

## **CLASS OF CASE**

### **Description**

Class of Case (CoC) divides cases into two groups.

Analytic cases (codes 00–22) are those that are required by CoC to be abstracted because of the program’s primary responsibility in managing the cancer. Analytic cases are grouped according to the location of diagnosis and first course of treatment.

Nonanalytic cases (codes 30–49 and 99) may be abstracted by the facility to meet central registry requirements or in response to a request by the facility’s cancer program. Nonanalytic cases are grouped according to the reason a patient who received care at the facility is nonanalytic, or the reason a patient who never received care at the facility may have been abstracted.

### **Rationale**

Class of Case reflects the facility’s role in managing the cancer, whether the cancer is required to be reported by CoC, and whether the case was diagnosed after the program’s Reference Date.

### **Instructions for Coding**

The code structure for this item was revised in 2010. See NAACCR Inc. 2010 Implementation Guidelines and Recommendations for conversion instructions between code structures. Code the Class of Case that most precisely describes the patient’s relationship to the facility.

Code 00 applies only when it is known the patient went elsewhere for treatment. If it is not known that the patient actually went somewhere else, code Class of Case 10.

It is possible that information for coding Class of Case will change during the patient’s first course of care. If that occurs, change the code accordingly.

Document NPI–Institution Referred To (NAACCR Item #2425) or the applicable physician NPI (NAACCR #s 285, 2495, 2505) for patients coded 00 to establish that the patient went elsewhere for treatment.

Code 34 or 36 if the diagnosis is benign or borderline (Behavior 0 or 1) for any site diagnosed before 2004 or for any site other than meninges (C70.\_), brain (C71.\_), spinal cord, cranial nerves, and other parts of central nervous system (C72.\_), pituitary gland (C75.1), craniopharyngeal duct (C75.2) and pineal gland (C75.3) that were diagnosed in 2004 or later.

Code 34 or 36 for carcinoma in situ of the cervix (CIS) and intraepithelial neoplasia grade III (8077/2 or 8148/2) of the cervix (CIN III), prostate (PIN III), vulva (VIN III), vagina (VAIN III), and anus (AIN III).

A staff physician (codes 10-12, 41) is a physician who is employed by the reporting facility, under contract with it, or a physician who has routine practice privileges there. Treatment provided in a staff physician’s office is provided “elsewhere”. That is because care given in a physician’s office is not within the hospital’s realm of responsibility. If the hospital has purchased a physician practice, it will be necessary to determine whether the practice is now legally considered part of the hospital (their activity is coded as

the hospital's) or not. If the practice is not legally part of the hospital, it will be necessary to determine whether the physicians involved are staff physicians or not, as with any other physician. "In-transit" care is care given to a patient who is temporarily away from the patient's usual practitioner for continuity of care. If these cases are abstracted, they are Class of Case 31. If a patient begins first course radiation or chemotherapy elsewhere and continues at the reporting facility, and the care is not in-transit, then the case is analytic (Class of Case 21).

## **Codes**

Analytic Classes of Case (Required by CoC to be abstracted by accredited programs)

Initial diagnosis at reporting facility or in a staff physician's office

**00** Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere

**10** Initial diagnosis at the reporting facility or in a staff physician's office AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS

**11** Initial diagnosis in staff physician's office AND part of first course treatment was done at the reporting facility

**12** Initial diagnosis in staff physician's office AND all first course treatment or a decision not to treat was done at the reporting facility

**13** Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.

**14** Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility

**20** Initial diagnosis elsewhere AND all or part of first course treatment was done at the reporting facility, NOS

**21** Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.

**22** Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility

**Classes of Case not required by CoC to be abstracted (May be required by Cancer Committee, state or regional registry, or other entity- REQUIRED BY GEORGIA, USE GA REFERENCE DATE: 1995)**

*Patient appears in person at reporting facility*

**30** Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)

**31** Initial diagnosis and all first course treatment elsewhere AND reporting facility provided in-transit care; or hospital provided care that facilitated treatment elsewhere (for example, stent placement)

**32** Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease)

- 33** Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only (disease not active)
- 34** Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis AND part or all of first course treatment by reporting facility
- 35** Case diagnosed before program's Reference Date AND initial diagnosis AND all or part of first course treatment by reporting facility
- 36** Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis elsewhere AND all or part of first course treatment by reporting facility
- 37** Case diagnosed before program's Reference Date AND initial diagnosis elsewhere AND all or part of first course treatment by facility
- 38** Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death Patient does not appear in person at reporting facility
- 40** Diagnosis AND all first course treatment given at the same staff physician's office
- 41** Diagnosis and all first course treatment given in two or more different staff physician offices
- 42** Non-staff physician or non-CoC accredited clinic or other facility, not part of reporting facility, accessioned by reporting facility for diagnosis and/or treatment by that entity (for example, hospital abstracts cases from an independent radiation facility)
- 43** Pathology or other lab specimens only
- 49** Death certificate only
- 99** Nonanalytic case of unknown relationship to facility (not for use by CoC accredited cancer programs for Analytic)

Examples:

00 Leukemia was diagnosed at the facility, and all care was given in a staff physician's office.

The treatment may be abstracted if the cancer committee desires, but the case is Class of Case 00.

13 Breast cancer was diagnosed at the reporting hospital and surgery performed there. Radiation was given at the hospital across the street with which the reporting hospital has an agreement.

10 Reporting hospital found cancer in a biopsy, but was unable to discover whether the homeless patient actually received any treatment elsewhere.

32 After treatment failure, the patient was admitted to the facility for supportive care

11 Patient was diagnosed by a staff physician, received neoadjuvant radiation at another facility, then underwent surgical resection at the reporting facility

42 Patients from an unaffiliated, free-standing clinic across the street that hospital abstracts with its cases because many physicians work both at the clinic and the hospital.

31 Patient received chemotherapy while attending daughter's wedding in the reporting hospital's city, then returned to the originating hospital for subsequent treatments.