APPENDIX D: ASCR REPORTABLE LIST (2020)

Casefinding Codes for ICD-O-3 Reportable Diseases

The following lists are intended to assist in identifying reportable neoplasms found through casefinding sources that use ICD-10-CM codes to classify the diagnoses. These codes are to be effective with newly diagnosed cases beginning with October 1, 2019.

ICD-10-CM Code	Explanation of Code
C00.-- *C43.-,* C4A.-, C45.-- C96.-	Malignant neoplasms (excluding category C44), stated or presumed to be primary (of specified site) and certain specified histologies
D00.-- D09.-	In-situ neoplasms *Note: Carcinoma in situ of the cervix (CIN 111-8077/2) and Prostatic Intraepithelial Carcinoma {PIN 111-8148/2) are not reportable*
D18.1	Lymphangioma, any site *Note: Includes Lymphangiomas of Brain, Other parts of nervous system and endocrine glands, which are reportable*
D18.02	Hemangioma of intracranial structures and any site
D32.-	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.-	Benign neoplasm of brain and other parts of central nervous system (includes Olfactory, Optic, Acoustic and Cranial Nerves)
D35.2- D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D37._ - D41._	Neoplasms of uncertain or unknown behavior (see "must collect" list for reportable neoplasms of uncertain or unknown behavior) *Note: Screen for incorrectly coded malignancies or reportable by agreement*
D42.-, D43.-	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3 - D44.5	Neoplasm of uncertain or unknown behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3)
D46.-	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.0	Histiocytic and mast cell tumors of uncertain behavior *ICD-10-CM Coding instruction note: Excludes: malignant mast cell tumor (C96.2), mastocytosis (congenital)(cutaneous) (0852.2)*
D47.1	Chronic myeloproliferative disease (9963/3, 9975/3) *ICD-10-CM Coding instruction note: Excludes the following:* *Atypical chronic myeloid leukemia BCR/ABL-negative (C92.2_)* *Chronic myeloid leukemia BCR/ABL-positive (C92.1_)* *Myelofibrosis & Secondary myelofibrosis {D75.81)* *Myelophthisic anemia & Myelophthisis {D61.82)*
D47.3	Essential (hemorrhagic) thrombocythemia (9962/3) *Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia*

D47.4	Osteomyelofibrosis {9961/3) Includes: Chronic idiopathic myelofibrosis Myelofibrosis (idiopathic) (with myeloid metaplasia) Myelosclerosis (megakaryocytic) with myeloid metaplasia) Secondary myelofibrosis in myeloproliferative disease
D47.Z-	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960/3,9970/1,9971/3,9931/3)

D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1,9931/3)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D63.0	Anemia in neoplastic disease
D64.81	Anemia due to antineoplastic chemotherapy
D72.1	Hypereosinophilic syndrome (9964/3)*
D76.1 – D76.3	Hemophagocytic syndromes. *Reportable inclusion terms: Histiocytic syndromes (9751/3)* Note: Hemophagocytic lymphohistiocytosis (also known as hemophagocytic syndrome) can be caused by or associated with a number of conditions, one of which is EBV+ T- cell lymphoproliferative disease of childhood (9724/3)
D81.6, D81.7, D81.89, D81.9, D84.9	Immunodeficiency, unspecified *Note: Associated with lymphoproliferative disorders*
D89.1	Gamma heavy chain disease; Franklin's disease
J91.0	Malignant pleural effusion *Note : Code first malignant neoplasm, if known*
R18.0	Malignant ascites *Note: Code first malignancy*
R85.614	Cytologic evidence of malignancy on smear of anus
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.624	Cytologic evidence of malignancy on smear of vagina
Z03.89	Observation for suspected malignant neoplasm
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
Z51.0	Admission for radiotherapy
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy
	Supplemental Codes

B20	Human immunodeficiency virus [HIV] disease with other diseases
B97.33, B97.34,	Papillomarvirus as the cause of diseases classified elsewhere
B97.35, B97.7	Human T-cell lymphotrophic virus,(type I [HTLV-1], type II [HTLV-11],type 2 [HIV 2]) as the cause of diseases classified elsewhere
Q85._	Neurofibromatosis (nonmalignant) (9540/1) *Note: Neurofibromatosis is not cancer. These tumors can be precursors to acoustic neuromas, which are reportable*

Please note:

- The central registry does **NOT** collect PIN III, CIN III, and CIS of the cervix.
- Borderline cystadenomas M-8442, 8451, 8462, 8472, 8473, of the ovaries which move from /3 to /1 will **NOT** be collected as of 1/1/2001, but cases diagnosed before 1/1/2001 will continue to be submitted to the central registry.
- Basal and Squamous cell carcinoma of the skin are not reportable but tumors that originate in the mucous membrane are reportable and include the following:

Lip	C00.0 – C00.9
Anus	C21.0
Labia	C51.0 – C51.1
Clitoris	C51.2
Vulva	C51.9
Vagina	C52.9
Prepuce	C60.0
Penis	C60.1 – C60.9
Scrotum	C63.2

- All melanomas are reportable.
- As of 1/1/2003 cases of in situ, localized, regional, or distant neoplasm of the skin (ICD-O Topography codes C44.0 – C44.9) with the following ICD-O Morphology codes are **NOT** reportable to ASCR.

M 8000 – 8004	Neoplasms, NOS
M 8010 – 8045	Epithelial neoplasms
M 8050 – 8082	Squamous cell neoplasms of the skin
M 8090 – 8110	Basal cell neoplasms of the skin

- The following terms are synonymous with in situ disease (Behavior code 2)
  - Adenocarcinoma in an adenomatous polyp with no invasion of stalk
  - Bowen's disease

- Cervical intraepithelial neoplasia or CIN III (not reportable)
- Clark's level I melanoma or limited to epithelium
- Non-infiltrating comedocarcinoma, confined to epithelium
- Hutchison's melanotic freckle NOS, intracystic non-infiltrating, intraductal, intraepithelium NOS, intraepidermal NOS (involvement up to but no including basement membrane.)
- Lentigo maligna, lobular neoplasia, lobular non-infiltrating, noninvasive, no stromal involvement, Papillary non-infiltrating or intraductal
- Precancerous melanosis
- Prostatic intraepithelial neoplasia Grade III or PIN III (not reportable)
- Queyrat's erthroplasia, stage 0
- Vaginal intraepithelial neoplasia Grade III or VAIN III
- Vulvar intraepithelial neoplasia Grade III or VIN III
- Laryngeal intraepithelial neoplasia, grade III (LINIII) (8077/2), C320-C329) is REPORTABLE.
- Squamous intraepithelial neoplasia, grade III (SINIII) (8077/2), except Cervix and Skin, is REPORTABLE.

- If any invasion is present, no matter how limited – these cases must be coded to invasive behavior

Example: carcinoma in situ 8010/2 of vagina with <u>microinvasion</u> would be coded as invasive carcinoma 8010/3

- All cancer cases should be reported regardless of the patient's state of residency at the time of diagnosis. Cases from other states will be reported to that state but not included in Alabama statistics.

- All in situ cancer cases of the vagina, vulva, and anus are reportable to ASCR. VAIN III, VIN III, AIN III with morphology code of 8077/2
- One other NEW code of note with the October 1, 2007 revisions (but not necessarily for casefinding) is 789.51 (R18.0) malignant ascites…however; the primary site malignancy should be coded first rather than symptoms such as malignant ascites.
- 511.81(J91.0) - Malignant Pleural Effusion

- Carcinod tumor, NOS, of the appendix is now reportable and should be coded to 8240/3.

- Urine cytology positive for malignancy is reportable for diagnoses in 2013 and forward
  Code the primary site to 689 in the absence of any other information
  Exception: When a subsequent biopsy of a urinary site is negative, do not report
  Do not implement new/additional casefindings methods to capture these cases
  Do not report cytology cases with ambiguous terminology

- Recode the following conditions as shown.

  - Recode all cases of enteroglucogonoma, NOS, as 8152/1. *Enteroglucagonoma is now a related term for glucogonoma.*
  - Then delete code 8157/1 Enteroglucagonoma, NOS
  - Recode all cases of enteroglucagonoma, malignant as 8152/3. *Enteroglucagonoma, malignant is now a related term for glucogonoma, malignant.*
  - Then delete code 8157/3 Enteroglucagonoma, malignant

NOTE: It is important to understand that cancer registry reportability rules based on behavior code still apply. With the exception of primary intracranial and central nervous system benign and borderline tumors, the addition of a /0 or /1 coded term to ICD-O-3 does not imply that it is now reportable.

Changes for ICD O-3 for 2016 Diagnosed Cases

ICD-O-3 IMPLEMENTATION AND REPORTABILITY

In 2014 and 2015 SEER added new reportable histology terms to their Program and Coding Manual. These terms had not been included in any ICD-O-3 errata or implementation guide and therefore were not addressed throughout the cancer surveillance community. CDC has reviewed the terms (reportable according to SEER) and made the following decisions:

1. Non-invasive mucinous cystic neoplasm of the pancreas with high-grade dysplasia replaces mucinous cystadenocarcinoma, non-invasive (8470/2) and is REPORTABLE.
2. Solid pseudopapillary neoplasm of pancreas (8452/3) is synonymous with solid pseudopapillary carcinoma (C25._) and is REPORTABLE.
3. Based on expert pathologist consultation, metastases have been reported in some cystic pancreatic endocrine neoplasm (CPEN) cases. With all other pancreatic endocrine tumors now considered malignant, CPEN will also be considered malignant, until proven otherwise. Most CPEN cases are non-functioning and are REPORTABLE using histology code 8150/3, unless the tumor is specified as a neuroendocrine tumor, grade 1 (assign code 8240/3) or neuroendocrine tumor, grade 2 (assign code 8249/3)
4. Laryngeal intraepithelial neoplasia, grade III (LINIII) (8077/2), C320-C329) is REPORTABLE.
5. Squamous intraepithelial neoplasia, grade III (SINIII) (8077/2), except Cervix and Skin, is REPORTABLE.
6. Mature teratoma of the testes in adults is malignant and REPORTABLE as 9080/3, but continues to be non-reportable in prepubescent children (9080/0). The following provides additional guidance:
    - Adult is defined as post puberty
    - Pubescence can take place over a number of years
    - Do not rely solely on age to indicate pre or post puberty status. Review all information (physical history, etc.) for documentation of pubertal status. When testicular teratomas occur in adult males, pubescent status is likely to be stated in the medical record because it is an important factor of the diagnosis.
    - Do not report if unknown whether patient is pre or post pubescence. When testicular teratoma occurs in a male and there is no mention of pubescence, it is likely that the patient is a child, or pre-pubescent, and the tumor is benign.

While there has not been an official errata to address these histology terms, CDC recommends adding them to your ICD-O-3 Manuals.