

*term and code in ICD-O-3. If there is no morphology term and code, it is not reportable. Tumors and neoplasms diagnosed prior to 2001 must have a morphology term and code in ICD-O-2 to be reportable.*

**Notes:**

1. Malignant neoplasms of the skin of genital sites **are reportable**. These sites include: vagina (C529), clitoris (C512), vulva (C519), prepuce (C600), penis (C609), and scrotum (C632).
2. Reportable skin tumors such as adnexal carcinomas (carcinomas of the sweat gland, ceruminous gland, and hair follicle), adenocarcinomas, lymphomas, melanomas, sarcomas, and Merkel cell tumor **must be reported regardless of site**. Any carcinoma arising in a hemorrhoid is reportable since hemorrhoids arise in mucosa, not in skin.

**NON-REPORTABLE NEOPLASMS**

- Basal cell carcinoma (8090–8110) of the skin (C440-C449) **except genital sites**
- Basal and squamous cell carcinoma (8070–8110) of skin of anus (C445)
- Epithelial carcinomas (8010–8046) of the skin (C440-C449)
- Papillary and squamous cell carcinomas (8050–8084) of the skin (C440-C449) **except genital sites**
- Malignant neoplasms, NOS (8000–8005) of the skin (C440-C449)
- In situ neoplasms of cervix regardless of histology (behavior of /2; C539)
- Intraepithelial neoplasms of the cervix (CIN) (8077/2; C539) or prostate (PIN)(8148/2; C619)
- Borderline cystadenomas (8442, 8451, 8462, 8472, 8473) of the ovaries (C569) with behavior code 1 are **not** collected as of January 01, 2001
- Cases diagnosed prior to 1995 are no longer required to be reported.
- Benign and borderline tumors of the cranial bones (C410)
- Cysts or lesions of the brain or CNS diagnosed January 01, 2004 or later which have no ICD-O-3 morphology code

**Example:**

On 04/12/2008, a patient was diagnosed with cholesteatoma in the cerebral meninges. This is not a reportable CNS case since there is no code for cholesteatoma listed in *ICD-O-3*.

## COMPREHENSIVE REPORTABLE LISTS

The 2009 Comprehensive ICD-9-CM Casefinding Code List is intended to assist appropriate staff (for example: Information Services, Data Management) in creating the disease index with the required reportable neoplasms and other ICD-9-CM codes.

The reporter should review all admissions (inpatient and outpatient) with the following diagnosis codes for reportability:

ICD-9-CM CODE(S)	DIAGNOSIS / PREFERRED ICD-O-3 TERMINOLOGY
140.0 - 208.9	Malignant neoplasms
209.0-209.3	Neuroendocrine tumors (Effective date: 10/1/08)
225.0 - 225.9	Benign neoplasms of brain and spinal cord
227.3 - 227.4	Benign neoplasms of pituitary gland, pineal body, and other intracranial endocrine-related structures
227.9	Benign neoplasm; endocrine gland, site unspecified
228.02	Hemanigoma; of intracranial structures
228.1	Lymphangioma, any site
230.0 - 234.9	Carcinoma in-situ (exclude 233.1, cervix)
237.0 – 237.9	Neoplasms of uncertain behavior (borderline) of endocrine glands and nervous system
238.4	Polycythemia vera (9950/3)
238.6	Solitary plasmacytoma (9731/3) Extramedullary plasmacytoma (9734/3)
238.7	Other lymphatic and hematopoietic tissues (This code was discontinued as of 10/2006 but should be included in extract programs for quality control purposes.)
238.71	Essential thrombocythemia (9962/3) Essential hemorrhagic thrombocythemia Essential thrombocytosis Idiopathic thrombocythemia Idiopathic hemorrhagic thrombocythemia Primary thrombocythemia Thrombocythemia vera <b>Note: Primary thrombocythemia, thrombocythemia vera, and essential thrombocytosis are considered synonyms for essential thrombocythemia but are not listed in ICD-O-3. In the absence of a specific code for the synonym, code to the preferred term. Refer to Abstracting and Coding Guide for hematopoietic Disease, pg 32.</b>
238.72	Low grade myelodysplastic syndrome lesions (includes 9980/3, 9982/3, 9985/3)
238.73	High grade myelodysplastic syndrome lesions (includes 9983/3)
238.74	Myelodysplastic syndrome with 5q deletion (9986/3) Excludes: constitutional 5q deletion (not reportable)

238.75	Myelodysplastic syndrome, unspecified (9985/3)
238.76	Myelofibrosis with myeloid metaplasia (9961/3) Idiopathic myelofibrosis (chronic) Myelosclerosis with myeloid metaplasia Primary myelofibrosis Excludes: myelofibrosis NOS myelophthisis anemia (not reportable) myelophihisis (not reportable)
238.77	Post transplant lymphoproliferative disorder (9987/3)
238.79	Other lymphatic and hematopoietic tissues (includes 9960/3, 9961/3, 9970/1, 9931/3)
239.6	Neoplasms of unspecified nature, brain
239.7	Neoplasms of unspecified nature; endocrine glands and other parts of nervous system
259.2	Carcinoid Syndrome
259.8	Other specified endocrine disorders
273.2	Gamma heavy chain disease (9762/3) Franklin's disease (9762/3)
273.3	Waldenstrom macroglobulinemia (9761/3)
285.22	Anemia in neoplastic disease
288.3	Hypereosinophilic syndrome (9964/3)
289.83	Myelofibrosis (NOS) (9961/3) Agnogenic myeloid metaplasia
289.89	Other specified diseases of blood and blood forming organs
511.81	Malignant pleural effusion (code first malignant neoplasm if known)
789.51	Malignant ascites (code first malignant neoplasm if known)
795.06	Papanicolaou smear of cervix with cytologic evidence of malignancy
795.16	Papanicolaou smear of vagina with cytologic evidence of malignancy
796.76	Papanicolaou smear of anus with cytologic evidence of malignancy
V10.0-V10.9	Personal history of malignancy (screen for recurrences, subsequent primaries, and/or subsequent treatment)

Many new codes and conditions have been added to the Supplementary ICD-9-CM Code List in order to improve casefinding outcomes for benign brain and CNS tumors, hematopoietic and lymphoid neoplasms, and other reportable diseases. Some codes represent neoplasm-related secondary conditions for which there should also be a primary diagnosis of a reportable neoplasm. Paraneoplastic syndromes are indicated by \* in Explanation of Codes. Cases with the following codes should be screened as registry time allows.

ICD-9-CM CODE(S)	EXPLANATION OF CODE
042	Acquired Immunodeficiency Syndrome (AIDS) (This is not a malignancy. Medical coders are instructed to add codes for AIDS-associated malignancies. Screen 042 for history of cancers that might not be coded.)
079.4	Human papillomavirus
079.50-079.59	Retrovirus (HTLV< types I, II and 2)
210.0-229.9	Benign neoplasms (screen for incorrectly coded malignancies or reportable by agreement tumors)
235.0-236.6	Neoplasms of uncertain behavior (screen for incorrectly coded malignancies or reportable by agreement tumors)
238.0-239.9	Neoplasms of uncertain behavior or unspecified nature (screen for incorrectly coded malignancies or reportable by agreement tumors)
253.6	Syndrome of inappropriate secretion of antidiuretic hormone*
258.02-258.03	Multiple endocrine neoplasia (MEN) type IIA and IIB (rare familial cancer syndrome)
273.0	Polyclonal hypergammaglobulinemia (Waldenstrom) review for miscodes
273.1	Monoclonal gammopathy of undetermined significance (9765/1) (screen for incorrectly coded Waldenstrom macroglobulinemia or progression)
273.9	Unspecified disorder of plasma protein metabolism (screen for incorrectly coded Waldenstrom macroglobulinemia)
275.42	Hypercalcemia*
279.00	Hypogammaglobulinemia (predisposed to lymphoma or stomach cancer)
279.02-279.06	Selective IgM immunodeficiency (associated with lymphoproliferative disorders)
279.10	Immunodeficiency with predominant T-cell defect, NOS
279.12	Wiskott-Aldrich Syndrome
279.13	Nezelof's Syndrome

279.2-279.9	Combined immunity deficiency - Unspecified disorder of immune mechanism
284.81	Red cell aplasia (acquired, adult, with thymoma
284.89	Other specified aplastic anemias due to drugs (chemotherapy or immunotherapy), infection, radiation
288.03	Drug induced neutropenia
323.81	Encephalomyelitis: specified cause NEC*
338.3	Neoplasm related pain (acute, chronic); Cancer associated pain: Pain due to malignancy (primary/secondary); Tumor associated pain
379.59	Opsoclonia*
528.01	Mucositis due to antineoplastic therapy
686.01	Pyoderma gangrenosum*
695.89	Sweet's syndrome*
701.2	Acanthosis nigricans*
710.3	Dermatomyositis*
710.4	Polymyositis*
790.93	Elevated prostate specific antigen (PSA)
795.8	Abnormal tumor markers: Elevated tumor associated antigens (TAA); Elevated tumor specific antigens (TSA); Excludes: elevated prostate specific antigen (PSA) (790.93)
795.81	Elevated carcinoembryonic antigen (CEA)
795.82	Elevated cancer antigen 125 (CA 125)
795.89	Other abnormal tumor markers
999.31	Infection due to central venous catheter (porta-cath) (Effective Date: 10/1/2008)
999.81	Extravasation of vesicant chemotherapy (Effective Date: 10/1/2008)
E879.2	Adverse effect of radiation therapy
E930.7	Adverse effect of antineoplastic therapy
E933.1	Adverse effect of immunosuppressive drugs
V07.3	Other prophylactic chemotherapy (screen for incorrectly coded malignancies)
V07.8	Other specified prophylactic measure
V15.3	Irradiation; previous exposure to therapeutic or ionizing radiation
V42.81	Organ or tissue replaced by transplant, Bone marrow transplant
V42.82	Transplant; Peripheral stem cells

V51.0	Encounter for breast reconstruction following mastectomy (Effective Date: 10/1/2008)
V52.4	Breast prosthesis and implant (Effective Date: 10/1/2008)
V58.0	Encounter for radiation therapy
V58.1	Encounter for antineoplastic chemotherapy and immunotherapy (This code was discontinued as of 10/2006 but should be included in extract programs for quality control purposes)
V58.11	Encounter for antineoplastic chemotherapy
V58.12	Encounter for antineoplastic immunotherapy
V58.42	Aftercare following surgery for neoplasm
V66.1	Convalescence following radiotherapy
V66.2	Convalescence following chemotherapy
V67.1	Radiation therapy follow up
V67.2	Chemotherapy follow up
V76.0-V76.9	Special screening for malignant neoplasm
V78.0-V78.9	Special screening for disorders of blood and blood-forming organs
V82.71	Screening for genetic disease carrier status
V82.79	Other genetic screening
V82.89	Genetic screening for other specified conditions
V82.9	Genetic screening for unspecified condition
V84.01-V84.09	Genetic susceptibility to malignant neoplasm
V86.0	Estrogen receptor positive status (ER+)
V86.1	Estrogen receptor negative status (ER-)
V87.41	Personal history of antineoplastic chemotherapy