

2010 CASEFINDING LIST

Case finding procedures should include the review of medical records coded with the following ICD-9-CM* codes. Newly reportable diseases are followed by the ICD-O-3 morphology and behavior code in parentheses.

ICD-9-CM* CODE	
140.0 – 208.9	Malignant neoplasms (primary and secondary)
209.0 – 209.3	Neuroendocrine tumors
209.30	Malignant poorly differentiated neuroendocrine carcinoma, any site <i>Reportable inclusion terms:</i> <i>High grade neuroendocrine carcinoma, any site</i> <i>Malignant poorly differentiated Neuroendocrine tumor, NOS</i>
209.31 – 209.36	Merkel cell carcinoma Note: Effective date 10/1/09
209.70 – 209.79	Secondary Neuroendocrine tumors Note: Effective Date 10/1/09 <i>Reportable inclusion terms:</i> <i>Secondary carcinoid tumors</i> Note: All Neuroendocrine or carcinoid tumors specified as secondary are malignant
225.0 – 225.9	Benign central nervous system neoplasms
227.3	Benign neoplasm of pituitary gland and craniopharyngeal duct (pouch) <i>Reportable inclusion terms:</i> <i>Benign neoplasm of craniobuccal pouch, hypophysis, Rathke's pouch or sella turcica</i>
227.4	Benign neoplasm of pineal gland
227.9	Benign neoplasm; endocrine gland, site unspecified
228.02	Hemangioma of intracranial structures <i>Reportable inclusion terms:</i> <i>Angioma NOS, Cavernous nevus, Glomus tumor, Hemangioma (benign)</i>
228.1	Lymphangioma, any site
230.0–234.9	Carcinoma in situ <i>Reportable inclusion terms:</i> <i>Intraepithelial neoplasia III</i>
236.0	Endometrial stroma, low grade (8931/1) <i>Reportable inclusion terms:</i> <i>Stromal endometriosis (8931/3 per ICD-O-3)</i> <i>Stromal myosis (endolymphatic) (8931/3 per ICD-O-3)</i>

ICD-9-CM* CODE	
236.0 cont.	<i>Stromatosis, endometrial (8931/3 per ICD-O-3)</i>
237.0–237.9	Neoplasm of uncertain behavior [borderline] of endocrine glands and nervous system
238.4	Polycythemia vera (9950/3)
238.6	Neoplasm of uncertain behavior of other and unspecified sites and tissues, Plasma cells (Plasmacytoma, extramedullary, 9734/3) <i>Plasmacytoma NOS (9731/3)</i> <i>Solitary myeloma (9731/3)</i>
238.71	Essential thrombocythemia (9962/3) <i>Reportable inclusion terms:</i> <i>Essential hemorrhagic thrombocythemia</i> <i>Idiopathic (hemorrhagic) thrombocythemia</i>
238.72	Low grade myelodysplastic syndrome lesions (includes 9980/3, 9982/3, 9983/3, 9985/3) <i>Reportable inclusion terms:</i> Refractory anemia (RA) (9980/3) Refractory anemia with excess blasts-1 (RAEB-1) (9983/3) 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 (includes 9983/3) <i>Reportable inclusion terms:</i> Refractory anemia with excess blasts-2 (RAEB-2)
238.74	Myelodysplastic syndrome with 5q deletion (9986/3) <i>Reportable inclusion terms:</i> <i>5q minus syndrome NOS</i>
238.75	Myelodysplastic syndrome, unspecified (9985/3, 9987/3)
238.76	Myelofibrosis with myeloid metaplasia (9961/3) <i>Reportable inclusion terms:</i> <i>Agnogenic myeloid metaplasia</i> <i>Idiopathic myelofibrosis (chronic)</i> <i>Myelosclerosis with myeloid metaplasia</i>
238.77	Post transplant lymphoproliferative disorder (9987/3)

ICD-9-CM* CODE	
238.79	<p>Other lymphatic and hematopoietic tissues (includes 9960/3, 9961/3, 9970/1, 9931/3)</p> <p><i>Reportable inclusion terms:</i></p> <p style="padding-left: 40px;"><i>Lymphoproliferative disease (chronic) NOS (9970/1)</i></p> <p style="padding-left: 40px;"><i>Megakaryocytic myelosclerosis (9961/3)</i></p> <p style="padding-left: 40px;"><i>Myeloproliferative disease (chronic) NOS (9960/3)</i></p> <p style="padding-left: 40px;"><i>Panmyelosis (acute)(9931/3)</i></p>
239.6	Neoplasms of unspecified nature of brain
239.7	Neoplasms of unspecified nature of endocrine glands and other parts of nervous system
239.81 – 239.89	<p>Neoplasms of unspecified nature; other specified sites</p> <p>Note: Effective Date 10/1/09</p>
273.2	<p>Other paraproteinemias</p> <p><i>Reportable inclusion terms:</i></p> <p style="padding-left: 40px;"><i>Franklin’s disease (heavy chain) (9762/3)</i></p> <p style="padding-left: 40px;"><i>Heavy chain disease (9762/3)</i></p> <p style="padding-left: 40px;"><i>Mu-chain disease (9762/3)</i></p>
273.3	<p>Macroglobulinemia</p> <p><i>Reportable inclusion terms:</i></p> <p style="padding-left: 40px;"><i>Waldenström’s macroglobulinemia (9761/3)</i></p> <p style="padding-left: 40px;"><i>Waldenström’s (macroglobulinemia) syndrome</i></p>
288.3	<p>Eosinophilia</p> <p>Note: This code is for eosinophilia, which is not reportable. Do not abstract unless diagnosis is “Hypereosinophilic syndrome (9964/3).”</p>
795.06	Papanicolaou smear of cervix with cytologic evidence of malignancy
795.16	Papanicolaou smear of vagina with cytologic evidence of malignancy
795.76	Papanicolaou smear of anus with cytologic evidence of malignancy
V10.0 – V10.89	<p>Personal history of malignancy</p> <p>Note: Screen for recurrences, subsequent primaries, and/or subsequent treatment</p>
V10.90	<p>Personal history of unspecified malignant neoplasm</p> <p>Note: Effective Date: 10/1/09. Screen for recurrences, subsequent primaries, and/or subsequent treatment</p>
V10.91	<p>Personal history of malignant neuroendocrine tumor, carcinoid tumor, Merkel cell carcinoma</p> <p>Note: Effective Date: 10/1/09. Screen for recurrences, subsequent primaries, and/or subsequent treatment</p>

ICD-9-CM* CODE	
V12.41	Personal history of benign neoplasm of brain

The following codes are not reportable per se, but they should alert registrars to look for the first malignant neoplasm associated with these codes.

SUPPLEMENTARY LIST #1—ICD-9-CM* CODES THAT SHOULD BE FOLLOWED BY OR ASSOCIATED WITH A NEOPLASM CODE*.	
ICD-9-CM* CODE	
258.02 – 258.03	Multiple endocrine neoplasia (MEN) type IIA and IIB (rare familial cancer syndrome) Note: Use additional codes to identify any malignancies and other conditions associated with the syndrome
285.22	Anemia in neoplastic disease Note: Assign also a code for the neoplasm causing the anemia Excludes: anemia due to antineoplastic chemotherapy, new code 285.3
289.83	Myelofibrosis (NOS) (9961/3) Note: Not every case of myelofibrosis is associated with a malignancy. Review terms included in ICD-O-3 to determine if case is reportable. See ICD-9-CM.
338.3	Neoplasm related pain (acute, chronic); Cancer associated pain; Pain due to malignancy (primary/secondary); Tumor associated pain
511.81	Malignant Pleural effusion Note: Code first malignant neoplasm if known. If the primary site is not know, code 199.0, disseminated carcinomatosis, or code 199.1, malignancy NOS, should be assigned.
789.41	Malignant ascites Note: Code first malignant neoplasm if know. If the primary site is not know, code 199.0, disseminated carcinomatosis, or code 199.1, malignancy NOS, should be assigned.

Note: Cases with these codes should be labeled as “I – Investigate Further”. These are neoplasm-related secondary conditions for which there should also be a primary diagnosis of a reportable neoplasm. Experience has shown that using the supplementary list increases casefinding for benign brain and CNS, hematopoietic neoplasms, and other reportable diseases.

SUPPLEMENTARY LIST #2—ICD-9-CM* CODE LIST TO SCREEN FOR CANCER CASES NOT IDENTIFIED BY OTHER CODES (EFFECTIVE DATE: 1/1/2010)*	
ICD-9-CM* CODE	
042	Acquired Immunodeficiency Syndrome (AIDS) Note: 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 Papilloma virus
079.50 – 079.59	Retrovirus (HTLV, types I,II, and 2)
209.40 – 209.69	Benign carcinoid tumors
210.0 – 229.9	Benign neoplasms (except for 225.0-225.9, 227.3,227.4, 227.9, 228.02, and 228.1, which are listed in the reportable list) Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.
235.0 – 236.6	Neoplasms of uncertain behavior (except for 236.0, which is listed in the Reportable list) Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.
238.0 – 239.9	Neoplasms of uncertain behavior (except for 238.4, 238.6, 2238.74-238.79, 239.6, 239.7, 239.81 and 239.89, which are listed in the Reportable list) Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.
253.6	Syndrome of inappropriate secretion of antidiuretic hormone Note: Part of the paraneoplastic syndrome. See note of explanation in “notes” section.
259.2	Carcinoid Syndrome
259.8	Other specified endocrine disorders
273.0	Polyclonal hypergammaglobulinemia (Waldenstrom) Note: Review for miscodes
273.1	Monoclonal gammopathy of undetermined significance (9765/1) Note: Screen for incorrectly coded Waldenstrom macroglobulinemia or progression
273.9	Unspecified disorder of plasma protein metabolism Note: Screen for incorrectly coded Waldenstrom macroglobulinemia

275.42	Hypercalcemia Note: Part of the paraneoplastic syndrome. See note of explanation in the “notes” section.
277.88	Tumor lysis syndrome/Tumor lysis syndrome following antineoplastic drug therapy Note: Effective Date: 10/1/09
279.00	Hypogammaglobulinemia Note: Predisposed to lymphoma or stomach cancer
279.02 – 272.9	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
284.9	Aplastic anemia, unspecified Note: Review for miscodes
285.0	Sideroblastic Anemia
285.3	Antineoplastic chemotherapy induced anemia (Anemia due to antineoplastic chemotherapy) Note: Effective Date: 10/1/09
288.03	Drug induced neutropenia
289.89	Other specified diseases of blood and blood-forming organs Note: Review for miscodes
323.81	Encephalomyelitis; specified cause NEC Note: Part of the paraneoplastic syndrome. See note of explanation in the “notes” section.
379.59	Opsoclonia Note: Part of the paraneoplastic syndrome. See note of explanation in the “notes” section.
528.01	Mucositis due to antineoplastic therapy
630	Hydatidiform Mole (9100/0) Note: This is a benign tumor that can become malignant. If malignant, it should be reported as Choriocarcinoma (9100/3) and will have a malignancy code in the 140-209 range.
686.01	Pyoderma gangrenosum Note: Part of the paraneoplastic syndrome. See note of explanation in the “notes” section.
695.89	Sweet’s Syndrome Note: Part of the paraneoplastic syndrome. See note of explanation in the “notes” section.

701.2	Acanthosis nigricans Note: Part of the paraneoplastic syndrome. See note of explanation in the “notes” section.
710.3	Dermatomyositis Note: Part of the paraneoplastic syndrome. See note of explanation in the “notes” section.
710.4	Polymyositis Note: Part of the paraneoplastic syndrome. See note of explanation in the “notes” section.
785.6	Enlargement of lymph nodes
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)
999.81	Extravasation of vesicant chemotherapy
E879.2	Adverse effect of radiation therapy
E930.7	Adverse effect of antineoplastic therapy
E933.1	Adverse effect of immunosuppressive drugs
V07.31, V07.39	Other prophylactic chemotherapy
V07.8	Other specified prophylactic measure
V12.72	Colonic polyps (history of)
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
V52.4	Breast prosthesis and implant
V54.2	Aftercare for healing pathologic fracture
V58.0	Encounter for radiation therapy
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
V71.1	Observation for suspected malignant neoplasm
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
V84.81	Genetic susceptibility to multiple endocrine neoplasia [MEN]
V86.0	Estrogen receptor positive status [ER+]
V86.1	Estrogen receptor negative status [ER-]
V87.41	Personal history of antineoplastic chemotherapy

Notes:

- Prostatic Intraepithelial Neoplasia (PIN III) M-8148/2 is not required by CDC/NPCR.
- Pilocytic/juvenile astrocytoma M-9421 moved from behavior /3 (malignant) to /1 (borderline malignancy) in ICD-O-3. However, CDC/NPCR registries will CONTINUE to report these cases and code behavior a /3 (malignant).
- Borderline cystadenomas M-8442, 8451, 8462, 8472, 8473, of the ovaries moved from behavior /3 (malignant) to /1 (borderline malignancy) in ICD-O-3. CDC/NPCR registries are not required to collect these cases for diagnoses made 1/1/2001 and after. However, cases diagnosed prior to 1/1/2001 should still be abstracted and reported to SEER.
- These diseases are part of the paraneoplastic syndrome. “Paraneoplastic syndrome isn’t cancer. It’s a disease or symptom this is the consequence of cancer but is not due to the local presence of cancer cells. A paraneoplastic syndrome may be the first sign of cancer.”

* *International Classification of Diseases, Ninth Revision, Clinical Modification. U.S. Dept. of Health and Human Services, Public Health Service – Health Care Finance Administration; DHHS Publication No. (PHS) 80-1260.*

NOTE:

This Casefinding Screening List was developed by the National Cancer Institute (NCI)/Surveillance, Epidemiology, and End Results Program (SEER) and modified for use on the NPCR Cyber Cancer Registry with permission.