

2016 SCREENING LIST OF ICD-10CM CODES FOR CASEFINDING

October 1, 2015 – September 30, 2016

ICD-10-CM Codes	Code Description of Neoplasm	Reportable Dx Yr
C00._ - C96._	Malignant neoplasm (primary & secondary; excluding category C44), stated or presumed to be primary (of specified site) and certain specified histologies (See Note 2)	1-1-1973
	Carcinoid, NOS; Appendix C18.0 - <i>Update 01/01/15</i> (See Note 5)	1-1-1992
	MCN; pancreas C25._; Non-invasive mucinous cystic neoplasm with high grade dysplasia. (See note 6)	
	Mature teratoma; Testis C62._ – adults (See note 7)	1-1-2015
C4a.0 -C4a.9_	Merkel cell carcinoma	10-1-2009
See NOTE 4 C44.00.-C44.09 C44.10_, C44.19_ C44.20_, C44.29_ C44.30_, C44.39_ C44.40, C44.49 C44.50_, C44.59_ C44.60_, C44.69_ C44.70_, C44.79_ C44.80, C44.89 C44.90, C44.99	Unspecified and other specified malignant neoplasm of : 173.00, 173.09 – Skin of Lip 173.10, 173.19 – Skin of Eyelid including canthus 173.20, 173.29 – Skin of Ear and external auditory canal 173.30, 173.39 – Skin Other and unspecified parts of face 173.40, 173.49 – Skin of Scalp and neck 173.50, 173.59 – Skin of Trunk 173.60, 173.69 – Skin of Upper limb and shoulder, 173.70, 173.79 – Skin of Lower limb and hip; 173.80, 173.89 – Overlapping lesions of skin, point of origin unknown; 173.90, 173.99 - Sites unspecified (excludes Labia, Vulva, Penis, Scrotum)	1-1-1973
C54.1	182.0 Endometrial stromal sarcoma, low grade; Endolymphatic stromal myosis ; Endometrial stromatosis, Stromal endometriosis, Stromal myosis, NOS (C54.1)	1-1-2001
C56.9	183.0 Borderline malignancies of the ovary (C56.9) (See Historical Reportable by Agreement and ***Note 3)	1973 – 2000 only
C70._	191._ Papillary Meningioma	1-1-2001
C70._	Papillary Ependymoma	1-1-2001
C81._ - C96._	Malignant neoplasms of lymphatic and hematopoietic tissue & Sarcomas	1-1-1973
	Preleukemia	
	Including (these other blood diseases)	
	202.3 Malignant histiocytosis	1-1-1973
	202.5 Langerhans cell histiocytosis, generalized	1-1-1973
	202.8 Immunoproliferative small intestinal disease	1-1-1992

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	203.0 Multiple myeloma	1-1-1973
C88.0	Macroglobulinemia (9761/3) <i>Reportable inclusion terms: Waldenström's macroglobulinemia (9761/3) Waldenström's (macroglobulinemia) syndrome (See Reportable by Agreement)</i>	1-1-1998
C7a._ - C7a.1_	Malignant neuroendocrine tumors Malignant poorly differentiated neuroendocrine carcinoma, any site <i>Reportable inclusion terms: High grade neuroendocrine carcinoma, any site; Malignant poorly differentiated neuroendocrine tumor NOS</i>	1-1-2009
C7b._	Secondary neuroendocrine tumors <i>Reportable inclusion terms: Secondary carcinoid + tumors</i> Note: All neuroendocrine or carcinoid secondary tumors are malignant	10-1-2009
D00._ - D09._	In-situ neoplasms (Carcinoma in situ) <i>Reportable inclusion terms: Intraepithelial neoplasia III (01/01/2010)</i> <i>2016 Reportable Diagnoses: Intraepithelial neoplasia, Grade III</i> VIN III, VAIN III, AIN III, LIN III, SIN III (exclude cervix) Not complete list, NEW examples: LN III (C500-C509) PanIN III (C250-C259) PeIN III (C600-C609); (See Historical Reportable by Agreement) <i>NOTE: CIN III-8077/2 and PIN III-8148/2 are not reportable</i>	1-1-2010 1-1-2016
	CIN III (C530-C539) (in situ) of the Cervix	1969 – 1996 only
	(Behavior /2, over time pathology terminology has varied) VIN III, VAIN III (See Historical Reportable by Agreement)	1-1-1973
	AIN III (See Historical Reportable by Agreement)	1-1-2001
	LIN III (See Historical Reportable by Agreement)	1/1/2015
	SIN III <u>excluding cervix</u> (See Historical Reportable by Agreement)	1/1/2015
D18.02	Hemangioma; of intracranial structures <i>Reportable inclusion terms: Angioma NOS, Cavernous nevus, Glomus tumor, Hemangioma (benign)</i>	1-1-2009
D18.1	Lymphangioma, any site Note: This Includes lymphangioma of Brain, other parts of nervous system and endocrine glands, which are reportable	1-1-2009

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D32._ D33._	Benign neoplasm of meninges (cerebral, spinal and unspecified) Benign neoplasm Brain and other parts of Central Nervous System (See Reportable by Agreement)	(IA only)1-1-2000 2004 Nationally
D35.2, D35.4	Benign neoplasm of pituitary gland & craniopharyngeal duct (pouch) & Pineal gland <i>Reportable inclusion terms: benign neoplasm of craniobuccal pouch, hypophysis, Rathke's pouch or sella tursica</i>	(IA only)1-1-2000 2004 Nationally
D42._, D43._	Neoplasms of uncertain or unknown behavior or meninges, brain, CNS	
D44.3 – D44.5	Neoplasm of uncertain or unknown behavior of pituitary gland, craniopharyngeal duct and pineal gland	(IA only)1-1-2000 2004 Nationally
D45	Polycythemia vera (9950/3) [Polycythemia rubra vera (9950/3)] NOTE: See Reportable by Agreement. ICD-10-CM Coding instruction note: Excludes familial polycythemia (C75.0), secondary polycythemia (D75.1)	1-1-2001
D46._	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)	1-1-2001
D47.1	Chronic myeloproliferative disease (9963/3, 9975/3) <i>ICD-10-CM Coding instruction note: Excludes the following:</i> <i>Atypical chronic myeloid leukemia BCR/ABL-negative (C92.2_)</i> <i>Chronic myeloid leukemia BCR/ABL-positive (C92.1_)</i> <i>Myelofibrosis & Secondary myelofibrosis (D75.81)</i> <i>Myelophthisic anemia & Myelophthisis (D61.82)</i>	1-1-2001
D47.3	Essential (hemorrhagic) thrombocythemia (9962/3) <i>Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia</i>	1-1-2001
D47.4	Osteomyelofibrosis (9961/3) <i>Includes: Chronic idiopathic myelofibrosis</i> <i>Myelofibrosis (idiopathic) (with myeloid metaplasia)</i> <i>Myelosclerosis (megakaryocytic) with myeloid metaplasia</i> <i>Secondary myelofibrosis in myeloproliferative disease</i>	1-1-2001
D47.7_	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960/3, 9970/1, 9971/3, 9931/3)	1-1-2001

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D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1, 9931/3)	1-1-2001
D49.6, D49.7	Neoplasms of unspecified behavior of brain, endocrine glands and other CNS	1-1-2001
R85.614	Cytologic evidence of malignancy on smear of anus	10-1-2016
R87.614	Cytologic evidence of malignancy on smear of cervix	10-1-2016
R87.624	Cytologic evidence of malignancy on smear of vagina	10-1-2016

***NOTES:

1. Prostatic Intraepithelial Neoplasia (**PIN III**) M-8148/2 is **not required** by SEER. “Glandular Intraepithelial neoplasia, grade III” is the preferred term M8148/2 although terminology is not listed in Alphabetic Index; PIN is listed. (Indentation underneath main term denotes as a synonym) [2016 SPCSM Reportable Dx List, p. 6, 1, b, iii.](#) [2016 FORDS Case Eligibility p.2 Exception 4.](#)
2. **Pilocytic/juvenile astrocytoma** M-9421 moved from /3 to /1 in ICD-O-3 (2001). NCI/SEER & CoC registries are continue to collect these cases and code 9421/3. [2016 SPCSM Reportable Dx List, p.5, 1, iii.](#) [2016 FORDS Case Eligibility p.2 Exception 1.](#)
3. ICD-O-3: **Borderline cystadenoma** M-8442, 8451, 8462, 8472, 8473, of the ovaries moved from /3 to /1 in ICD-O-3. SEER registries are **NOT** required to collect cases diagnosed 1-1-2001 and after. **Any case diagnosed 1992-1996 should be abstracted and reported to SEER.**
4. By requesting the specific subsites under ICD-9CM; i.e. C44.00 - C44.99 in a HIM report; the number of reports can be narrowed. The two digits following the decimal point exclude squamous and basal cell tumors. A list of non-reportable primary skin histologies is located in: [2016 SPCSM Reportable Dx List, p.6, 1.b, i.](#) [2016 FORDS Case Eligibility, p.2, Exception 3.](#)
5. **Carcinoid of the appendix** – Effective 01/01/2015 diagnosis date - carcinoid tumor, NOS of the appendix is **REPORTABLE**. The ICD-O-3 behavior code will change from /1 to /3. [2016 SPCSM p.11, item 1, a., i;](#) Prior appendix primaries coded 8240/1 will be converted by the implementation conversions for 2015. [2016 FORDS Case Eligibility, p. 2, Exception 2.](#)
6. **MCN of pancreas:** Non-invasive mucinous cystic neoplasm of pancreas with high-grade dysplasia is reportable. Replaces the term mucinous cystadenocarcinoma, non-invasive. [2016 SPSCM p. 6, 1, a, v.](#) [2016 FORDS Non-FORDS Code Modification, Newly-Reportable Conditions/Tumors, Preface 2016, XV.](#)
7. **Testis – Mature teratoma** in adults is malignant and reportable as 9080/3. [2016 SPCSM p. 6, 1, vi.](#) [2016 FORDS Non-FORDS Code Modification, Newly-Reportable Conditions/Tumors, Preface 2016, XV.](#)

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CoC Programs

Historical “Reportable by Agreement” – in Iowa

- *Polycythemia (primary, rubra or Vera) – 1973 through March 1995
- *Borderline malignancies of the ovary – 1973 - 2000
- *Waldenstrom’s macroglobulinemia - 1973 through 1987
- *Carcinoid NOS – 1985 only
- *Plasmacytoma - 1985 only
- *Benign Brain & CNS, Pituitary gland, Pineal gland tumors – (2000 to 2003 Special Study)
- ~~*Vaginal intraepithelial neoplasia III (VIN III), (C510-C519) vulvar intraepithelial neoplasia III (VAIN III), (C529). (Per FORDS Manual non-reportable for COC programs 2003+) but continued reportability for SHRI~~
- ~~*Anal intraepithelial neoplasia III (AIN III) (C210-C211) ICD-O-3 Reportable 2001 & forward (Per FORDS Manual non-reportable for COC programs 2003+) but continued reportability for SHRI~~
- ~~*Laryngeal intraepithelial neoplasia III (LIN III) (C320-C329) 2015 and forward reportable to SHRI (FORDS no documentation regarding LIN III.)~~
- ~~*Squamous intraepithelial neoplasia III (SIN III) excluding cervix 2015 and forward reportable to SHRI (FORDS no documentation regarding SIN III.).~~

The grayed area will be replaced by new text below 2016 and forward.

- * **2016 - Reportable diagnoses: Intraepithelial neoplasia, Grade III** (any site where terminology is used). **Incomplete list includes those noted above** (VIN III (C510-C519), VAIN III (C529), AIN III (C210-C211), LIN III (C320-C329), SIN III (excluding cervix); **New: examples:** LN III (C500-C509), PanIN (C250-C259), PeIN (C600-C609) (See Historical Reportable by agreement) **continued reportability for SHRI**

Resident Reporting:

Due to Data Exchange agreements with other State registry’s it was decided that non-Iowa resident patients seen in Iowa facilities will be abstracted and processed in the Central office like Iowa residents. Effective **July 1, 1996** any non-Iowa resident seen in an Iowa facilities will be abstracted. At that time there was an exception to this requirement..

- Exception 1: Illinois residents seen at the University of Iowa Hospitals and Clinics were to go directly to the state of Illinois and not processed through the Registry’s database.
 - **Beginning January 1, 2007** the SHRI began processing Illinois residents submitted by the University of Iowa Hospitals and Clinics through the Registry’s database.

* Key to reporting of non-resident: location of the facility. If the facility is in Iowa a non-resident is abstracted.

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Documents used in preparation of ICD-O-3 list:

ICD-O II Terms that were changed to malignant p.144

ICD-O III Appendix 4: Terms that changed from tumor-like lesions to neoplasms p. 238

ICD-O III Appendix 6: Terms that changed behavior code p.239

Introducing ICD-O-3 (SEER August 2000) p.6-7

ICD-O-3 Lists <http://www.training.seer.cancer.gov>

“Introducing ICD-O-3: Impact of the New Edition”, Journal of Registry Management, Vol 27, Number 4, p.125-131.

Iowa SEER Code Manual p.64-65, p.75

Comprehensive ICD-9CM Casefinding List for Reportable Tumors (Effective Date 10-1-2006)

April Fritz, “Changes in ICD-9-CM Casefinding Codes for Reportable Neoplasms,” Journal of Registry Management; Summer 2007, Vol 34, Number 2, p. 59-64

Comprehensive ICD-9-CM Casefinding Code List for Reportable Tumors (Eff date 1/1/2010 from SEER)

Comprehensive ICD-9-CM Casefinding Code List for Reportable Tumors (Eff date 1/1/2011 from SEER)

Comprehensive ICD-9 CM Casefinding Code List for Reportable Tumors (Eff date 1/1/2012 from SEER)

Comprehensive ICD-9 CM Casefinding Code List for Reportable Tumors (Eff date 1/1/2013 from SEER)

* International Classification of Diseases, 9th Revision, Clinical Modification, Sixth Edition (Hospital Edition), 2012

**International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, 2012, DRAFT. All information regarding ICD-10-CM, including the conversions of ICD-9-CM to ICD-10-CM based on the 2012 General Equivalency Mappings provided by CMS and NCHS on the CDC website for ICD coding:

<http://www.cdc.gov/nchs/icd/icd10cm.htm>

Comprehensive ICD-10 CM Casefinding Code List for Reportable Tumors (Eff date 1/1/2015 from SEER); SPCSM 2015; FORDS 2015

Comprehensive ICD-10 CM Casefinding Code List for Reportable Tumors (Eff date 1/1/2016 from SEER); SPCSM 2016; FORDS 2016; Non-Resident Reporting formerly noted in IA Specific Coding Guidelines

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IOWA ADMINISTRATIVE CODE (IAC)

(p.1)

Since 1982 cancer has been a reportable disease in Iowa and the Registry has been delegated the responsibility for collecting data on cancer through review of records from hospitals, radiation treatment centers, outpatient surgical facilities, oncology clinics, pathology laboratories, and physicians' offices. In 2009, the State Board of Health adopted revisions to the Iowa Administrative Code (IAC), regarding the Iowa Public Health Department (641), Chapter 1, "Reportable Diseases, Poisonings and Condition, and Quarantine and Isolation." The revisions became effective November 11, 2009. The new language is included in the Iowa Code section 139A rules and the reporting requirements for cancer in Iowa. The current version December 1, 2010 is found in Exhibit A with highlighted text.

Furthermore, since the Registry database is used for research, chapter 135.40 of the Iowa Code protects persons and hospitals from liability of any kind or character by reason of having provided such information. See Exhibits A and B.

Exhibit A

IAC 12/1/10

Public Health[641]

Ch 1 , p.3

641—1.1(139A) Definitions. ...

"Reportable cancers" means those cancers included in the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Program.

641—1.2(139A) Purpose and authority.

1.2(2) Authority. ...The State Health Registry of Iowa, administered by the Department of Epidemiology of the College of Public Health at the University of Iowa, is a public health authority for purposes of collecting cancer data in accordance with this chapter.
[ARC 8231B, IAB 10/7/09, effective 11/11/09]

Ch 1 p.19

SPECIFIC NONCOMMUNICABLE CONDITIONS

641—1.14(139A) Cancer. Each occurrence of a reportable cancer that is diagnosed or treated in an Iowa resident or occurs in a nonresident who is diagnosed or treated in an Iowa facility shall be reported to the State Health Registry of Iowa, administered by the Department of Epidemiology of the College of Public Health at the University of Iowa, by mail, telephone or electronic means.

1.14(1) Who is required to report. Occurrences of reportable cancers shall be reported by registrars employed by the State Health Registry of Iowa, registrars employed by health care facilities, and health care providers involved in the diagnosis, care, or treatment of individuals with a reportable cancer.

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1.14(2) *What to report.* The content of the reports shall include, but not be limited to, follow-up data and demographic, diagnostic, treatment, and other medical information. Tissue samples may also be submitted under the authority of this rule.

1.14(3) *How to report.* For these particular diseases, physicians and other health practitioners should not send a report to the department.

a. The department has delegated to the State Health Registry of Iowa the responsibility for collecting these data through review of records from hospitals, radiation treatment centers, outpatient surgical facilities, oncology clinics, pathology laboratories, and physician offices.

b. Prior to collecting the data from an office or facility, the State Health Registry of Iowa shall work with the office or facility to develop a process for abstracting records which is agreeable to the office or facility.

c. Where applicable, reportable cancers shall be reported on forms developed and distributed by the State Health Registry of Iowa.

d. Data will be supplemented with information obtained from records from hospitals, radiation treatment centers, outpatient surgical centers, oncology clinics, pathology laboratories, and physician offices through an abstracting process developed by the State Health Registry of Iowa.

[ARC 8231B, IAB 10/7/09, effective 11/11/09]

Ch 1, p.19

[Filed ARC 0754C (Notice ARC 0672C, IAB 4/3/13), IAB 5/29/13, effective 7/3/13]

Ch.1, p. 21