

**Client Database (CDB) Guidance #46 (Replaces HO Memos # 04-61 and #07-11)
February 2009**

“Diagnosis or Treatment Only” Cycles

This guidance will help complete the Client Database (CDB) fields accurately for a **new cycle that is started** on any client who has already been **diagnosed with cancer** (Colorectal [CRC], Prostate, Oral or Skin) in the program or outside of the programs **and** is seeking further **diagnosis (dx) or treatment (tx) services.**

- This includes a client who needs diagnostic procedures such as lab work (CEA, CBC) imaging scans (PET, MRI, etc.), clearance colonoscopy to clear the remaining colon after surgery for an obstructing lesion or cancer treatment such as surgery, chemotherapy, or radiation.
- A cycle that meets these criteria will have a Cycle Closure of “No screening done, cancer dx and tx Only.”

Certain clients who have already been diagnosed with cancer but who are NOT seeking further diagnostic or treatment services, will be entered in the CDB as *screening cycles*, not as cancer dx and tx cycles. Examples include:

- If a client previously diagnosed with **CRC** presents for a surveillance procedure (a colonoscopy, sigmoidoscopy or DCBE) to check for recurrence or new lesions, you should begin a new cycle as you would for any other screening cycle and end the cycle with a Cycle Closure of, “Cancer detected,” “No cancer detected,” “No cancer suspected,” “Abnormal, cancer status unknown,” or “No screening, cancer status unknown,” depending on the tests done and findings for that cycle.
- If a client previously diagnosed for **oral cancer** who has completed his/her treatment for that cancer presents for an oral exam to check any new lesions you should enter the cycle as you would for any other screening cycle as noted above for a CRC cycle.
- If a client previously diagnosed with **skin cancer** presents for a full body skin exam to check for any new lesions you should enter the cycle as you would for any other screening cycle as noted above for a CRC cycle
- If a client previously diagnosed with **prostate cancer** presents for a PSA and/or DRE and a new cycle is started for this procedure, the cycle **should** be entered as a “diagnosis and treatment only” cycle by the guidelines, below. Most importantly, the PSA should be entered on the Post Screening Form, not on page 2 of the Screening Form because all PSAs from the time of diagnosis on should be considered **diagnostic procedures** rather than as screening procedures.

CDB Data Entry

When entering information in the CDB for a Cancer Diagnosis and Treatment Only cycle, specific information must be entered in certain fields. Otherwise, you will **not** be able to input crucial information in the subsequent sections of the CDB. The table below identifies important fields for entering information correctly and provides required and suggested responses. (Items 4 and 5 in each section below are mandatory responses in each module). Call DHMH for assistance so that we can help “walk” you through data entry.

Please note that **only selected, key CDB fields are given below**. You should enter complete client information into all appropriate screens in the Core and each module. In particular, please make sure you enter complete diagnosis and treatment information in the Post Screening forms.

All clients: Core Demographics and Client Information page:

Location in CDB Forms (Hard copy and screen)	Field, Section and Recommended Selection When Entering Data into the CDB
1. Core Demographics	Enter all the information you have into the Core in addition to providing all required fields.
2. Client Information and/or Core Demographics, page 3.	<p>Section: Health History Field: Do you have a history of any kind of cancer? Select: Yes (Be sure to specify the cancer type and date of diagnosis and any previous treatment.)</p> <p>New Clients: Section: Program Use Only Field: Is client eligible for any cancer screening, diagnosis or treatment in the Program? Select: Yes. Enable the Module by checking that you are enrolling the client in that module; then open the Cycle with a Cycle Start Date and enter all the information into module about risk factors, prior screening, symptoms, etc. in the appropriate module: Colorectal, Oral, Prostate, or Skin Cancer.</p>

If in **Colorectal** Cancer Module: Enter all relevant data and see the fields below for special instruction:

Location in CDB Forms (Hard copy and screen)	Field, Section and Recommended Selection When Entering Data into the CDB
3. Colorectal Cancer [CRC] Screening Form, Page 1	<p>Section: History Field: Client history of colorectal cancer? Select: Yes (Specify the date of diagnosis)</p> <p>Section: Previous Screening History. If the diagnosis was made outside of the program, enter the relevant procedure in which the diagnosis was made e.g. sigmoidoscopy, colonoscopy or surgery.</p>
4. Colorectal Cancer [CRC] Screening Form, Page 2	<p>Section: Screening/Services Eligibility Field: Eligible for Screening/Services (beyond FOBT) by Program? Select: Yes This is VERY important. You must put YES here even though the client will not be screened in the program. It just says they are eligible for expensive procedures in your program.</p> <p>Section: Screening Recommended Field relating to procedures Select: "No screening recommended" and specify details:</p>
5. Colorectal Cancer [CRC] Screening Form, Page 3	Leave endoscopy blank because you will not be entering any screening procedures done in the program for this cycle; go to page 4 from the Go To: dropdown menu to proceed to page 4. (If a colonoscopy is done to clear the rest of the colon after surgery for an obstructing mass, you should enter that colonoscopy under additional procedures as a diagnostic procedure rather than on page 3.)

6. Colorectal Cancer [CRC] Screening Form, Page 4	Section: Screening Summary Recommendations Field: Recommendation [check all that apply] Select: *CRC detected/suspected, refer for further evaluation/treatment for cancer This is VERY important as it will allow you to enter the diagnostic and treatment information—it means that the patient has been referred to you with suspected or detected CRC.
7. Colorectal Cancer [CRC] Post Screening Evaluation Form, Page 1	Section: Program Eligibility Field: Is client eligible for additional CRF work-up, treatment or case management services? Select: Yes, funds available
8. Colorectal Cancer [CRC] Post Screening Evaluation Form, Page 2	Section: Eligible Client Field: Was eligible client referred for evaluation and/or treatment? Select: Yes
9. Colorectal Cancer [CRC] Post Screening Evaluation Form, Page 2	Section: Eligible Client Field: Were additional procedures or surgeries completed? Select: Yes
10. Colorectal Cancer [CRC] Post Screening Evaluation Form, Page 2	Section: Summary of Diagnostic Work-up and Treatment of Cancer Field: Is cancer treatment recommended? Select: Yes, further treatment needed if treatment procedures such as surgery, chemotherapy or radiation are recommended; or No if only recommendation is for a diagnostic procedure such as a blood draw or imaging study to assess the need for further treatment. (If “no” leave “Date first treatment began” and “Treatment Status” blank.)
11. Colorectal Cancer [CRC] Post Screening Evaluation Form, Page 2	Complete all of the other fields on this page with the appropriate information regarding treatment, stage, hospitalization, etc. The stage entered here should be the stage of the cancer at the time of the cycle start if known or after completion of the first procedure in the cycle in which staging can be done (clinical or pathological). Please document the source for the staging in the “Treatment type/comments” text box.
12. Colorectal Cancer [CRC] Additional Procedures	In the Go To drop down box, go to Additional Procedures. Complete an additional procedure page only for each additional procedure for which your program is paying , e.g., clearing colonoscopy to assess remainder of colon beyond an obstruction, surgery with pathology findings, chemotherapy, hospitalization, other procedure (such as CEA, CT scan), etc. In the event the client is undergoing therapy that may require several treatments (chemotherapy, radiation therapy, etc.), please enter the type of treatment only once in a given cycle. If you wish to document the multiple treatments and dates of treatment, this can be done in the Comments section. (Bills for multiple treatments may be entered in the Billing Section independent of their entry in Additional Procedures.) If a client’s diagnosis/treatment is on-going, a new DxTx cycle should be started each fiscal year so that eligibility can be re-established and procedures counted within the fiscal year. If a client is undergoing treatment in the Diagnosis and Treatment cycle, procedure(s) should be entered in Additional Procedures as described above. Please remember that surveillance colonoscopies done post-treatment which are paid for by your program should be entered in a new, separate Screening cycle, <i>not</i> in the Diagnosis and Treatment cycle.

13. Colorectal Cancer [CRC] Post Screening Evaluation Form, Page 2	Section: Cycle Closure Field: Cycle Outcome Select: No screening done, cancer dx or tx only
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If in **Prostate** Cancer Module: Enter all relevant data and see the fields below for special instruction

Location in CDB Forms (Hard copy and screen)	Field, Section and Recommended Selection When Entering Data into the CDB
3. Prostate Cancer Screening Form, Page 1	Section: History Field: Have you ever been screened for prostate cancer outside of this Program? Select: Yes
4. Prostate Cancer Screening Form, Page 2	Section: Program Use Only Field: Eligible for Prostate Screening Program? Select: Yes This is VERY important. You must put YES here even though the client will not be screened in the program. It just says they are eligible and allows you to enter information in the rest of the form.
5. Prostate Cancer Screening Form, a. Pages 2-3	Do NOT enter the results of screening done outside of your program or any PSA or DRE done in the program AFTER the initial cancer diagnosis in this area—just leave it blank. NOTE: If procedures are entered here they will go into the database as screening procedures. After diagnosis of prostate cancer these procedures will all be diagnostic so must be entered on the post screening form or in additional procedures.
6. Prostate Cancer Screening Form, Page 3	Section: Initial Results and Recommendations Field: Recommendations [check all that apply] Select: Refer for further evaluation to rule out cancer
7. Prostate Cancer Post Screening Evaluation Form, Page 1	Section: Program Eligibility Field: Is client eligible for additional CRF diagnosis, treatment, or case management services? Select: Yes, funds available
8. Prostate Cancer Post Screening Evaluation Form, Page 2	You can enter post diagnosis PSAs here or as additional procedures. All PSAs entered as additional procedures should be entered as diagnostic procedures, not as screening procedures. Any DRE done post diagnosis should be entered on the post screening form as an “other” procedure or in additional procedures as an “other” procedure rather than as a DRE as the system will not allow you to select “diagnostic” as the reason for a DRE. Enter only those procedures that were actually paid for in full or in part by your program.
9. Prostate Cancer Post Screening Evaluation Form, Pages 3	Complete all of the other fields on these pages with the appropriate information regarding diagnosis, treatment, stage, hospitalization, etc This information should be based on the findings of the most recent procedures done if that information is available to you. If not, you can leave these fields blank and note this in the comments section. If you do have the information please note the source re: cancer type and staging in the comments section
10. Prostate Cancer Additional Procedures	In the Go To drop down box, go to Additional Procedures. Complete an additional procedure page only for each additional procedure for which your program is paying , e.g., surgery with pathology findings, chemotherapy, hospitalization, other procedure (such as CT scan), etc. In the event the client is undergoing therapy that may require several treatments (chemotherapy, radiation therapy, etc.), please enter the type of treatment only once in a given cycle. If you wish to document the multiple treatments and dates of treatment,

	<p>this can be done in the Comments section. (Bills for multiple treatments may be entered in the Billing Section independent of their entry in Additional Procedures.)</p> <p>If a client's diagnosis/treatment is on-going, a new DxTx cycle should be started each fiscal year so that eligibility can be re-established and procedures counted within the fiscal year. If a client is undergoing treatment in the Diagnosis and Treatment cycle, procedure(s) should be entered in Additional Procedures as described above.</p> <p>Please remember that PSAs done post-treatment which are paid for by your program should be entered in a new, separate Diagnosis and Treatment cycle.</p>
11. Prostate Cancer Post Screening Evaluation Form, Page 3	<p>Section: Cycle Closure Field: Cycle Outcome Select cycle outcome: No screening done, cancer dx and tx only</p>

If in **Oral** Cancer Module: Enter all relevant data and see the fields below for special instruction

Location in CDB Forms (Hard copy and screen)	Field, Section and Recommended Selection When Entering Data into the CDB
3. Oral Cancer Screening Form, Page 1	<p>Section: History Field: Have you ever had a dentist or doctor do an oral cancer screening outside of this Program? Select: Yes</p>
4. Oral Cancer Screening Form, Page 2	<p>Section: Program Use Only Field: Eligible for Oral Screening Program? Select: Yes This is VERY important. You must put YES here even though the client will not be screened in the program. It just says they are eligible and allows you to enter information in the rest of the form.</p>
5. Oral Cancer Screening Form, Page 3	<p>Section: Screening Results and Recommendations [Complete only if Brush Biopsy and/or Call-Back section entered] Field: Recommendations Based on Impression [check all that apply]: Select: Refer for further evaluation or treatment for cancer.</p>
6. Oral Cancer Post Screening Evaluation Form, Page 1	<p>Section: Program Eligibility Field: Is client eligible for additional CRF diagnosis, treatment or case management services? Select: Yes, funds available</p>
7. Oral Cancer Post Screening Evaluation Form, Page 2	<p>Enter only those procedures that were actually paid for in full or in part by your program. Any procedures done outside of the program as part of the diagnostic work-up should be noted in Cancer Treatment Type/Comments section on page 3 of the post screening form.</p>
8. Oral Cancer Post Screening Evaluation Form, Page 3	<p>Complete all of the other fields on these pages with the appropriate information regarding diagnosis, treatment, stage, hospitalization, etc. This information should be based on the findings of the most recent procedures done if that information is available to you. If not, you can leave these fields blank and note this in the comments section. If you do have the information please note the source re: cancer type and staging in the comments section.</p>
9. Oral Cancer Additional Procedures	<p>In the Go To drop down box, go to Additional Procedures. Complete an additional procedure page only for each additional procedure for which your program is paying, e.g., surgery with pathology findings, chemotherapy, hospitalization, other procedure (such as CT scan), etc. In the event the client</p>

	<p>is undergoing therapy that may require several treatments (chemotherapy, radiation therapy, etc.), please enter the type of treatment only once in a given cycle. If you wish to document the multiple treatments and dates of treatment, this can be done in the Comments section. (Bills for multiple treatments may be entered in the Billing Section independent of their entry in Additional Procedures.)</p> <p>If a client's diagnosis/treatment is on-going, a new DxTx cycle should be started each fiscal year so that eligibility can be re-established and procedures counted within the fiscal year. If a client is undergoing treatment in the Diagnosis and Treatment cycle, procedure(s) should be entered in Additional Procedures as described above.</p> <p>Please remember that oral screening examinations done post-treatment which are paid for by your program should be entered in a new, separate Screening cycle, <i>not</i> in the Diagnosis and Treatment cycle.</p>
10. Oral Cancer Post Screening Evaluation Form, Page 3	<p>Section: Cycle Closure Field: Cycle Outcome Select: cycle outcome: No screening done, cancer dx and tx only</p>

If in **Skin** Cancer Module: Enter all relevant data and see the fields below for special instruction

Location in CDB Forms (Hard copy and screen)	Field, Section and Recommended Selection When Entering Data into the CDB
3. Skin Cancer Screening Form, Page 1	<p>Section: History Field: Have you ever had a doctor or dermatologist do a skin cancer screening outside of this Program? Select: Yes</p>
4. Skin Cancer Screening Form, Page 2	<p>Section: Program Use Only Field: Eligible for Skin Screening Program? Select: Yes This is VERY important. You must put YES here even though the client will not be screened in the program. It just says they are eligible and allows you to enter information in the rest of the form.</p>
5. Skin Cancer Screening Form, Page 3	<p>Section: Exam Call-Back Field: Recommendations [check all that apply] Select: Refer for further evaluation to rule out cancer</p>
6. Skin Cancer Post Screening Evaluation Form, Page 1	<p>Section: Program Eligibility Field: Is client eligible for additional CRF diagnosis, treatment or case management services? Select: Yes, funds available</p>
7. Skin Cancer Post Screening Evaluation Form, Pages 1-3	<p>Complete all of the other fields on these pages with the appropriate information regarding diagnosis, treatment, stage, hospitalization, etc. Enter only those procedures that were actually paid for in full or in part by your program. Any procedures done outside of the program as part of the diagnostic work-up should be noted in Cancer Treatment Type/Comments section on page 3 of the post screening form. This information regarding the final diagnosis and staging should be based on the findings of the most recent procedures done if that information is available to you. If not, you can leave these fields blank and note this in the comments section. If you do have the information please note the source re: cancer type and staging in the comments section.</p>

<p>8. Skin Cancer Additional Procedures</p>	<p>In the Go To drop down box, go to Additional Procedures. Complete an additional procedure page only for each additional procedure for which your program is paying, e.g., surgery with pathology findings, chemotherapy, hospitalization, other procedure (such as CT scan), etc. In the event the client is undergoing therapy that may require several treatments (chemotherapy, radiation therapy, etc.), please enter the type of treatment only once in a given cycle. If you wish to document the multiple treatments and dates of treatment, this can be done in the Comments section. (Bills for multiple treatments may be entered in the Billing Section independent of their entry in Additional Procedures.)</p> <p>If a client's diagnosis/treatment is on-going, a new DxTx cycle should be started each fiscal year so that eligibility can be re-established and procedures counted within the fiscal year. If a client is undergoing treatment in the Diagnosis and Treatment cycle, procedure(s) should be entered in Additional Procedures as described above.</p> <p>Please remember that examinations for new skin cancers done post-treatment which are paid for by your program should be entered in a new, separate Screening cycle, <i>not</i> in the Diagnosis and Treatment cycle.</p>
<p>9. Cancer Post Screening Evaluation Form, Page 3</p>	<p>Section: Cycle Closure Field: Cycle Outcome Select cycle outcome: No screening done, cancer dx and tx only</p>