Registry Coding: Use Your Coding Experience to Enhance Your Career

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What is a Registry?

- A systematic collection of data specific to a type of disease (cancer, AIDS, etc.), exposure to hazardous substances or events (Agent Orange) or trauma and treatment. The data collected is used for reports and vary in usage for each registry.
Types of Registries

• Cancer Registries
• Trauma Registries
• Birth Defects Registries
• Specific Disease Registries

• [https://www.nih.gov/health-information/nih-clinical-research-trials-you/list-registries](https://www.nih.gov/health-information/nih-clinical-research-trials-you/list-registries)
New SOC in 2018

• Standard Occupational Classification (SOC) for Medical Registrars

Job Classification “Medical Registrar” Recommended by U.S. Bureau of Labor Statistics

• After 10 years of hard work, NCRA is proud to announce interim approval by the U.S. Bureau of Labor Statistics for a new Standard Occupational Classification of “Medical Registrar”. Our hard work has paid off! NCRA created and advocated for the new job classification entitled “Medical Registrar”. NCRA’s next step is to look at the details of the Bureau’s recommendations to make sure important features of the job classification include the details that NCRA recommended. NCRA will submit comments as needed to ensure the description is accurate.
Definitions

• **Case Identification** – A person with a given disease or condition that will be included in the registry.

• **Surveillance** - The collection, collation, analysis and dissemination of data for the registries.

• **Incidence** – Occurrence measure. The number of occurrences of a new or specific disease or injury.

• **Abstracting** - A set of predetermined data obtained from the patient record and related sources that provides various information about patient, diagnosis, treatment data, outcome of treatment and follow-up.
Ethics

• **Quality Controls** - Visual and computerized checks on data to ensure that the registry database has consistent, complete and accurate data.

• **Confidentiality** - Registries contain patient-identifiable information that is derived from the primary patient record information. Confidentially policies and procedures are required in all phases of registry operations to protect the privacy of individual patients.
Trauma Registrar Job Description

• Trauma registrars work in hospitals and are responsible for collecting and verifying the data of admitted trauma patients, as well as coding and entering this data into a database. Strong computer skills, along with typing and medical coding skills, are essential for this position, and report-making skills are also necessary to organize and present data to management and other departments.

• Trauma registrars must pay close attention to detail and double-check data to ensure that it is entered correctly. They may retrieve data for the organization to contribute to the improvement of both service and research; this must be done in accordance with company policies and local and federal data laws. They must also provide data to the billing office in order to obtain reimbursement.
Job Skills

- A. Good communication skills with patients, families, supervisors, and co-workers.
- B. Excellent analytical skills.
- C. Strong problem-solving and organizational skills.
- D. Knowledge of AIS coding & ICD-10 coding
- E. Proficient at computer/keyboarding skills
• A multi-disciplinary professional organization dedicated to saving lives and eliminating road traffic injuries through scientific research, authoritative educational programs, public policy recommendations, and the Abbreviated Injury Scale (AIS) coding, training and certification.
AIS Coding

• The Abbreviated Injury Scale (AIS©) incorporates current medical terminology providing an internationally accepted tool for ranking injury severity. AIS is an anatomically based, consensus derived, global severity scoring system that classifies an individual injury by body region according to its relative severity on a 6 point scale (1=minor and 6=maximal). AIS is the basis for the Injury Severity Score (ISS) calculation of the multiply injured patient.

• The AIS provides standardized terminology to describe injuries and ranks injuries by severity. Current AIS users include, health organizations for clinical trauma management, outcome evaluation and for case mix adjustment purposes; motor vehicle crash investigators to identify mechanism of injury and improve vehicle design; and researchers for epidemiological studies and systems development, all of which may influence public policy (laws and regulations).
Education Requirements

- An associate’s or bachelor’s degree in health information management or a coding field may be required for this position, and some employers require their registrars to be certified specialists in trauma registries, while others only require data entry experience. Because many trauma-admitted patients have been involved in serious accidents, those in this position must be professional, but also courteous and understanding of the feelings of patients and their families. Much of the work of this job is done in front of a computer, but some duties involve visiting patients in different parts of the hospital, so the ability to walk and stand for long periods of time is also important.
AIS Coder Training

• Become a Certified Abbreviated Injury Scale Specialist (CAISS)

• AAAM is proud to sponsor a Certification program for Abbreviated Injury Scale (AIS) specialists. The AIS Certification Board (AISC.B) has been established under the auspices of AAAM’s Board of Directors. The AIS Certification Board endorses the concept of voluntary periodic certification by examination for all AIS Coding Specialists. Certification is part of a credentialing process. It focuses specifically on the individual and is an indication of current competence in a specialized area of practice. Board Certification provides formal recognition of AIS coding knowledge and application. Experienced AIS coders are encouraged to obtain certification.

• Online Courses start monthly. Cost: $750
Prerequisites/Recommended Knowledge Base

• These recommendations for online and onsite courses are to ensure your success in completion of the Injury Scaling Course and will provide you with a solid basis from which to build your AIS coding understanding.

• 3-6 months of experience in working with a trauma or coding registry.

• Basic anatomy course or equivalency.

• Basic medical terminology course or equivalency
AIS Coder Course

• The course, which includes a total of 14 hours of classroom work, is divided into lectures and work sessions in which actual hospital charts are used for coding exercises. The course does not teach how to use the ICD.

  • Course Objectives

  • Understand the structure, organization and contents of the Abbreviated Injury Scale

  • Abstract injury data

  • Rule out information that is not codeable

  • Distinguish between injuries and outcomes

  • Apply injury coding rules and guidelines specific to each body region

  • Apply rules for calculating the Injury Severity Score (ISS) for multiple body region injuries
AIS Certification Eligibility

It is suggested that candidates have a minimum of one year of experience using the Abbreviated Injury Scale. Candidates must meet the following requirements:

• A minimum of a high school diploma or equivalent.

• Completion and filing of an Application for the Certification Examination for AIS Coding Specialists.

• Payment of required $350 fee.
Exam Content

• The Certification Examination for AIS Coding Specialists is a computer-based examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.

• The content for the examination is based on AIS 2005, Update 2008, and is described in the Content Outline below.

• Anatomy - 20%

• Medical Terminology as Related to Injury Diagnoses - 10%

• Coding Fundamentals – 25%

• Identification and Coding of Injury Descriptions - 45%
Abbreviated Injury Scale
123456.7

- 1 Body Region
- 2 Type of Anatomical Structure
- 3/4 Specific Anatomical Structure
- 5/6 Level of Injury
- 7 Severity Score
In addition to the single ‘Post dot’ AIS severity code, there is a 6-digit ‘Pre dot’ numerical identifier e.g.

- Femoral Shaft fracture:
  - Numerical identifier = 851814
  - AIS = .3
AIS Body Regions

AIS Dictionary has 9 separate chapters

#1 – Head
#2 – Face
#3 – Neck
#4 – Thorax
#5 – Abdomen & Pelvis
#6 – Spine
#7 – Upper Extremities
#8 – Lower Extremities
#9 – External, Burns & other trauma
2 - Type of Anatomic Structure

1. Whole Area
2. Vessels
3. Nerves
4. Organs (incl. muscles/ligaments)
5. Skeletal (incl. joints)
6. Loss of Consciousness (head only)
Whole Area

- 02 Skin Abrasion
- 04 Contusion
- 06 Laceration
- 08 Avulsion
- 10 Amputation
- 20 Burn
- 30 Crush
- 40 Degloving
- 50 Injury – NFS
- 60 Penetrating

Head - Loss of Consciousness (LOC)

- 02 Length of LOC
- 04-08 Level of Consciousness
- 10 Concussion

Spine

- 02 Cervical
- 04 Thoracic
- 06 Lumbar

Vessels, Nerves, Organs, Bones, Joints

These are all assigned consecutive two digit numbers beginning with 02
Specific Injuries are assigned

Consecutive two-digit numbers

Beginning with 02

Fractures, rupture, laceration, etc
Injury Severity
The 6 point ordinal AIS (Post dot) severity scale

**Abbreviated Injury Score**

- 1 Minor
- 2 Moderate
- 3 Serious
- 4 Severe
- 5 Critical
- 6 Maximum

**AIS Example**

- 1 superficial laceration
- 2 fractured sternum
- 3 open fracture of humerus
- 4 perforated trachea
- 5 ruptured liver with tissue loss
- 6 total severance of aorta
Identifier Breakdown 851814.3

- How are the numerical identifiers structured?
  - 8 = Body Region: **Lower Extremity**
  - 5 = Type of Anatomic Structure: **Skeletal**
  - 18 = Specific Anatomic Structure: **Femur**
  - 14 = Level of injury: **Shaft**
  - .3 = AIS: **Severity score**
## Skeletal Injuries

### Fibula NFS
- **851699.1**: Contusion
- **851602.1**: Fracture with peroneal nerve injury (palsy)
- **851604.1**: Fracture
- **851606.2**: Head, neck, shaft
- **851608.2**: Lateral malleolus
- **851610.2**: Open/displaced/comminuted
- **851612.2**: Bimalleolar or trimalleolar

### Femur fracture NFS
- **851800.3**: < 12 years old
- **851802.2**: Condylar
- **851804.3**: < 12 years old
- **851806.2**: Head
- **851808.3**: Intertrochanteric
- **851810.3**: Neck
- **851812.3**: Shaft
- **851814.3**: < 12 years old
- **851816.2**: Subtrochanteric
- **851818.3**: < 12 years old
- **851820.2**: Supracondylar
- **851822.3**: < 12 years old
- **851824.2**: < 12 years old
Public health professionals, researchers, the medical community, and policy makers need information about newly diagnosed cancer cases (called incidence) and deaths from cancer (called mortality) to understand and address the nation’s cancer burden. Supported by CDC’s NPCR or the NCI’s SEER Program, central cancer registries collect incidence data. CDC’s National Center for Health Statistics’ National Vital Statistics System collects mortality data.

Medical facilities such as hospitals, doctor’s offices, and pathology laboratories send information about cancer cases to their cancer registry. Most information comes from hospitals, where highly trained cancer registrars transfer the information from the patient’s medical record to the registry’s computer software using standardized codes. The data are then sent to the central cancer registry.

Every year the central cancer registries electronically submit demographic and clinical information about cancer incidence to NPCR or SEER. None of the information submitted to CDC contains identifying information about individual patients.
How is Data Used

• The cancer registry data are used to—

  • Monitor cancer trends over time.

  • Show cancer patterns in various populations and identify high-risk groups.

  • Guide planning and evaluation of cancer control programs.

  • Help set priorities for allocating health resources.

  • Advance clinical, epidemiologic, and health services research.
Definitions

- **Clinical Case** - A list of signs and symptoms that establish a clinical diagnosis and may be reported as a reportable disease if it meets the epidemiologic case criteria.

- **Epidemiologic Case** - Diseases that must be reported to public health agencies, Epidemiologic analysis is then undertaken on the basis of specific issues of interest regarding the disease being studies.
Definitions

- **Case Finding** - The method by which all eligible cases to be included in the registry are identified, accessioned into the registry and abstracted. Sources include pathology department, radiology, and laboratory.

- **Case Eligibility** - Is defined as the organizations patients diagnosed or treated for an active disease on or after the reference date or beginning of the registry that are eligible for inclusion.
There are two major types of cancer registries: hospital-based registries and population-based registries. There are two sub-categories under hospital-based registries: single hospital registry and collective registry. Depending on the operators, population-based registries can be administrative, research, or cancer control oriented. Ideally, registries of a combination of above three functions predominate due to the mission of the primary funding source.

- The goals of hospital-based registries include:
  - Improvement of patient care
  - Professional education
  - Administrative information
  - Clinical research

- The goals of population-based registries are:
  - Cancer prevention
  - Early detection
  - Determination of cancer rates and trends
  - Patterns of care and outcomes
  - Research
  - Evaluation of control efforts
Data Sharing
Job Description

• Abstract cancer-related data according to established policies and procedures including: summarizing patient’s records, demographic data, diagnostic procedures, date of diagnosis, histological diagnosis and treatment.

• Assign codes for treatments, procedures and diagnoses according to appropriate classification systems such as:

ICD-10-CM; ICD-O; American College of Surgeons Commission on Cancer (ACoS CoC) Guidelines; Facility Oncology Registry Data Standards (FORDS); American Joint Commission on Cancer (AJCC) ; Tumor, Nodes, Metastasis (TNM) & Collaborative Staging/Coding; and Surveillance of Epidemiology and End Results (SEER) guidelines.

• Perform data entry utilizing specialized software.
• Maintain compliance with Cancer Registry related policies and procedures.
• Contact patients, providers and registries to gather follow-up information and verify or correct patient information.
Job Description Continued

• Manage clinical documentation requirements related to regulatory rules and regulations.
• Prepare reports and forms as directed and in accordance with established policies.
• Compile requests for data and statistics from the Cancer Registry for facility planning, administration and internal department requests according to established policies and procedures.
• Provide support by compiling and providing graphic, statistical and/or narrative reports on request from medical staff, researchers and administrative staff according to established policies and procedures.
• Assist in retrieving and compiling data for annual reporting.
• Assist with American College of Surgeons Patient Care Evaluations, if indicated.
• Assist with and attend Cancer Committee / Tumor Board meetings as requested.
• Consult supervisor, team members and appropriate resources to resolve coding questions.
• Perform a variety of administrative duties including but not limited to: answering phones; faxing and filing of confidential documents; and basic Internet and email utilization.
• Provide excellent customer service to all internal and external customers.
Education Requirements

• Education: High school diploma and successful completion of education program as defined by the National Cancer Registrars’ Association. Associates degree or equivalent preferred and may be required. Advanced knowledge of medical terminology, anatomy, physiology, pharmacology and cancer disease processes.

• License/Certification: Current Certification as a Certified Tumor Registrar (CTR) from the National Cancer Registrar's Association of America or American Health Information Management Association (AHIMA), Registered Health Information Administrator (RHIA) or Registered Health Information Technician (RHIT); or American Academy of Professional Coders, Certified Professional Coder (CPC).

• Training and experience: Unless otherwise indicated, one year of current experience within the last three years in a comparable job classification required.

• Educated on and compliant with HIPAA regulations; maintains strict confidentiality of patient and client information.

• Ability to understand medical/surgical terminology.
CTR Exam Eligibility Requirements

To be eligible to take the CTR exam, candidates must meet education and experience requirements. The routes (A1, A2 and B) are detailed below.

- **Route A. Experience:**
  Successful completion of 160 hours of work practicum in a CTR-staffed Cancer Registry (may be part of a NCRA-approved program curriculum).
  AND
  Education Path 1a): Successful completion of an NCRA-Accredited any Associate Degree Program
  OR
  Education Path 2a): Successful completion of an NCRA-Accredited Certificate Program
  AND
  successful completion of a minimum of an Associate’s degree or equivalent (60 college-level credits).
CTR Exam Eligibility Requirements

- **Route B. Experience:**
  1,950 hours (equal to one year full-time) experience in the [Cancer Registry field](#)
  AND

**Education:** Successful completion of a minimum of any Associate degree or equivalent [60 college-level credits]

**INCLUDING or IN ADDITION TO SPECIFIC COURSEWORK:**
Two semesters of [‘Human Anatomy and Human Physiology’](#) (PDF) or equivalent. (Grade of C or better is required).
Exam Information

- Registration for the CTR Certification Examination
- $299 discounted rate for NCRA members; $399 for non-members

**Number of Exam Questions**

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<tr>
<td>Open-book</td>
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- You have 2.5 hours for closed book section and 1.5 hours for open book section.
Web Plus

- Web Plus is a Web-based application that collects cancer data securely over the public Internet. It is ideal for use by central cancer registries for all electronic reporting needs. Web Plus supports three main functions: online abstracting, file upload and download, and follow-back efforts. Web Plus’ online abstracting capability is ideal for reporting from physicians’ offices and other low-volume reporting sources, while the file upload feature can be used for electronic submission of data from all other reporting sources to the central cancer registry.

- The follow-back features in Web Plus enable your central cancer registry to upload partially filled abstracts generated from death certificate and pathology lab files, and to notify you via e-mail to log in and update the abstracts.
### Demographics Data Fields

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**Note:** All data items marked with an asterisk (*) are required.
Web+ - Diagnosis / Referral Data Fields

Diagnosis: 
- PC (Max: 1000 chars.)
- Scopes (Max: 1000 chars.)
- Lab Tests (Max: 1000 chars.)
- CEA
- ER
- OP (Max: 1000 chars.)
- UP AND PATH-SONIC INFO
- DATE-PLACE-WHAT: RESULT
- 1/1/2016-FACILITY-CAECOM: MALIGNANT DIFF, EXTEND TO MARGIN
- Primary Site Title (Max: 100 chars.)
- Histology Title (Max: 100 chars.)
- Staging (Max: 1000 chars.)

Treatment:
- Treatment
- Remarks (Max: 1000 chars.)
- PT REFERRED TO 'BLABLA' FOR RESECTION....
- RESULTS CALLED TO PRIMARY

Miscellaneous:
- Place of Diagnosis (Max: 60 chars.)
- THE NAME OF YOUR FACILITY
Web+ - Surgical / Biopsy Data Fields

**BIOPSY / DIAGNOSTIC STAGING**

- **Date of Biopsy**
- **Date of Bx Flag** 11
- **Biopsy Procedure** 00

**SURGERY**

- **TREATMENT STATUS** 9
- **First Date of ANY Treatment**
- **TST CRS RX FLAG** 10
- **RxDataSurg**
- **RxDataSurgFlag** 11
- **RxDataMstDefSurg**
- **RxDataDefSurgFlag** 11
- **RxSumSurgPSite** 00
- **ReasonNoSurg** 1
- **RxSumScopeRegLN** 0
- **RxSumSurgOthReg** 0

(AAPC HEALTHCON)
### Web + Tumor Data Fields

#### Stage/Prognostic Factors
- Tumor Size Summary: 995
- **TNM Clin Stage Group**: 99
- **TNM Clin Desc**: 40
- **TNM Clin Staged By**: 99
- **TNM Path T**: 99
- **TNM Path N**: 99
- **TNM Path M**: 99
- **TNM Path Stage Group**: 99
- **TNM Path Desc**: 00
- **TNM Path Staged By**: 07
- **TNM/Edition**: 07
- **Summary Stage 2000**: 9

#### Cancer Identification
- **Date of Diagnosis**: 20160101
- **DxDateFlag**: 
- **Age at Diagnosis**: 066
- **Primary Site**: C185
- **Laterality**: 0
- **Histology**: 8140
- **Behavior Code**: 3
- **Grade**: 9
- **Diagnostic Confirmation**: 1
- **Lymph-Vascular Invasion**: 9
Thank You!

- Marianne Durling MHA, RHIA, CCS, CDIP, CPC, CIC, CPCO
  - mdurling@granvillemedical.com
References

- American Trauma Society
  http://www.amtrauma.org/
- Association for the Advancement of Automobile Medicine (AAAM):
  https://www.aaam.org/
- Centers for Disease Control (CDC):
  https://www.cdc.gov/cancer/npcr/tools/registryplus/wp.htm
- National Cancer Registrars Association (NCRA):
  http://www.ncra-usa.org/
- National Institute of Health (NIH):
  https://training.seer.cancer.gov/