

**FCDS**

*Florida Statewide Cancer Registry*

**Florida Cancer Data System**



# FLORIDA PHYSICIAN CLAIMS: FROM COLLECTION TO IMPLEMENTATION

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# Presentation Overview

- ① Claims Project Goals
- ② Claims Project Background
- ③ Claims Processing – Methodology
- ④ Future Steps

# Claims Project Goals

- ⦿ **ENHANCE** first course treatment and date of last contact
- ⦿ **CASE FIND** cases diagnosed/treated in the physician office missed by traditional hospital reporting
- ⦿ **MINIMIZE** burden on physician to meet reporting requirements

# Claims Project Goals

This Project is a Work in Progress

# Claims Project Background

- ⦿ National standard record layout currently used by every private practitioner in the nation
  - 837 Record, Version 5010A
  - Same file sent to insurance company can be sent to the Central Registry
  - Minimizes burden on physicians – No additional work

# Claims Project Background

- ⦿ What IS collected on the 837 record
  - Patient demographics
  - Patient diagnosis codes (ICD9 and now ICD10)
  - Procedure codes -- Cancer directed treatment (CPT/HCPCS)
  - Date of last contact
  
- ⦿ What is NOT collected on the 837 record
  - Social Security Number - limited
  - Race
  - Ethnicity
  - Diagnosis Date (Earliest service date is used as a proxy)
  - Histology (hematopoietic derived from ICD9/ICD10)
  - Behavior (improvements in ICD10)
  - Laterality (improvements in ICD10)

# Claims Project Background

- ~14.3 million claims have been captured since late 2013
- ~1,400 physician reporting claims
- Continue to work on reporting compliance (~66% compliant)

Specialty	Registered	Reporting
Dermatology	882 (1,002 licensed)	649
Oncology/Heme/Urol	1,229 (1,332 licensed)	752
Other (non-target)	1,150	0
Total	3,261	1,401

# Claims Project Background

- ◎ Translation tables: Claims Coding → ICDO3/FORDS
  - ICD9 – Diagnosis and Procedure codes
  - ICD10 - Diagnosis and Procedure codes starting 10/2015
  - CPT – Current Procedural Terminology
  - HCPCS – Healthcare Common Procedure Coding System



# Claims Project Background

## Diagnosis Code Translation

ICD10	Code Description	Site	Laterality	Histology	Behavior	Grade	
C50	Malignant neoplasm of breast	C50.9		9	8000	3	9
C50.011	Malignant neoplasm of nipple and areola, right female breast	C50.0		1	8000	3	9
C50.012	Malignant neoplasm of nipple and areola, left female breast	C50.0		2	8000	3	9
C50.019	Malignant neoplasm of nipple and areola, unsp female breast	C50.0		9	8000	3	9
C50.021	Malignant neoplasm of nipple and areola, right male breast	C50.0		1	8000	3	9
C81	Hodgkin lymphoma	C77.9		0	9650	3	9
C81.0	Nodular lymphocyte predominant Hodgkin lymphoma	C77.9		0	9659	3	9
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unsp site	C77.9		0	9659	3	9
C81.02	Nodular lymphocy predomin Hodgkin lymphoma, intrathorac nodes	C77.1		0	9659	3	9
C81.03	Nodular lymphocyte predom Hodgkin lymphoma, intra-abd nodes	C77.2		0	9659	3	9

## Procedure Code Translation

CODE	Type	Code Description	FORDS Code	Treatment Type
J8520	HCPCS	Capecitabine, oral, 150 mg		Chemotherapy Treatment
J8521	HCPCS	Capecitabine, oral, 500 mg		Chemotherapy Treatment
J8530	HCPCS	Cyclophosphamide oral 25 MG		Chemotherapy Treatment
J8560	HCPCS	Etoposide oral 50 MG		Chemotherapy Treatment
51720	CPT	TREATMENT OF BLADDER LESION	01	Immunotherapy Treatment (BRM)
92.21	ICD-9	SUPERFICIAL RADIATION	20	Radiation Treatment
92.22	ICD-9	ORTHOVOLTAGE RADIATION	21	Radiation Treatment
85.41	ICD-9	UNILAT SIMPLE MASTECTOMY	41	Surgical Treatment of Primary
85.42	ICD-9	BILAT SIMPLE MASTECTOMY	42	Surgical Treatment of Primary

# Claims Processing Methodology

## ⦿ Claims Processing

- Claims Capture
- Claims Abstract Creation
- Claims Abstract Processing

⦿ Each step is executed at a specific time interval relative to the receipt of claims and earliest service date

# Claims Processing Methodology Claims Capture

- ⦿ Claims Translation to ICDO3/FORDS Coding
- ⦿ Claims Linkages - group all claims by Patient/Tumor
  - Patient – assign new or existing patient identifier
  - Tumor – assign new or existing tumor identifier for a patient
- ⦿ Treatment – assign unique treatments to each Patient/Tumor
- ⦿ Comorbid Conditions – assign unique list of non-cancer diagnosis for each patient

# Claims Processing Methodology Claims Capture

- ⦿ Timing of next step
  - Hold all claims for 18 months from the earliest service date year for each patient/tumor
    - Timeframe to ensure adequate time to collect claims needed to determine first course treatment
    - Allows matching to most complete registry data for a diagnosis year
  - Unprocessed Claims Abstracts are (re)generated until 18 months is reached
- ⦿ Once 18 months reached, all claims at that point in time will be used to generate a final claims abstract and processed

# Claims Processing Methodology Claims Abstract Creation

- Claims Abstract based on NAACCR Data Layout

Standardized data dictionary for cancer abstract exchange

<http://www.naaccr.org/StandardsandRegistryOperations/Volumell.aspx>

- All claims for each Patient/Tumor are consolidated

# Claims Processing Methodology Claims Abstract Creation

## ◎ Abstract includes:

- Diagnosis Date (Proxy: Earliest Service Date)
- Translated Primary Site, Histology, Laterality, Grade and Behavior
- Translated Treatment Codes and associated dates
- Derived values for data items not populated from claims data
- First course treatment determined by:
  - Breast/Prostate – Diagnosis to Treatment one year or less
  - Other Cancers - Diagnosis to Treatment 8 months or less
  - Hematopoietic – Considering a 2 months timeline
  - Do not meet criteria considered subsequent treatment

# Claims Processing Methodology Claims Abstract Creation

- ⦿ All claims arriving past first course therapy timeline
  - Continue to be linked for use by researchers
    - Not used for claims abstract but used for
      - Date of Last Contact
      - Comorbid Conditions
      - Subsequent Treatment

PACs Records Demographics **Diag/Services**

----- Pacs Record -----

M PID

P Site  UNKNOWN PRIMARY

Hist  Follicular lymphoma,

Lat  Dx Date

Beh  Adm. Dt

Date Last Contact

Rx Hosp Date Text

Surgery

Radiation

Rad Mod

**Chemo**

Hormone

BRM

----- Co-Morbidity -----

1:  2:

3:  4:

5:  6:

7:  8:

9:  10:

Tumor  Abshist

PID

P Site

Hist

Lat  Dx Dt

Beh  Ad Dt

Patient DLC

Surgery

Radiation

Rad Mod

Chemo

Hormone

BRM

Stage 2000

FAS:

TC PID CS Site Hist

**Show All** ----- Claims Record -----

Claim ID	Serv Date	Control #	Rendering Provider NPI
9472514	2015-02-20	CLR041834	1275503971-LI, MARY
9472515	2015-02-20	CLR041714	1275503971-LI, MARY
9476956	2015-02-23	PTH179252	1760826341-ELHAMMADY, GINA
9519711	2015-02-23	BRK178450	1275503971-LI, MARY
9554278	2015-02-23	BRK178716	1275503971-LI, MARY
9578721	2015-02-23	SHP004400	1275503971-LI, MARY
<b>Count:</b>	<b>26</b>		

**Show All** ----- Diagnosis Records -----

PACS Site

Claim ID	Code	ICD03	Hist	Desc	Version	Type	Pos
9472514	202.00	C80.9	9690	NODULAR LYMPHOMA UNSP	ICD9	1	1
9472515	202.00	C80.9	9690	NODULAR LYMPHOMA UNSP	ICD9	1	1
9476955	202.00	C80.9	9690	NODULAR LYMPHOMA UNSP	ICD9	1	1
9476956	202.00	C80.9	9690	NODULAR LYMPHOMA UNSP	ICD9	1	1
9519711	202.00	C80.9	9690	NODULAR LYMPHOMA UNSP	ICD9	1	1
9526439	202.00	C80.9	9690	NODULAR LYMPHOMA UNSP	ICD9	1	1
9554278	202.00	C80.9	9690	NODULAR LYMPHOMA UNSP	ICD9	1	1
<b>Count:</b>	<b>26</b>						

----- Services Records -----

Claim ID	Code	Type	Desc	Qty	Unit	P1	P2	P3	P4	From Date
9639915	J9000	CHEM-T	DOXORUBICIN HCL, 10 MG	5	UN	1				2015-03-04
9639915	J9070	CHEM-T	CYCLOPHOSPHAMIDE, 100 MG	15	UN	1				2015-03-04
9639915	J9370	CHEM-T	VINCRIStINE SULFATE, 1 MG	2	UN	1				2015-03-04
9653444	J9310	CHEM-T	RITUXIMAB, 100 MG	8	UN	1				2015-03-05
<b>Count:</b>	<b>4</b>									



# Claims Processing Methodology Claims Abstract Processing

## Treatment Enhancement

- ⦿ Link against registry consolidated Patient and Tumor data
- ⦿ Match – Augmentation Abstract (Update Treatment Only)
  - Create abstract for processing to ensure only treatment updated
    - Values from consolidated Patient and Tumor
    - Overlay all claims based treatment and dates
    - Updates treatment only if better than existing data

# Claims Processing Methodology Claims Abstract Processing

## Case Finding

- ◎ Solid Tumor
  - May require follow back to acquire:
    - Diagnosis Date
    - Staging
    - More specific histology, behavior, grade and laterality
- ◎ Hematopoietic
  - Possible to derive the missing information
  - No follow back required
  - Process claims abstract into registry system

# Future Steps

- ⦿ Vetting of results from testing
- ⦿ Develop external linkages to identify race
- ⦿ Employ Nexis/Lexis to assist in confirming Florida resident
- ⦿ Develop Follow Back Processes
- ⦿ Integrate Meaningful Use into claims processing system

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# Thank You

## Questions?

