasm related pain (acute)(chronic)
G99.2	Myelopathy in diseases classified elsewhere ICD-10-CM Coding instruction: Code first underlying disease, such as: neoplasm (C00-D49)
H47.42	Disorders of optic chiasm in (due to) neoplasm ICD-10-CM Coding instruction: Code also underlying condition
H47.52-	Disorders of visual pathways in (due to) neoplasm ICD-10-CM Coding instruction: Code also underlying condition
H47.63-	Disorders of visual cortex in (due to) neoplasm ICD-10-CM Coding instruction: Code also underlying condition
J34.81	Nasal mucositis (ulcerative)
J91.0	Malignant pleural effusion ICD-10-CM Coding instruction: Code first underlying neoplasm
J93.12	Secondary spontaneous pneumothorax ICD-10-CM Coding instruction: Code first underlying condition, such as: Malignant neoplasm of bronchus and lung (C34._) Secondary malignant neoplasm of lung (C78.0_)
K12.31	Oral mucositis (ulcerative) due to antineoplastic therapy
K12.33	Oral mucositis (ulcerative) due to radiation
K22.711	Barrett's esophagus with high grade dysplasia
K62.7	Radiation proctitis
K62.82	Dysplasia of anus (AIN I and AIN II)
K92.81	Gastrointestinal mucositis (ulcerated) (due to antineoplastic therapy)
M36.0	Dermato(poly)myositis in neoplastic disease ICD-10-CM Coding instruction: Code first underlying neoplasm (C00-D49)
M36.1	Arthropathy in neoplastic disease ICD-10-CM Coding instruction: Code first underlying neoplasm, such as: Leukemia (C91-C95), malignant histiocytosis (C96.A), multiple myeloma (C90.0)
M84.5-	Pathologic fracture in neoplastic disease ICD-10-CM Coding instruction: Code also underlying neoplasm (C00-D49)
M90.6-	Osteitis deformans in neoplastic disease ICD-10-CM Coding instruction: Code first the neoplasm (C40._, C41._)
N42.3	Dysplasia of prostate (PIN I and PIN II)
N76.81	Mucositis (ulcerative) of vagina and vulva
N87.-	Dysplasia of cervix uteri (CIN I and CIN II)
N89.0, N89.1, N89.3	Vaginal dysplasia (VIN I and VIN II)
N90.0, N90.1, N90.3	Vulvar dysplasia (VAIN I and VAIN II)

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ICD-10-CM Casefinding List, 2019
Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2019

SUPPLEMENTAL LIST ICD-10-CM (EFFECTIVE DATES: 10/1/2018-9/30/2019) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10 Code	**Explanation of Code**
O01.-	Hydatidiform mole Note: Benign tumor that can become malignant. If malignant, report as Choriocarcinoma (9100/3,) malignancy code in the C00- C97 range
O9A.1-	Malignant neoplasm complicating pregnancy, childbirth and the puerperium (conditions in C00-C96) ICD-10-CM Coding instruction: Use additional code to identify neoplasm
P04.11	Newborn affected by maternal antineoplastic chemotherapy Note: Effective 10/1/2018
P04.12	Newborn affected by maternal cytotoxic drugs Note: Effective 10/1/2018
Q85.0-	Neurofibromatosis (nonmalignant) (9540/1) Note: Neurofibromatosis is not cancer. These tumors can be precursors to acoustic neuromas, which are reportable
R18.0	Malignant ascites ICD-10-CM Coding instruction: Code first malignancy, such as: Malignant neoplasm of ovary (C56. _), secondary malignant neoplasm of retroperitoneum and peritoneum (C78.6)
R53.0	Neoplastic (malignant) related fatigue ICD-10-CM Coding instruction: Code first associated neoplasm
R59.-	Enlarged lymph nodes
R85.6-	Abnormal findings on cytological and histological examination of digestive organs Note: see "must collect" list for R85.614
R87.61-, R87.62-	Abnormal findings on cytological/histological examination of female genital organs Note: see "must collect" list for R87.614 and R87.624
R92.-	Abnormal findings on diagnostic imaging of breast
R97.-	Abnormal tumor markers
T38.6-	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified
T38.8-, T38.9-	Poisoning by hormones and their synthetic substitutes
T45.1-	Poisoning by, adverse effect of and under dosing of antineoplastic and immunosuppressive drugs
T45.8-, T45.9-	Poisoning by primary systemic and hematological agent, unspecified
T66	Unspecified effects of radiation
T80.1	Vascular complications following infusion, transfusion and therapeutic injection
T80.2-	Infections following infusion, transfusion and therapeutic injection
T80.810	Extravasation of vesicant antineoplastic chemotherapy
T80.818	Extravasation of other vesicant agent
T86.0	Complications of bone marrow transplant ICD-10-CM Coding instruction: Use addition code to identify other transplant complications, such as: malignancy associated with organ transplant (C80.2) or post-transplant lymphoproliferative disorders (PTLD) (D47.Z1)
Y63.2	Overdose of radiation given during therapy
Y84.2	Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

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ICD-10-CM Casefinding List, 2019
Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2019

SUPPLEMENTAL LIST ICD-10-CM (EFFECTIVE DATES: 10/1/2018-9/30/2019) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10 Code	**Explanation of Code**
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm (medical surveillance following completed treatment) ICD-10-CM Coding instruction: Use additional code to identify the personal history of malignant neoplasm (Z85._)
Z12.-	Encounter for screening for malignant neoplasms
Z13.0	Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z15.0	Genetic susceptibility to malignant neoplasm ICD-10-CM Coding instruction: Code first, if applicable, any current malignant neoplasm (C00-C75, C81-C96); Use additional code, if applicable, for any personal history of malignant neoplasm (Z85._)
Z17.0, Z17.1	Estrogen receptor positive and negative status ICD-10-CM Coding instruction: Code first malignant neoplasm of breast (C50._)
Z40.0-	Encounter for prophylactic surgery for risk factors related to malignant neoplasms
Z42.1	Encounter for breast reconstruction following mastectomy
Z48.290	Encounter for aftercare following bone marrow transplant
Z48.3	Aftercare following surgery for neoplasm ICD-10-CM Coding instruction: Use additional code to identify the neoplasm
Z51.0	Encounter for antineoplastic radiation therapy
Z51.1-	Encounter for antineoplastic chemotherapy and immunotherapy
Z51.5, Z51.89	Encounter for palliative care and other specified aftercare
Z79.81-	Long term (current) use of agents affecting estrogen receptors and estrogen levels ICD-10-CM Coding instruction: Code first, if applicable, malignant neoplasm of breast (C50._), malignant neoplasm of prostate (C61)
Z80.-	Family history of primary malignant neoplasm
Z85.-	Personal history of malignant neoplasm ICD-10-CM Coding instruction: Code first any follow-up examination after treatment of malignant neoplasm (Z08)
Z86.0-, Z86.01-, Z86.03	Personal history of in situ and benign neoplasms and neoplasms of uncertain behavior
Z92.21, Z92.23, Z92.25, Z92.3	Personal history of antineoplastic chemotherapy, estrogen therapy, immunosuppression therapy or irradiation (radiation)
Z94.81, Z94.84	Bone marrow and stem cell transplant status