

# Chapter 1

## DETERMINING REPORTABILITY

Before reporting a newly diagnosed cancer, one must be able to determine if the case is reportable to the State. This chapter will provide you with the information needed to make that determination.

### Casefinding Techniques

Reportable cases may come from a variety of sources. The hospital pathology laboratory can provide cases diagnosed by histology, cytology, hematology, bone marrow or autopsy. Other resources include daily discharges, ICD-9 (for cases prior to October 2015) or ICD-10 (for cases October 2015 to the present) coding logs, disease indices, inpatient and outpatient surgery logs, radiotherapy consults, treatment reports and logs, oncology clinic treatment reports and Current Procedural Terminology (CPT) codes and logs. Never rely solely on the pathology department to provide reportable cases. Doing so could exclude cases for which the facility has no diagnostic tissue reports. Cases diagnosed elsewhere but treated at your facility and those diagnosed radiographically or clinically only, without tissue confirmation, would be missed during casefinding unless additional resources are employed. It is essential to include review of the disease index (usually provided by Health Information Management (HIM)/Medical Records). Other tracking tools such as medical and radiation oncology clinic logs can help to ensure that all reportable cases are identified. It would be advisable to form an alliance with staff from the aforementioned HIM, radiation oncology and pathology departments. This will help to establish and develop a systematic method to routinely receive necessary information from them.

### Cases That Must Be Reported

Refer to the Disease Index Codes list beginning on page C1-6 when casefinding. (Not all ICD-9/ICD-10-CM codes listed will need to be used by all facilities, depending on the type of facility.)

1. Cases diagnosed on or after January 1, 1976, for hospitals, or on or after January 1, 1992, for all nonhospital reporting entities (clinics/physician offices, etc.).
2. All active primary cancers.
3. 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 other states provide WCRS with reports on Wisconsin residents and we provide them with reports on their residents. Interstate data exchange is a NPCR requirement.

4. Cases with diagnosis codes specified on the ICD-9/ICD-10-CM reportable list that meet the reportable criteria established by WCRS.
5. Invasive or *in situ* (noninvasive) malignancies (behavior code of /2 or /3 in ICD-O-3 coding manual).
6. Beginning with cases diagnosed on or after **January 1, 2002**, the following type of squamous neoplasia is reportable to the State (per NPCR requirement):

<b>Squamous Intraepithelial Neoplasia, Grade III (ICD-O3 histology 8077/2)</b>	<b>ICD-O-3 Site Code</b>	<b>ICD-9-CM    ICD-10-CM Code</b>
Anal Intraepithelial Neoplasia - AIN III	C21.1	230.6    D01.3
Vulvar Intraepithelial Neoplasia - VIN III	C51.x	233.32    D07.1
Vaginal Intraepithelial Neoplasia - VAIN III	C52.x	233.31    D07.2

7. Beginning with cases diagnosed on or after **January 1, 2004**, non-malignant primary intracranial and central nervous system (CNS) tumors are required to be reported:

<b>Topography Codes for Benign Brain Tumors</b>		
<b>Description</b>	<b>ICD-O3 Site Code</b>	<b>ICD -9-CM    ICD-10-CM Code</b>
Meninges	C70.0 – C70.9	225.2, 225.4    D32.0, D32.1, D32.9
Brain	C71.0 – C71.9	225.0    D33.0 – D33.2
Spinal Cord, Cranial Nerves, Other parts of CNS	C72.0 – C72.5, C72.8, C72.9	225.1, 225.3, 225.8, 225.9    D33.3, D33.4, D33.7, D33.9
Other Endocrine Glands and Related Structures	C75.1 – C75.3	227.3, 227.4    D35.2 - D35.4

8. Beginning with cases diagnosed on or after **January 1, 2010**, the following hematopoietic diseases are reportable to the State:

<b>Terms and Codes Changing from Nonreportable to Reportable</b>	<b>ICD-9-CM Code    ICD-10-CM Code    ICD-O-3 Histology Code</b>
Chronic Lymphoproliferative disorder of NK-cells or T-cell large granular lymphocytic leukemia	204.8    C91Z0 – C91Z2    9831/3
Langerhans cell histiocytosis, NOS, unifocal or multifocal	288.4    D76.1-D76.3    9751/3
Myelodysplastic/Myeloproliferative neoplasm, unclassifiable or Myeloproliferative disease, NOS or Myeloproliferative neoplasm unclassifiable	238.79    D46    9975/3

9. Beginning with cases diagnosed on or after **January 1, 2015**, the following diseases are reportable to the State:

New Reportable Terms	ICD-9-CM Code    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	230.9    D01.7    8470/2
Solid pseudopapillary neoplasm of pancreas is synonymous with solid pseudopapillary carcinoma	157.x    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)	157.x    C25.0-C25.9    8150/3 8240/3 8249/3
Laryngeal intraepithelial neoplasia, grade III (LINIII)	231.x    D02.0    8077/2
Squamous intraepithelial neoplasia, grade III (SINIII), except Cervix and Skin	8077/2
<p>Mature teratoma of the testes in <b>adults</b> is reported as malignant</p> <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 (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 diagnostic factor.</li> <li>• 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.</li> </ul>	186.x    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

10. **Hospital requirement:** Patients with a reportable cancer who were diagnosed and received first-course therapy at another facility who are now seen at your facility for diagnosis and/or treatment of recurrent or metastatic disease. Record all available information regarding the **original** diagnosis, staging and first-course treatment, if information is available.

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.

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.**

11. **Nonhospital requirement:** Patients diagnosed at a staff physician's office or different nonhospital facility and received any or all the entire first course of treatment in a hospital. This case **is** reportable by the reporting nonhospital if 1) any of the treatment was provided by your facility or 2) in cases where all treatment was provided elsewhere **but** the case was **not** referred to a WISCONSIN hospital.
12. Patients who die at your facility with **active** cancer, who were neither diagnosed nor treated at your facility, are also reportable.
13. Basal cell carcinomas (histology codes 8090 – 8110) and squamous cell cancers (8050 – 8084) that originate in mucoepidermoid sites:

SITE	ICD-O-3 SITE CODE	ICD-9 CODE	ICD-10 CODE
Lip	C00.0-C00.9	140.0 – 140.9	C00.0 – C00.9
Anus	C21.0	154.3	C21.0
Vulva	C51.0-C51.9	184.4	C51.0 - C51.9
Vagina	C52.9	184.0	C52
Penis	C60.0- C60.9	187.1 – 187.4	C60.0 – C60.9
Scrotum	C63.2	187.7	C63.2

*Note: Basal and squamous cell carcinomas of skin (ICD-O-3 codes C44.0 – C44.9, ICD-9 codes 173.0 – 173.9, ICD-10 codes C44.0 – C44.9) are NOT reportable to WCRS.*

14. Malignant tumors of the **skin** such as adnexal carcinoma/ adenocarcinoma (8390/3-8420/3), adenocarcinoma, lymphoma, melanoma, sarcoma, and Merkel cell tumor **ARE** reportable. Any carcinoma arising in a hemorrhoid is reportable, since hemorrhoids arise in mucosa, not in the skin.

15. 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 to collect these cases as malignant with behavior code /3.

**Please note:** For reportable cases in which you 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 the appropriate text fields. These types of nonanalytic cases are required by central cancer registries to ensure complete incidence reporting for the state’s population. It is a ‘catchment’ requirement to cover instances when the facility diagnosing or treating the patient does not report the case as required to the central cancer registry.

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

## Disease Index Codes for Casefinding

The following codes and/or code ranges are required cases for state reporting. The list is in ICD-10-CM order; for additional clarification, some of the hematopoietic diseases represented in the ranges listed in the bolded rows are also listed separately with more detailed terminology.

ICD-10-CM	ICD-9-CM	Diagnosis [with preferred ICD-O-3 terminology]
<b>C00.0 – C43.9, C4A.x, C45.0 - C95.9</b>	<b>140.0 – 172.9, 174.0 – 209.36, 209.7x</b>	<b>Malignant neoplasms (excluding basal and squamous skin codes in the ICD-9 category 173 or ICD-10 category C44), stated or presumed to be primary (of the specified site) and certain specified histologies</b>
C44.00, C44.09	173.00, 173.09	Unspecified/other malignant neoplasm of skin of lip
C44.10, C44.19	173.10, 173.19	Unspecified/other malignant neoplasm of eyelid, including canthus
C44.20, C44.29	173.20, 173.29	Unspecified/other malignant neoplasm of ear and external auricular canal
C44.30, C44.39	173.30, 173.39	Unspecified/other malignant neoplasm of skin of other/unspecified parts of face
C44.40, C44.49	173.40, 173.49	Unspecified/other malignant neoplasm of scalp and skin of neck
C44.50, C44.59	173.50, 173.59	Unspecified/other malignant neoplasm of skin of trunk, except scrotum
C44.60, C44.69	173.60, 173.69	Unspecified/other malignant neoplasm of skin of upper limb, including shoulder
C44.70, C44.79	173.70, 173.79	Unspecified/other malignant neoplasm of skin of lower limb, including hip
C44.80, C44.89	173.80, 173.89	Unspecified/other malignant neoplasm of other specified sites of skin
C44.90, C44.99	173.90, 173.99	Unspecified/other malignant neoplasm of skin, site unspecified
C84.4, C84.A	202.7	Primary cutaneous gamma-delta T-cell lymphoma [ICD-O3 9726/3]
C82.6	202.0	Primary cutaneous follicle centre lymphoma [ICD-O3 9597/3]
C83.3	200.7	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	200.6	ALK positive large B-cell lymphoma [ICD-O3 9737/3]
C84.Z	202.8	Hydroa vacciniforme-like lymphoma [ICD-O3 9725/3]
C85.8	202.8	Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease [ICD-O3 9738/3]
C88.0	273.3	Macroglobulinemia (Waldenstrom's macroglobulinemia) [ICD-O3 9761/3]

ICD-10-CM	ICD-9-CM	Diagnosis [with preferred ICD-O-3 terminology]
C88.2, C88.3	203.8, 273.2	Gamma heavy chain disease; Franklin's disease [ICD-O3 9762/3]
C90.2, C90.3	203.8	Extramedullary plasmacytoma [ICD-O3 9734/3], Solitary plasmacytoma [ICD-O3 9731/3]
C91Z	204.8	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]
C92.0	205.0	Acute myeloid leukemia with t(6;9)(p23;q34) DEK- NUP214 [ICD-O3 9865/3] or Acute myeloid leukemia with inv(3)(q21,q26.2) [ICD-O3 9869/3] or Acute myeloid leukemia with t(3;3)(q21;q26.2); RPN1EVI1 [ICD-O3 9869/3] or Acute myeloid leukemia with (megakaryoblastic) with t(1;22)(p13;q13); RBM15-MKL1 [ICD-O3 9911/3] or Therapy-related myelodysplastic syndrome [ICD-O3 9920/3]
C92.Z	205.8	Myeloid leukemia associated with Down's Syndrome [ICD-O3 9898/3] or Myeloid and lymphoid neoplasms with FGFR1 abnormalities [ICD-O3 9967/3] or Myeloid and lymphoid neoplasms with PDGFRB rearrangement [ICD-O3 9965/3] or Myeloid and lymphoid neoplasms with PDGFRB arrangement [ICD-O3 9966/3]

ICD-10-CM	ICD-9-CM	Diagnosis [with preferred ICD-O-3 terminology]
C94.4	238.79	Acute panmyelosis with myelofibrosis [ICD-O3 9931/3]
C94.8	207.8	Hypereosinophilic syndrome (9964/3), also called chronic eosinophilic leukemia
C95.0	208.0	Mixed phenotype acute leukemia with t(9;22)(q34;11.2); BCR-ABL1 [ICD-O3 9806/3] or Mixed phenotype acute leukemia with t(v;11q23); MLL rearranged [ICD-O3 9807/3] or Mixed phenotype acute leukemia, B/myeloid NOS [ICD-O3 9808/3] or Mixed phenotype acute leukemia, T/myeloid NOS [ICD-O3 9809/3]
C96.2	202.6	Systemic mastocytosis [ICD-O3 9741/3]
C96.4	202.9	Fibroblastic reticular cell tumor [ICD-O3 9759/3]
C96.5, C96.6	202.5	Langerhans cell histiocytosis, NOS or Langerhans cell histiocytosis, unifocal or Langerhans cell histiocytosis, multifocal [ICD-O3 9751/3]
<b>D00.0 – D09.9</b>	<b>230.0-234.9</b>	<b>Carcinoma <i>in situ</i></b>
D18.02	228.02	Hemangioma of intracranial structures and any site
D18.1	228.1	Lymphangioma of brain, other parts of nervous system or endocrine glands
D32.0, D32.1, D32.9, D33.2, D33.3, D33.4	225.0 – 225.4	Benign neoplasm of brain, cranial nerves, cerebral meninges, cerebral meningioma, spinal cord, cauda equine, spinal meninges, spinal meningioma
D33.7	225.8	Benign neoplasm of other specified sites of nervous system
D33.9	225.9	Benign neoplasm of nervous system, part unspecified
D35.2 – D35.4	227.3–227.4	Benign neoplasm of pituitary, craniopharyngeal duct, craniobuccal pouch, hypophysis, rathke's pouch, sella turcica, pineal gland, pineal body
D42.0 – D43.9	237.5, 237.6, 237.9	Neoplasm of uncertain behavior of the brain & spinal cord, meninges, endocrine glands & other & unspecified parts of nervous system
D44.3 – D44.5	237.0-237.1	Neoplasm of uncertain behavior of the pituitary gland, craniopharyngeal duct and pineal gland
D45	238.4	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>
D46.0	238.72	Refractory neutropenia [ICD-O3 9991/3] or Refractory thrombocytopenia [ICD-O3 9992/3]
D46.1 – D46.2	238.72 – 238.73	Refractory anemia with ringed sideroblasts [ICD-O3 9982/3] or refractory anemia with excel blasts [ICD-O3 9983/3]
D46.4	238.72	Refractory anemia [ICD-O3 9980/3]
D46.9	238.75	Myelodysplastic syndrome, unclassifiable [ICD-O3 9989/3]

ICD-10-CM	ICD-9-CM	Diagnosis [with preferred ICD-O-3 terminology]
D46C	238.74	Myelodysplastic syndrome with 5q- syndrome [ICD-O3 9986/3]
D46A, D46B	238.72	Refractory cytopenia with multilineage dysplasia [ICD-O3 9985/3]
D47.1 or C94.6	238.79	Chronic myeloproliferative disease [ICD-O3 9960/3] or Myelodysplastic/Myeloproliferative neoplasm, unclassifiable or myeloproliferative disease, NOS or Myeloproliferative neoplasm, unclassifiable [ICD-O3 9975/3] <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	238.71	Essential thrombocythemia [ICD-O3 9962/3] <i>Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia</i>
D47.4	238.76	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.Z1	238.77	Polymorphic PTLD [ICD-O3 9971/3]
D49.0 – D49.9	239.0 - 239.9	Neoplasms of unspecified behavior (includes neoplasm of uncertain behavior of pituitary gland, craniopharyngeal duct, pineal gland, brain, spinal cord, meninges, NOS, cerebral, spinal, neurofibromatosis (unspecified, Type one and Type two von Recklinghausen's disease, other and unspecified parts of nervous system, cranial nerves) <i>Review chart to determine if case is reportable.</i>
R85.614	796.76	Cytologic evidence of malignancy on smear of anus
R87.614	795.06	Cytologic evidence of malignancy on smear of cervix
R87.624	795.16	Cytologic evidence of malignancy on smear of vagina

## Nonreportable Cases

1. Any skin cancer of the following types: malignant neoplasms, NOS; epithelial carcinomas, papillary and squamous cell carcinomas or basal cell carcinomas (ICD-O3 histology codes 8000-8110).
2. Patients who have a **history** of cancer but no diagnosis or treatment at your facility.
3. Records, slides or patients seen only in consultation to confirm a diagnosis; no chart is created in your facility for this case. (If a chart is created, it is a reportable case.)
4. 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, then that case is reportable.*

5. 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.
6. Patients with a pre-cancerous condition or benign tumor NOT described in bullet #7 on page C1-2.
7. Patients diagnosed before 1976 (hospital) or before 1992 (nonhospital facility).
8. Metastatic sites or recurrences of a primary cancer that was already reported by your facility.

## Ambiguous Diagnostic Terms

A patient has a reportable malignancy when 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 the absence of a cytologic/histologic diagnosis, as well as when there is a cytologic/histologic diagnosis.

Reporting requirements depend on the term used. Some malignancies may be first diagnosed clinically with ambiguous terms. Reportable terms must always include a reference to malignancy, cancer, etc. (Exception: non-malignant primary intracranial and central nervous system tumors.)

### Reportable Ambiguous Terms

1. Apparent(ly)
2. Appears
3. Comparable with
4. Compatible with
5. Consistent with
6. Favors
7. Malignant appearing
8. Most likely
9. Presumed
10. Probably
11. Suspect(ed)
12. Suspicious (for)
13. Typical of
14. Tumor or Neoplasm\*

\*beginning with 2004 diagnoses and only for the reportable benign tumors (page C1-2)

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

**Example 2:** Barium enema (BE) reveals a suspicious sigmoid mass. Colonoscopy reveals a sigmoid mass, “*questionable* malignant neoplasm.” The patient is referred for biopsy and colon resection at another facility revealing carcinoma. The case is NOT reportable for your facility because mass and neoplasm are not associated with a reportable malignant term, whereas if it had been stated “*suspicious* sigmoid mass, *probable* malignant neoplasm,” for example, it would be reportable.

**Exception:** Do not report cytology suspicious for malignancy, unless confirmed by biopsy or the physician states that the case supports a malignant diagnosis.

**Nonreportable Ambiguous Terms\*\***

1. Approaching
2. Cannot be ruled out
3. Equivocal
4. Possible
5. Potentially malignant
6. Questionable
7. Rule out
8. Suggests
9. Very close to
10. Worrisome

\*\*Unless additional information is available

Please note: Physicians are not aware or trained on these lists of reportable and nonreportable ambiguous terminology. It is important to introduce these terms to your physicians to clarify how they are used to determine the reportable status of your facility's cancer cases.