

**TCR CODING AND STAGING REQUIREMENT SUMMARY**

<b>CODING AND STAGING SCHEMA</b>	<b>DIAGNOSIS YEAR</b>
<i>International Classification of Diseases for Oncology, 3<sup>rd</sup> Edition (ICD-O-3)</i>	2001 – forward
<i>International Classification of Diseases for Oncology, 2<sup>nd</sup> Edition (ICD-O-2)</i>	1995 – 2000*
<i>Collaborative Staging Manual and Coding Instructions, Version 01.04.00</i>	2004 – forward
<i>SEER Summary Staging Manual 2000 (SSSMK2)</i>	2001 – 2003
<i>SEER April 1977 Summary Staging Guide</i>	1995 – 2000*
<i>Multiple Primary and Histology Coding Rules (MP/H)</i>	2007 - forward

*\*The TCR no longer requires reporting of cases diagnosed prior to 1995.*

**ACoS FACILITY INSTRUCTION MANUALS AND DATE IMPLEMENTED**

<b>MANUAL/GUIDELINES</b>	<b>IMPLEMENTED</b>
DAM	1995
ROADS	1996 – 2002
FORDS	2003
Collaborative Staging (CS)	2004
Central Nervous System (CNS)	2004
Multiple Primary and Histology Coding Rules (MP/H)	2007

*Note: Per SEER, the new coding and staging instructions/guidelines replace the old for respective time periods.*

**COMPLIANCE**

To assure timely and complete cancer case reporting in Texas, the TCR monitors compliance with the Texas Cancer Incidence Reporting Act. The TCR health service regions routinely monitor facility submissions of case reports. If submissions are not received fully and in a timely manner according to our current law and rules, the facility registrar/reporter will be contacted regarding the delinquent reporting status. Further action, which may include cost recovery procedures, will be instituted if submissions continue to be delinquent. These actions are necessary to meet the state and national requirements for timely cancer data.

To be compliant with the law, **all records must be submitted within 6 months of initial diagnosis, or admission with active disease, or treatment for cancer at your facility.** Effective April 24, 2003, cancer reporting rules require quarterly submissions from health care facilities with an annual caseload of 400 or fewer and monthly submissions for health care facilities with an annual caseload greater than 400. Monthly reporting is recommended for all reporters.