

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 following comprehensive lists are intended to aid 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. **Bolded codes are new as of October 2008.**

ICD-9-CM CODE	DIAGNOSIS
CODE RANGES	PREFERRED ICD-O-3 TERMINOLOGY
140.0 - 209.30	Malignant neoplasms
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
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
511.81	Malignant Pleural Effusion

The table below lists a sample of codes and is not all-inclusive. The full range of codes must be checked.

INDIVIDUAL CODES	PREFERRED ICD-O-3 TERMINOLOGY
042.	AIDS (review records for AIDS-related malignancies)
203.1	Plasma cell leukemia (9733/3)
205.1	Chronic neutrophilic leukemia (9963/3)
227.3	Benign neoplasm of pituitary (body, fossa, gland, lobe)
227.3	Benign neoplasm of craniopharyngeal (duct, pouch)
227.4	Benign neoplasm of pineal (body, gland)
238.4	Polycythemia vera (9950/3)
238.6	Solitary plasmacytoma (9731/3) Extramedullary plasmacytoma (9734/3)
238.71	Essential thrombocythemia (9962/3) Essential hemorrhagic thrombocythemia Essential thrombocytosis Idiopathic thrombocythemia Idiopathic hemorrhagic thrombocythemia Primary thrombocythemia Thrombocythemia vera 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 the Hematopoietic Diseases.

238.72	Low grade myelodysplastic syndrome lesions Refractory anemia (RA) (9980/3) Refractory anemia with ringed sideroblasts (RARS) (9982/3) Refractory cytopenia with multilineage dysplasia (RCMD) (9985/3) Refractory cytopenia with multilineage dysplasia and ringed sideroblasts (RCMD-RS) (9985/3)
238.73	High grade Myelodysplastic syndrome lesions Refractory anemia with excess blasts-1 (RAEB-1) (9983/3) Refractory anemia with excess blasts-2 (RAEB-2) (9983/3)
238.74	Myelodysplastic syndrome with 5q deletion (9986/3) Excludes: constitutional 5q deletion (not reportable)
238.75	Myelodysplastic syndrome, unspecified (9985/3, 9989/3)
238.76	Myelofibrosis with myeloid metaplasia (9961/3) Agnogenic myeloid metaplasia Idiopathic myelofibrosis (chronic) Myelosclerosis with myeloid metaplasia Primary myelofibrosis Excludes: myelofibrosis NOS myelophthisis anemia (not reportable) myelophthisis (not reportable)
238.79	Other lymphatic and hematopoietic tissues Megakaryocytic myelosclerosis (9961/3) Myeloproliferative disease (chronic) NOS (9960/3) Panmyelosis (acute) (9931/3)
273.2	Gamma heavy chain disease (9762/3)
273.3	Waldenstrom's macroglobulinemia
288.3	Hypereosinophilic syndrome (9964/3)
289.83	Myelofibrosis Myelofibrosis NOS Secondary myelofibrosis

Admissions with the following procedure codes must be screened for reportable neoplasms:

ICD-9-CM CODES	PROCEDURE DESCRIPTION
V07.3	Other prophylactic chemotherapy (screen carefully for miscoded malignancies)
V07.5 - V07.59	Prophylactic use of agents affecting estrogen receptors and estrogen levels (Tamoxifen, arimidex, etc.)
V07.8	Other specified prophylactic measures
V10.0 - V10.9	Personal history of malignancy (review these for recurrences, subsequent primaries, subsequent treatment, and diagnosis date)
V58.0	Admission for radiotherapy

V58.11	Admission for chemotherapy
V58.12	Admission for antineoplastic immunotherapy
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
V86.0	Estrogen receptor positive status (ER+) (new code)
V86.1	Estrogen receptor negative (ER-) (new code)

Cases with the following codes should be screened as registry time allows. Check for incorrectly coded malignancies.

ICD-9-CM CODES	DIAGNOSIS/TERMINOLOGY
210.0 – 229.9	Benign neoplasms
235.0 – 238.9	Neoplasms of uncertain behavior
239.0 – 239.9	Neoplasms of unspecified behavior
273.9	Unspecified disorder of plasma protein metabolism (screen for potential 273.3 miscodes)

SEER suggests that the following codes be screened as deemed appropriate by the individual reporting facility and as time allows. These are neoplasm related secondary conditions for which there should also be a primary diagnosis of a reportable neoplasm

ICD-9-CM CODES	DIAGNOSIS/TERMINOLOGY
E879.2	Adverse effect of radiation therapy
E930.7	Adverse effect of antineoplastic therapy
E933.1	Adverse effect of immunosuppressive therapy

The following are **exclusions** and **do not** need to be reported to the TCR:

MORPHOLOGY CODES	DIAGNOSIS/TERMINOLOGY
8000–8005	Neoplasms, malignant, NOS of the skin
8010/2	Carcinoma in-situ of cervix (CIN) beginning with 1996 cases
8010–8046	Epithelial carcinomas of the skin
8050–8084	Papillary and squamous cell carcinomas of the skin except genital sites
8077/2	Squamous Intraepithelial Neoplasia, grade III of cervix beginning with 1996 cases; CIN
8090–8110	Basal cell carcinomas of the skin except genital sites
8148/2	Prostatic Intraepithelial Neoplasia (PIN)

In 2001 the behavior code for certain ICD-O codes changed from borderline to malignant and from malignant to borderline. These codes can be found in the *ICD-O-3* and in *TCR CRH Revised 2007*.