

# Chapter 1:

## Determining Reportability for State Reporting

### Cases That Must Be Reported to WCRS

- Cases diagnosed on or after January 1, 1976, for hospitals, or on or after January 1, 1992, for all nonhospital reporting entities such as clinics and physician offices.
- Patients whose residence at diagnosis is in Wisconsin or **anywhere else**. WCRS has data exchange agreements with 45 states and two U.S. territories. These states provide WCRS with reports on Wisconsin residents and we provide them reports on their residents. Interstate data exchange is an NPCR requirement.
- Cases with diagnosis codes specified on the ICD-10-CM *casefinding list* that meet WCRS reportable criteria.

**Note:** Refer to the Disease Index Codes list beginning on page C1-7 when casefinding. Not all ICD-10-CM codes listed will need to be used by all facilities.

- Invasive or *in situ* (noninvasive) malignancies (behavior code of /2 or /3 in the ICD-O-3 coding manual).
- Malignant tumors of the skin such as adnexal carcinoma/adenocarcinoma (8390/3-8420/3), adenocarcinoma, lymphoma, melanoma, sarcoma, and Merkel cell tumor. Carcinoma arising in a hemorrhoid, since hemorrhoids arise in *mucosa*, not the skin.
- *Basal cell carcinomas* (histology codes 8090 – 8110) and *squamous cell cancers* (8050 – 8084) that originate in the following *mucoepidermoid* sites:

Cases That Must Be Reported to WCRS		
Site	ICD-O-3 Site Code	ICD-10 Code
Lip	C00.0-C00.9	C00.0 – C00.9
Anus	C21.0	C21.0
Vulva	C51.0-C51.9	C51.0 - C51.9
Vagina	C52.9	C52
Penis	C60.0- C60.9	C60.0 – C60.9
Scrotum	C63.2	C63.2

**Note:** Basal and squamous cell carcinomas of skin are **not** reportable to WCRS.

- *Pilocytic/juvenile astrocytoma* is reported as a malignant cancer even though the behavior code changed to borderline malignant in the ICD-O-3 coding manual. NPCR requires state registries must collect these cases as malignant with behavior code /3.

### Hematopoietic and Lymphoid Neoplasms

The Hematopoietic and Lymphoid Database is a tool to assist in screening for reportable cases and determining reportability requirements. The tool must be used to determine case reportability. The database is on the SEER website: <https://seer.cancer.gov/tools/heme/>.

### Clinically Diagnosed Cases

Clinically Diagnosed Cases are reportable. In absence of histologic or cytologic confirmation of a reportable neoplasm, **accession a case based on *clinical diagnosis***. A *clinical diagnosis* is when a recognized medical practitioner says the patient has a cancer, carcinoma, malignant neoplasm, or reportable neoplasm. It may be recorded in the final diagnosis on the face sheet or other parts of the medical record.

**Note:** A pathology report normally takes precedence over a clinical diagnosis. If the patient has a negative biopsy, the case would not be reported.

**Exception:** If a patient receives treatment for cancer, accession the case.

**Note:** Standard treatments for cancer may be given for non-malignant conditions. Follow back with the physician to clarify if needed.

**Exception:** If it has been six months or longer since the negative biopsy, and the physician continues to call this a reportable disease, accession the case.

### Brain or CNS Neoplasms

A brain or a CNS neoplasm identified only by diagnostic imaging is reportable

- **Neoplasm** and **tumor** are **reportable** terms for brain and CNS because they are listed in ICD-O-3 with behavior codes of /0 and /1.
- **Mass** and **lesion** are **not reportable** terms for brain and CNS because they are not listed in ICD-O-3 with behavior codes of /0 or /1.

## Cytology

- **Cytology** refers to the microscopic examination of cells in body fluids obtained from aspirations, washings, scrapings, and smears; usually a function of the pathology department.
- **Report** with cytology diagnoses that are **positive for malignant cells**.

**IMPORTANT: Do not report** a case based only on **suspicious cytology**.

## What to Report: Additional Hospital-Only Requirements

- All active primary cancers.
- Patients who die at your facility with active cancer, even if they were not diagnosed nor treated at your facility.
- Patients that received initial diagnosis and first-course therapy at another facility, but are now seen at your facility for diagnosis and/or treatment of recurrent or metastatic disease.

**Example 1:** Patient was originally diagnosed with prostate cancer in 2006 at another facility and is admitted to your facility in 2015 with a questionable chest x-ray. A biopsy shows metastatic adenocarcinoma consistent with a prostate primary. **This case is reportable.** Report all information you have on the original prostate cancer diagnosis, staging and treatment.

**Example 2:** Patient with a history of breast cancer diagnosed and treated elsewhere five years ago is admitted to your facility's ER for a broken hip. The patient was not diagnosed with a recurrence or treated for her breast cancer during this admission. **This case is not reportable.**

**Note:** Report all available information regarding the original diagnosis, stage at diagnosis and the original first-course treatment, if available. Do not provide information on the recurrence or metastatic treatment.

**What to Report: Additional Nonhospital-Only Requirements**

- Patients treated at your facility.
- Patients clinically diagnosed at your facility but not treated at your facility are only reportable when the patient is **not** referred to a Wisconsin hospital.

**Note:** If your facility did not treat the patient and referred the case to a Wisconsin hospital, you do not need to report it to WCRS.

**IMPORTANT:** For reportable cases which your facility did not diagnose and/or treat – WCRS is aware that a facility might not have enough information to enter specific codes for treatment or staging besides ‘unknown’ or ‘not available in chart’ but could document additional information, as stated by physicians or otherwise noted in the chart, in appropriate text fields. These types of nonanalytic cases are required by central cancer registries. It is a ‘catchment’ requirement to cover instances when the facility diagnosing or treating the patient does not report the case as required.

Refer to *Appendix III* for more details on differences for hospitals and nonhospital reporting.

## Nonreportable Cases

- Patients who have a history of **cancer** but **no diagnosis or treatment** at your facility.
- Records, slides or patients seen only in **consultation to confirm a diagnosis where no chart is created in your facility. If a chart is created, it is reportable.**
- Pathology cases that are **consultative readings of slides** submitted **from outside facilities.**

**Exception:** If the outside facility is an out-of-state facility or pathology laboratory, the case is reportable.

- **Metastatic sites or recurrences** of a primary cancer that was **already reported by your facility.**
- **Nonhospital Facilities:** Patients diagnosed before 1992.
- **Hospital Facilities:** Patients diagnosed before 1976.
- Patients with carcinoma *in situ* (non-invasive) of the **cervix, cervical intraepithelial neoplasia (CIN)** diagnosed on or after January 1, 2001 or **prostatic intraepithelial neoplasia (PIN)** diagnosed on or after January 1, 2003.
- **Any skin cancer of the following types:**

*Malignant neoplasms, NOS*

*Epithelial carcinomas*

*Papillary carcinomas*

*Squamous cell carcinomas*

*Basal cell carcinomas*

*ICD-O3 histology codes 8000-8110*

**Note:** Skin cancers with ICD-O3 histologies higher than 8110 are reportable.

## Casefinding Techniques

*Casefinding (case ascertainment)* is the process of identifying all reportable cases through review of source documents and case listings. Casefinding covers a range of cases that need to be assessed to determine whether or not they are reportable.

**IMPORTANT:** A casefinding list is not the same as a reportable list. Casefinding lists are intended for searching a variety of cases so you don't miss any reportable cases. WCRS only requires casefinding for the Reportable Neoplasms listed on the SEER website <https://seer.cancer.gov/tools/casefinding/>. WCRS recommends that facilities review cases from the SEER supplemental list.

Use the casefinding lists to screen prospective cases and identify cases for inclusion in the registry. Include all casefinding sources when searching for reportable cases.

### Sources

- Inpatient/Outpatient Admission/Discharge Documents
- Pathology/Cytology Pathology Reports
- Surgery Logs/Schedules
- Radiology
- Nuclear Medicine
- Radiation Therapy Logs
- Chemotherapy Outpatient Logs
- Emergency Room Records
- Autopsy Reports
- Pain Clinic Logs

It is essential to include review of the disease index, which is usually provided by Health Information Management (HIM) or Medical Records Departments. Other tracking tools such as medical and radiation oncology clinic logs help ensure that all reportable cases are identified.

**Note:** It is advisable to form an alliance with staff from HIM, radiation oncology and pathology departments. This will help develop a systematic method to receive necessary information from them.

**IMPORTANT:** Never rely solely on the pathology department to provide reportable cases. Doing so excludes cases that the facility has no diagnostic tissue reports. Cases diagnosed elsewhere but treated at your facility and those diagnosed radiographically or clinically, without tissue confirmation would be missed during casefinding.

## Disease Index Codes for Casefinding 2018

Effective: 10/01/2017-09/30/18

The following codes and/or code ranges are required cases for state reporting. The list is in ICD-10-CM order. The ICD-10-CM codes are not as detailed as ICD-O3 site/histology code combinations. Upon review of the chart, you may determine that a potentially reportable case with a code in this table may not be reportable. The casefinding list is a starting place for determining reportable status; full review of the medical chart is needed to make the final determination.

Casefinding list can be found at:

<https://seer.cancer.gov/tools/casefinding/fy2018-casefindinglist-icd10cm.pdf>.

Disease Index Codes for Casefinding 2018	
ICD-10-CM	Diagnosis [with preferred ICD-O-3 terminology]
C00.0 – C43.9	Malignant neoplasms stated or presumed to be primary (of the specified site) and certain specified histologies
C4A.0 – C4A.9	Merkel cell carcinoma
C44.00, C44.09	Unspecified/other malignant neoplasm of skin of lip (excludes basal and squamous cell)
C44.10x, C44.19x	Unspecified/other malignant neoplasm of eyelid, including canthus (excludes basal and squamous cell)
C44.20x, C44.29x	Unspecified/other malignant neoplasm of ear and external auricular canal (excludes basal and squamous cell)
C44.30x, C44.39x	Unspecified/other malignant neoplasm of skin of other/unspecified parts of face (excludes basal and squamous cell)
C44.40, C44.49	Unspecified/other malignant neoplasm of scalp and skin of neck (excludes basal and squamous cell)
C44.50x, C44.59x	Unspecified/other malignant neoplasm of skin of trunk, except scrotum (excludes basal and squamous cell)
C44.60x, C44.69x	Unspecified/other malignant neoplasm of skin of upper limb, including shoulder (excludes basal and squamous cell)
C44.70x, C44.79x	Unspecified/other malignant neoplasm of skin of lower limb, including hip (excludes basal and squamous cell)
C44.80, C44.89	Unspecified/other malignant neoplasm of other specified sites of skin (excludes basal and squamous cell)
C44.90, C44.99	Unspecified/other malignant neoplasm of skin, site unspecified (excludes basal and squamous cell)
C45.0 - C96.9	Malignant neoplasms (excluding category C49.A) stated or presumed to be primary (of the specified site) and certain specified histologies <b>NEW for FY2018:</b> <i>C96.20 Malignant mast cell neoplasm, unspecified</i> <i>C96.21 Aggressive systemic mastocytosis</i> <i>C96.22 Mast cell sarcoma</i> <i>C96.29 Other malignant cell neoplasm</i>
C49.Ax	Gastrointestinal Stromal Tumors <i>Note: GIST is only reportable when it is malignant (/3). GIST, NOS (not stated whether malignant or benign) is a /1 and is not reportable.</i>

## Disease Index Codes for Casefinding 2018

ICD-10-CM	Diagnosis [with preferred ICD-O-3 terminology]
D00.0 – D09.9	Carcinoma <i>in situ</i> <i>Note: Carcinoma in situ of the cervix (CIN III-8077/2) and Prostatic Intraepithelial Carcinoma (PIN III-8148/2) are not reportable</i>
D18.02	Hemangioma of intracranial structures and any site
D32.x	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.x	Benign neoplasm brain and other parts of central nervous system
D35.2 – D35.4	Benign neoplasm of pituitary, craniopharyngeal duct, craniobuccal pouch, hypophysis, rathke's pouch, sella turcica, pineal gland, pineal body
D42.0 – D43.9	Neoplasm of uncertain behavior of the brain & spinal cord, meninges, endocrine glands & other & unspecified parts of nervous system
D44.3 – D44.5	Neoplasm of uncertain behavior of the pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera [ICD-O3 9950/3] <i>ICD-10-CM Coding instruction note: Excludes familial polycythemia (ICD-10-CM C75.0), secondary polycythemia (ICD-10-CM D75.1)</i>
D46.x	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1	Chronic myeloproliferative disease [ICD-O3 9963/3] <i>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 &amp; Secondary myelofibrosis (D75.81), Myelophthisic anemia &amp; Myelophthisis (D61.82)</i>
D47.3	Essential thrombocythemia [ICD-O3 9962/3] <i>Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia</i>
D47.4	Osteomyelofibrosis [ICD-O3 9961/3] <i>Includes: Chronic idiopathic myelofibrosis, Myelofibrosis (idiopathic) (with myeloid metaplasia), Myelosclerosis (megakaryocytic) with myeloid metaplasia, Secondary myelofibrosis in myeloproliferative disease</i>
D47.Zx	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified [ICD-O3 9960/3, 9970/1, 9971/3, or 9931/3]
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified [ICD-O3 9970/1 or 9931/3]
D49.6, D49.7	Neoplasms of unspecified behavior of brain, endocrine glands and other CNS
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

## Disease Index Codes for Casefinding 2019

Effective: 10/01/2018-09/30/19

The following codes and/or code ranges are required cases for state reporting. The list is in ICD-10-CM order. The ICD-10-CM codes are not as detailed as ICD-O3 site/histology code combinations. Upon review of the chart, you may determine that a potentially reportable case with a code in this table may not be reportable. The casefinding list is a starting place for determining reportable status; full review of the medical chart is needed to make the final determination.

Casefinding list can be found at:

<https://seer.cancer.gov/tools/casefinding/fy2019-casefindinglist-icd10cm.pdf>

Disease Index Codes for Casefinding 2019	
ICD-10-CM	Diagnosis [with preferred ICD-O-3 terminology]
C00.0 – C43.9	Malignant neoplasms stated or presumed to be primary (of the specified site) and certain specified histologies
C4A.0 – C4A.9	Merkel cell carcinoma
C44.00, C44.09	Unspecified/other malignant neoplasm of skin of lip (excludes basal and squamous cell)
C44.10x, C44.19x	Unspecified/other malignant neoplasm of eyelid, including canthus (excludes basal and squamous cell)
C44.13	Sebaceous cell carcinoma of skin of eyelid, including canthus Note: Effective 10/01/18
C44.20x, C44.29x	Unspecified/other malignant neoplasm of ear and external auricular canal (excludes basal and squamous cell)
C44.30x, C44.39x	Unspecified/other malignant neoplasm of skin of other/unspecified parts of face (excludes basal and squamous cell)
C44.40, C44.49	Unspecified/other malignant neoplasm of scalp and skin of neck (excludes basal and squamous cell)
C44.50x, C44.59x	Unspecified/other malignant neoplasm of skin of trunk, except scrotum (excludes basal and squamous cell)
C44.60x, C44.69x	Unspecified/other malignant neoplasm of skin of upper limb, including shoulder (excludes basal and squamous cell)
C44.70x, C44.79x	Unspecified/other malignant neoplasm of skin of lower limb, including hip (excludes basal and squamous cell)
C44.80, C44.89	Unspecified/other malignant neoplasm of other specified sites of skin (excludes basal and squamous cell)
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<b>Disease Index Codes for Casefinding 2019</b>	
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D18.02	Hemangioma of intracranial structures and any site
D32.x	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.x	Benign neoplasm brain and other parts of central nervous system
D35.2 – D35.4	Benign neoplasm of pituitary, craniopharyngeal duct, craniobuccal pouch, hypophysis, rathke's pouch, sella turcica, pineal gland, pineal body
D42.0 – D43.9	Neoplasm of uncertain behavior of the brain & spinal cord, meninges, endocrine glands & other & unspecified parts of nervous system
D44.3 – D44.5	Neoplasm of uncertain behavior of the pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera [ICD-O3 9950/3] <i>ICD-10-CM Coding instruction note: Excludes familial polycythemia (ICD-10-CM C75.0), secondary polycythemia (ICD-10-CM D75.1)</i>
D46.x	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1	Chronic myeloproliferative disease [ICD-O3 9963/3] <i>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 &amp; Secondary myelofibrosis (D75.81), Myelophthisic anemia &amp; Myelophthisis (D61.82)</i>
D47.3	Essential thrombocythemia [ICD-O3 9962/3] <i>Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia</i>
D47.4	Osteomyelofibrosis [ICD-O3 9961/3] <i>Includes: Chronic idiopathic myelofibrosis, Myelofibrosis (idiopathic) (with myeloid metaplasia), Myelosclerosis (megakaryocytic) with myeloid metaplasia, Secondary myelofibrosis in myeloproliferative disease</i>
D47.Zx	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified [ICD-O3 9960/3, 9970/1, 9971/3, or 9931/3]
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified [ICD-O3 9970/1 or 9931/3]
D49.6, D49.7	Neoplasms of unspecified behavior of brain, endocrine glands and other CNS
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

## Additional Detail for Select Reportable Solid Tumor Cases

Squamous Intraepithelial Neoplasia, Grade III (ICD-O3 histology 8077/2)	ICD-O-3 Site Code	ICD-10-CM Code
Anal Intraepithelial Neoplasia - AIN III	C21.1	D01.3
Vulvar Intraepithelial Neoplasia - VIN III	C51.x	D07.1
Vaginal Intraepithelial Neoplasia - VAIN III	C52.x	D07.2
Reportable Terms	ICD-10-CM Code	ICD-O-3 Histology Code
Non-invasive mucinous cystic neoplasm of the pancreas with high-grade dysplasia replaces mucinous cystadenocarcinoma, non-invasive	D01.7	8470/2
Solid pseudopapillary neoplasm of pancreas is synonymous with solid pseudopapillary carcinoma	C25.0-C25.9	8452/3
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)	C25.0-C25.9	8150/3 8240/3 8249/3
Laryngeal intraepithelial neoplasia, grade III (LINIII)	D02.0	8077/2
Squamous intraepithelial neoplasia, grade III (SINIII), except Cervix and Skin	C15.9	8077/2
Mature teratoma of the testes in <b>adults</b> is reported as malignant <ul style="list-style-type: none"> <li>• Adult is defined as post-puberty.</li> <li>• Pubescence can take place over a number of years.</li> <li>• Do not rely solely on age to indicate pre- or post-puberty status. Review all information (history, physical, 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 diagnostic factor.</li> <li>• Do not report if unknown whether patient is pre- or post-pubescence. When testicular teratoma occurs in 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.</li> </ul>	C62.x	9080/3
Gastrointestinal stromal tumors (GIST), while frequently nonmalignant, must be reported and assigned behavior code /3 if they have multiple foci, metastasis or positive lymph nodes.	ICD-O3 histology code 8936/3	

## Additional Detail for Select Reportable Hematopoietic Cases

ICD-10-CM	Diagnosis [with preferred ICD-O-3 terminology]
C84.4, C84.A	Primary cutaneous gamma-delta T-cell lymphoma [ICD-O3 9726/3]
C82.6	Primary cutaneous follicle centre lymphoma [ICD-O3 9597/3]
C83.3	T-cell/histiocyte rich large B-cell lymphoma [ICD-O3 9688/3] or Intravascular large B-cell lymphoma [ICD-O3 9712/3] or Plasmablastic lymphoma [ICD-O3 9735/3]
C84.6	ALK positive large B-cell lymphoma [ICD-O3 9737/3]
C84.Z	Hydroa vacciniforme-like lymphoma [ICD-O3 9725/3]
C85.8	Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease [ICD-O3 9738/3]
C88.0	Macroglobulinemia (Waldenstrom's macroglobulinemia) [ICD-O3 9761/3]
C88.2, C88.3	Gamma heavy chain disease; Franklin's disease [ICD-O3 9762/3]
C90.2, C90.3	Extramedullary plasmacytoma [ICD-O3 9734/3], Solitary plasmacytoma [ICD-O3 9731/3]
C91Z	B lymphoblastic leukemia/lymphoma NOS [ICD-O3 9811/3] or B lymphoblastic leukemia/lymphoma with: t(9;22)(q34;11.2); BCR-ABL1 [ICD-O3 9812/3] or B lymphoblastic leukemia/lymphoma with t(v;11q23); MLL rearranged [ICD-O3 9813/3] or B lymphoblastic leukemia/lymphoma with t(12;21)(p13;q22); TEL-AML1 (ETV6-RUNX1)[ICD-O3 9814/3] or B lymphoblastic leukemia/lymphoma with hyperdiploidy [ICD-O3 9815/3] or B lymphoblastic leukemia/lymphoma with hypodiploidy (hypodiploid ALL) [ICD-O3 9816/3] or B lymphoblastic leukemia/lymphoma with t(5;14)(q31;q32);IL3-IGH [ICD-O3 9817/3] or B lymphoblastic leukemia/lymphoma with t(1;19)(q23;p13.3);E2A PBX1 (TCF3 PBX1) [ICD-O3 9818/3] or T lymphoblastic leukemia/lymphoma [ICD-O3 9837/3] or Chronic lymphoproliferative disorder of NK-cells [ICD-O3 9831/3] or T-cell large granular lymphocytic leukemia [ICD-O3 9831/3]
C00.0 – C43.9	Malignant neoplasms stated or presumed to be primary (of the specified site) and certain specified histologies
C4A.0 – C4A.9	Merkel cell carcinoma
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C88.2, C88.3	Gamma heavy chain disease; Franklin's disease [ICD-O3 9762/3]
C90.2, C90.3	Extramedullary plasmacytoma [ICD-O3 9734/3], Solitary plasmacytoma [ICD-O3 9731/3]
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C45.0 - C96.9	Malignant neoplasms (excluding category C49.A) stated or presumed to be primary (of the specified site) and certain specified histologies
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C84.Z	Hydroa vacciniforme-like lymphoma [ICD-O3 9725/3]
C85.8	Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease [ICD-O3 9738/3]
C88.0	Macroglobulinemia (Waldenstrom's macroglobulinemia) [ICD-O3 9761/3]
C88.2, C88.3	Gamma heavy chain disease; Franklin's disease [ICD-O3 9762/3]
C90.2, C90.3	Extramedullary plasmacytoma [ICD-O3 9734/3], Solitary plasmacytoma [ICD-O3 9731/3]
D46.x	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1	Chronic myeloproliferative disease [ICD-O3 9963/3] <i>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 &amp; Secondary myelofibrosis (D75.81), Myelophthisic anemia &amp; Myelophthisis (D61.82)</i>
D47.3	Essential thrombocythemia [ICD-O3 9962/3] <i>Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia</i>
D47.4	Osteomyelofibrosis [ICD-O3 9961/3] <i>Includes: Chronic idiopathic myelofibrosis, Myelofibrosis (idiopathic) (with myeloid metaplasia), Myelosclerosis (megakaryocytic) with myeloid metaplasia, Secondary myelofibrosis in myeloproliferative disease</i>
D47.Zx	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified [ICD-O3 9960/3, 9970/1, 9971/3, or 9931/3]
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified [ICD-O3 9970/1 or 9931/3]
D49.6, D49.7	Neoplasms of unspecified behavior of brain, endocrine glands and other CNS
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

## Ambiguous Terminology

Reportable malignancies are stated by a recognized medical practitioner. The medical record usually presents the diagnosis clearly; however, physicians sometimes use vague or ambiguous terms to describe a tumor when its behavior is uncertain. This may occur ***in absence of a cytologic/histologic diagnosis, or when there is a cytologic/histologic diagnosis.***

Ambiguous terminology may originate in any source document, such as a pathology report, radiology report, or clinical report. The terms listed below are reportable when they are used with a term such as *cancer*, *carcinoma*, and *sarcoma*. Ambiguous terms not listed below are not reportable.

### Reportable Ambiguous Terms

<i>Apparent(ly)</i>	<i>Favor(s)</i>	<i>Suspect(ed)</i>
<i>Appears</i>	<i>Malignant appearing</i>	<i>Suspicious (for)</i>
<i>Comparable with</i>	<i>Most likely</i>	<i>Typical(of)</i>
<i>Compatible with</i>	<i>Presumed</i>	
<i>Consistent with</i>	<i>Probable</i>	

- There may be ambiguous terms preceded by a modifier, such as “***mildly***” suspicious. In general, ignore modifiers or other adjectives and accept the reportable ambiguous term.
- Do not substitute synonyms such as *supposed* for *presumed* or, *equal* for *comparable*. Do not substitute *likely* for *most likely*.
- ***Suspicious cytology*** is any cytology report diagnosis that uses an ambiguous term, including those listed as reportable in this manual. Follow back on cytology diagnoses using ambiguous terminology is recommended.

**Example 1:** Discharge summary/diagnoses and X-ray report state the CT of the chest is *compatible with carcinoma of left lung*. This case is reportable. Although there may be no further work-up or treatment, the case is clinically diagnosed reportable.

**Example 2:** Barium enema (BE) reveals a *suspicious* sigmoid mass. Colonoscopy reveals a sigmoid mass stated as a ***questionable*** malignant neoplasm. The patient is referred for biopsy and colon resection at another facility revealing carcinoma. **Do not report** because in this example *mass* and *neoplasm* are not associated with a reportable malignant term. If it stated ***suspicious*** sigmoid mass, ***probable*** malignant neoplasm it would be reportable.

**Nonreportable Ambiguous Terms**

**Note:** Only nonreportable if no additional information is available.

*Rule out*

*Potentially malignant*

*Suggests*

*Equivocal*

*Questionable*

*Cannot be ruled out*

*Possible*

*Worrisome*

**Example 1:** Inpatient discharge summary documents a chest x-ray as *consistent with neoplasm* of the right upper lobe. The patient refused further work-up or treatment. *Consistent with neoplasm* is not indicative of cancer. **Do not report.** While *consistent with* can indicate involvement, *neoplasm* without specification of malignancy is not diagnostic except for non-malignant primary intracranial and central nervous system tumors.

**Example 2:** Final diagnosis is reported as *possible carcinoma* of the breast. **Do not report.** *Possible* is not a diagnostic term for cancer.

**Note:** Genetic findings in the absence of pathologic or clinical evidence of reportable disease are indicative of risk only and do not constitute a diagnosis.

**IMPORTANT:** Physicians are not aware of reportable and nonreportable ambiguous terminology. Introduce these terms to your physicians to clarify how they are used to determine reportability.

### Additional Ambiguous Terminology Guidelines for Solid Tumors

- **If any of the reportable ambiguous terms precede a word that is synonymous with an *in situ* or invasive tumor (e.g. *cancer, carcinoma, malignant neoplasm*), accession the case.**

**Example 1:** Pathology report states: “Prostate biopsy with markedly abnormal cells *typical of adenocarcinoma*.” Accession the case. *Typical of* is a reportable ambiguous term preceding *adenocarcinoma*

**Example 2:** Final diagnosis on the outpatient report reads: “*Rule out* pancreatic cancer,” **Do not accession the case.** *Rule out* is a nonreportable ambiguous term preceding *pancreatic cancer*.

**Example 3:** Mass on CT scan is *consistent with* pituitary tumor. **Accession the case.** Reportable term (*consistent with*) precedes *tumor*.

- Discrepancies Between Reportable and Nonreportable Terms
  - Accession the case based on the reportable ambiguous term when there are **reportable and non-reportable ambiguous terms in the medical record.**

**Exception:** **Do not accession** a case when original source document used a **non-reportable** ambiguous term and subsequent documents refer to history of cancer.

**Example:** Report from the dermatologist states *possible* melanoma. Patient admitted later for unrelated procedure and physician listed *history of* melanoma. **Do not accession the case.** Give priority to the information from the dermatologist. *Possible* is not a reportable ambiguous term. The later information is less reliable in this case.

- Accept the reportable term and accession the case when there is a **single report** in which both reportable and non-reportable terms are used.

**Example:** Abdominal CT reveals a 1 cm liver lesion. “The lesion is *consistent with* hepatocellular carcinoma” appears in the discussion section of the report. The final diagnosis is “1 cm liver lesion, *possibly* hepatocellular carcinoma.” **Accession the case.** *Consistent with* is a reportable ambiguous term. Accept *consistent with* over the non-reportable term *possibly*.

- Use the reportable ambiguous terms when screening diagnoses on pathology reports, operative reports, scans, mammograms, and other diagnostic testing (with the exception of tumor markers).

**Note:** *Do not accession* a case when **resection, excision, biopsy, cytology, or physician's statement** proves the ambiguous diagnosis is not reportable.

**Example 1:** Mammogram report states "calcifications *suspicious* for intraductal carcinoma." The **biopsy** of the area surrounding the calcifications is negative for malignancy. **Do not accession the case.** The biopsy proved that the *suspicious* diagnosis was proven false.

**Example 2:** CT report states "mass in the right kidney highly suspicious for renal cell carcinoma. Malignant neoplasm cannot be excluded." Discharged back to the nursing home and no other information is available. The suspicious CT finding was **biopsied** and not proven to be malignant. **Do not accession the case.**

**Example 3:** Stereotactic biopsy of the left breast is "focally suspicious for DCIS" and is followed by a negative needle localization excisional biopsy. The needle localization excisional biopsy was performed to further evaluate the suspicious stereotactic **biopsy** finding. **Do not accession the case.** The biopsy proved that the *suspicious* diagnosis was proven false.

**Example 4:** Esophageal **biopsy** with diagnosis of "focal areas *suspicious* for adenocarcinoma in situ." Diagnosis on partial esophagectomy specimen "with foci of high grade dysplasia; no invasive carcinoma identified." **Do not accession the case.** The esophagectomy proved that the *suspicious* biopsy result was false.

**Additional Ambiguous Terminology Guidelines for Hematopoietic and Lymphoid Neoplasms**

- **Do not report** the case when biopsy or physician's statement **confirms a non-reportable** condition or **proves the ambiguous diagnosis is wrong**.

**Example:** CT scan shows enlarged lymph nodes *suspicious for* lymphoma. Subsequent biopsies of the lymph nodes thought to be involved with a neoplasm are negative for malignancy. **Do not report the case.** The pathology is more reliable than the scan; the negative biopsy proves that the ambiguous diagnosis was wrong.

- **Do not report cases** diagnosed only by **ambiguous cytology** (cytology diagnosis preceded by ambiguous term).

**Example:** Parotid ultrasound guided FNA states "*consistent with* non-Hodgkin's lymphoma." Case diagnosed based on cytology/fine needle aspiration (FNA) preceded by ambiguous terminology (*consistent with*). **Do not report this case** based on ambiguous cytology.

- **Report the case** when the patient is treated for a reportable neoplasm.

**Note 1: Report the case** even if the diagnostic tests are inconclusive, equivocal, or negative.

**Note 2:** For treatment information see the *National Cancer Institute's Physicians' Data Query* (PDQ) website at: <http://www.cancer.gov/cancertopics/pdq> or the *SEER\*Rx Antineoplastic Drugs Database*.

- **Report the case** when a reportable diagnosis appears in any text or report described as a **Definitive Diagnostic Method** in the *Hematopoietic database*. Search the *Hematopoietic Database* to determine case reportability.

**Note:** Definitive diagnostic methods differ depending upon the histology. See the *Hematopoietic Database* for details: <https://seer.cancer.gov/seertools/hemelymph>