

North Dakota Statewide Cancer Registry

Cancer Reporting Procedures For Non-Cancer Registry Health Care Providers

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Table of Contents

Policies and Procedures for Non-Hospital Cancer Reporting	1
Introduction	1
Who Must Report.....	1
Health-Care Providers Who Must Report.....	1
Determining Responsibility for Reporting	1
Required Cases	3
General.....	3
Exceptions: Cases That Are NOT Required or Reportable	3
Terminology	4
When To Report	4
Where To Report	4
Confidentiality Issues	5
Reporting.....	5
State Registry Disclosure.....	5
HIPAA	5
Data Quality.....	5
Instructions For Reporting Cancer Data	5
General.....	5
 Appendix	
1. ND HIPPA	
2. Web Plus Display Example	
3. City, County, County Number and Zip Code	
4. ICD-9 and ICD-10 code Case-finding List	

POLICIES AND PROCEDURES FOR NON-CANCER REGISTRY HEALTH CARE PROVIDERS

I. INTRODUCTION

Amendment of the Administrative Rules (NDCC 33-06-01) in July 1996 made cancer a reportable disease. This amendment requires hospitals, physicians, dentists and other health-care providers to report newly diagnosed cases of cancer to the North Dakota Statewide Cancer Registry (NDSCR). This data provides information used to evaluate the North Dakota cancer burden, conduct epidemiologic studies, research, evaluate potential cancer clusters and assist in cancer control planning. In addition, federal legislation (PL102-515) established the National Program of Cancer Registries, whose goal is to develop national comprehensive cancer prevention and control strategy. Because the state receives funds through this national program, the federal law also requires reporting by all North Dakota health-care providers who diagnose or treat cancer patients. Compliance with reporting requirements by all providers will ensure complete and accurate surveillance data and enable the registry to produce meaningful cancer statistics. The NDSCR began collecting cases on all reportable cancers diagnosed in North Dakota as of January 1, 1997. Also, federal legislation passed in 2004 requires the reporting of benign central nervous tumors with a diagnosis date of January 1, 2004, or later.

The most common types of cancer diagnosed or treated outside a hospital setting include melanoma, some prostate and breast tumors, noninvasive bladder tumors, small eye tumors, carcinoma in situ of the cervix, oral or genital tumors, tumors in colorectal polyps, lymphoma, leukemia, multiple myeloma, and other bone marrow primaries.

II. WHO MUST REPORT

A. Health-Care Providers Who Must Report

All health care providers who diagnose or treat cancer patients must report confirmed cases of cancer to the state central cancer registry. The types of providers listed below are included in this requirement.

- Hospitals
- Physicians / physician clinics / physician offices
- Dentists
- Medical laboratories
- Freestanding radiation or medical oncology clinics or cancer treatment centers
- Freestanding surgery centers
- Mammography or other radiology facilities
- Nursing homes

B. Determining Responsibility for Reporting

1. Physicians must report all required cancer cases that are not referred to a hospital for further diagnosis or treatment. This includes:
 - a. Patients who are clinically diagnosed and receive no further work-up or treatment.
 - b. Patients who are newly diagnosed in the physician's own laboratory facility or by sending a specimen from the office to an outside laboratory, whether hospital-based or independent.
 - c. Patients who are diagnosed and then referred out of state for treatment.
 - d. Patients whose first-course treatment is initiated in the physician's office or clinic. This includes cancer treatment by surgery, radiation, chemotherapy, immunotherapy or hormones.

Exception: If a hospital reports cases diagnosed and treated in a staff physician's office, the physician need not duplicate the reports to the state.

2. Medical Laboratories: Hospital-based laboratories and private or independent laboratories licensed in North Dakota must report all required cancer cases diagnosed in the lab for patients that are not referred to a hospital for further diagnosis and treatment. This includes cases also reported by physician or dentist offices as described in paragraph 1.b. above and paragraph 5 below. For hospital-based laboratories, these are “path only” cases that are reported by the hospital registry staff, but not necessarily included in the hospital registry.
3. Surgery Centers: Freestanding surgery centers (independent centers not affiliated with any hospital) must report any patient undergoing a biopsy or other surgical procedure at the facility for a newly diagnosed reportable cancer. This includes cases also reported by either a hospital-based or a private/independent medical laboratory as described in paragraph 2 above.

Surgery centers affiliated with a hospital must report any patient undergoing a biopsy or other surgical procedure at the facility for a newly diagnosed reportable cancer if the patient was not referred to the hospital for further diagnosis or treatment. This includes cases also reported by either hospital-based or private/independent medical laboratories as described in paragraph 2 above.

4. Freestanding Radiation or Medical Oncology Clinics must report any patient initially diagnosed with reportable cancer or when first-course treatment is initiated at the non-hospital based facility. This includes cancer treatment by surgery, radiation, chemotherapy, immunotherapy or hormones.
5. Mammography or Other Radiology Facilities: Facilities that provide screening, diagnostic or therapeutic cancer services must report confirmed cases of reportable cancer.

6. Dentists must report all required cancer cases that are not referred to a hospital for further diagnosis or treatment. This includes:
 - a. Patients who are diagnosed or treated by a dentist who performs a biopsy and/or receives a pathology report of a malignant diagnosis.
 - b. Cases also reported by either hospital-based or private/independent medical laboratories as described in paragraph 2 above
7. Nursing Homes must report the following types of newly diagnosed required cancer cases:
 - a. Cases clinically diagnosed but not confirmed through biopsy, cytology or other microscopic methods.
 - b. Cases for whom the first course of cancer treatment is initiated at the facility. Treatment may include chemotherapy, immunotherapy or hormone therapy.

III. REQUIRED CASES

A. General

All confirmed cases of cancer that have been diagnosed or treated in North Dakota January 1, 1997, or later must be reported to the NDSCR. This includes solid and hematopoietic malignancies. A clinical diagnosis or any case that is stated to be cancer by a recognized medical practitioner is reportable, even if there is no histological or cytological confirmation. Any cancer or malignancy listed on the death certificate is reportable. In addition:

- Juvenile astrocytoma is reportable.
- Basal or squamous cell carcinoma of the skin of genitalia is reportable.
- All benign and borderline neoplasm's of the brain and central nervous system diagnosed January 1, 2004, or later are reportable. This also includes the pituitary gland, pineal gland, or craniopharyngeal duct.
- All neoplasms with behavior code two (in situ) or three (malignant) in the most current edition of the *International Classification of Diseases for Oncology (ICD-O)* are reportable.

Exceptions to the above are described in Section B below.

B. Exceptions: Cases That Are Not Required or Reportable

- Basal or squamous cell carcinoma of congenital skin.
- Preinvasive cervical neoplasia, including carcinoma in situ of the cervix or cervical intraepithelial neoplasia, grade III (CIN III).
- Prostatic intraepithelial neoplasia, grade III (PIN III) unless it states in situ as well as PIN III.
- A patient whose primary malignancy has previously been reported and who is receiving subsequent or second line/salvage treatment for recurrence or progression of disease.

- A patient who was diagnosed or treated at a hospital and is receiving additional or follow-up treatment at the physician's office or clinic.

C. Terminology

- All neoplasms, either histologically or clinically diagnosed, are reportable to NDSCR.
- Malignant diagnoses that are not histologically confirmed, but are described by one of the following ambiguous terms, are considered confirmed cases and are reportable:

apparent (ly)	appears to	comparable with
compatible with	consistent with	favor (s)
malignant appearing	most likely	presumed
probable (ly)	suspect (ed)	suspicious (for)
typical of	neoplasm [Beginning with 2004 diagnoses and only for non-malignant primary intracranial and CNS tumors.]	

Diagnoses described as “cannot be ruled out,” “equivocal,” “possible,” “questionable,” “suggests,” “rule out,” “worrisome,” “potentially malignant,” etc., are not to be reported.

IV. WHEN TO REPORT

Cases must be reported to the state central cancer registry no later than six (6) months after the date of diagnosis.

V. WHERE TO REPORT

The reporting forms and supporting documentation, as described in Section VIII below, should be mailed in a sealed envelope that is clearly labeled "CONFIDENTIAL" to:

North Dakota Statewide Cancer Registry
 Department of Pathology
 School of Medicine & Health Sciences
 University of North Dakota
 1301 N Columbia Rd Stop 9037
 Grand Forks, N.D. 58203-9037
<https://ndcancer.org>

Questions may be directed as follows:

Telephone 701.777.2868 or 701.777.0791

Fax 701.777.3108

E-mail xudong.zhou@med.und.edu or yun.zheng@med.und.edu

VI. CONFIDENTIALITY ISSUES

A. Reporting

State law requires the reporting of cancer cases. The law does not require patient consent to report a case.

In addition, federal law includes provisions for state cancer registry access to patient records of all health-care providers whose services involve identifying, establishing the characteristics of, treating or assessing the medical status of cancer cases.

B. State Registry Disclosure

North Dakota Statewide Cancer Registry disclosure of confidential information that could lead to the identification of an individual cancer patient, except to other state cancer registries and local and state health officers, is strictly prohibited by state and federal regulations. Those regulations are reflected in the North Dakota Statewide Cancer Registry policies and procedures and in their operating practices.

C. HIPAA

The North Dakota Statewide Cancer Registry is considered an exempt entity according to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule at 45 CFR 164.512(a) (see attachment 1) because North Dakota State Administrative Rules mandate cancer reporting and the data submitted is used for public surveillance. Therefore, HIPAA-covered entities, such as the health-care providers described in Section II.A, are permitted to disclose protected health information (PHI) to the state central cancer registry without patient (or their personal representative's) consent.

VII. DATA QUALITY

State central cancer registry staff performs extensive visual and computerized edits of reports for the completeness and accuracy of the data submitted. State central cancer registry staff may contact reporting entities when the edits identify incomplete or unclear information or discrepancies in data reported by multiple providers for one patient. Contact will be made in writing or by telephone.

VIII. INSTRUCTIONS FOR REPORTING CANCER DATA

A. General

Cases may be reported by (1) sending abstracted records electronically; (2) sending hard copies of medical records. The NDSCR participates in cancer data sharing agreements with other out-of-state central cancer registries. Because of this, cases that have been diagnosed and / or treated at your facility also need to be abstracted. This abstracted information is shared with the other state central cancer registries annually. This procedure enables each state to have more accurate data to address their specific states cancer burden.

1. Electronic Cancer Reporting

Reporters interested in electronic submission or submission through a secure internet reporting system.

These electronic submissions may be completed either by abstracting and entering the data directly into a PC-based program called Abstract Plus and monthly submit a data file to the NDSCR or by entering the data directly into the registry's web-based reporting system Web Plus which is the preferred method. Please contact NDSCR for further information in using either of these programs for doing electronic submissions from your facility.

See Attachment 2 for an example of the Web Plus data entry abstracting form.

See Attachment 3 for list of City, County, County Number and Zip Code in ND.
(<https://ndcancer.org/files/NorthDakotaCityCountyandZipCodeDirectory.pdf>)

See Attachment 4 for list of ICD-9 and ICD-10 codes.
(<https://ndcancer.org/files/NDSCRReportableList.pdf>)

2. Medical Record Hard Copy Reporting

If a reporter chooses to submit medical record hard copies, the following Documents are required to be submitted.

- a. Summary Sheet/Admission Sheet containing demographic information.
- b. History and Physical.
- c. Discharge Summary.
- d. Consultations.
- e. Surgery/Operative Report.
- f. Cytology and/or Pathology Report.
- g. Laboratory and Radiology Reports
- h. Autopsy Report [if applicable]

Appendix 1

North Dakota Department of Health HIPAA Policy

Policy Title:	Release of Health Information	
Policy Number:	P-028	Version: 1.2 Reviewed June 8, 2015
Reference:	45 CFR 164.502(d); 45 CFR 164.514 (d) 45 CFR 164.514(e); 45 CFR 164.512(i), 45 CFR 164.512(b)	
Applicability:	Department of Health	
Approved By:	Dr. Terry Dwelle, State Health Officer Arvy Smith, Deputy State Health Officer Dirk Wilke, HIPAA Coordinator, Privacy Officer	
Effective Date:	February 1, 2004	

Policy:

The NDDoH may release health information data as outlined in the following procedure.

Exceptions:

None

Procedure:

The NDDoH may disclose:

1. Protected health information with the individual's specific written authorization. Such authorization must meet all the requirements described in the Authorizations Policy (P-004); or
1. De-identified health information; or
2. A limited data set with a data use agreement; or
3. Health information for research if the information is not de-identified or is not a limited data set, with or without the individual's authorization, if the NDDoH uses a data use agreement and obtains documentation that an alteration to, or waiver of, the individual's authorization has been approved by:
 1. The NDDoH privacy board, or
 2. The NDDoH Institutional Review Board (IRB) if the research is in part conducted by an NDDoH employee for the Department of Health.
4. Decedents' information with a data use agreement. No IRB or privacy board review is needed. Consistent with the Minimum Necessary policy (P-012), the minimum necessary information will be disclosed. In addition, for research on decedents' information, the NDDoH will obtain:

1. Representation from the researcher that the information sought is solely for research on the PHI of decedents, and
2. Assurance that there will be no attempt to contact family members, and
3. Representation that the PHI requested is necessary for the research purpose, and
4. Documentation of the death of such individuals, (if applicable).
5. PHI when the NDDoH is operating as a public health authority. NDDoH is authorized to disclose individual information without authorization for the purpose of preventing or controlling disease, injury or disability and for the conduct of public health surveillance, investigation and intervention; or
6. Information to a known public health authority. If the public health authority status of an organization is not known, the NDDoH will require a Business Associate Agreement or Data Use Agreement to be completed. Dependent upon the reason for the request from a public health authority, the NDDoH may require a Business Associate Agreement or Data Use Agreement be completed prior to disclosure of PHI to another public health authority; or
7. Information without individual authorization to the extent that such disclosure is required or permitted by law.

Any disclosures not consistent with this policy are a violation of NDDoH policies and procedures and federal HIPAA regulations. Sanctions may be imposed consistent with the Workforce Sanctions policy (P-027).

De-identified Health Information

1. The NDDoH may disclose de-identified health information without the written authorization of the individual when the health information does not identify an individual and there is no reasonable basis to believe that the information can be used to identify an individual. The NDDoH will use reasonable discretion when disclosing de-identified health information.
2. The NDDoH may use protected health information to create information that is not individually identifiable health information or disclose protected health information only to a business associate to create the de-identified information.
3. The NDDoH may determine that health information is not individually identifiable health information (de-identified) if the following identifiers of the individual or of relatives, employers, or household members of the individual, are removed and if the NDDoH does not have knowledge that the information could be used alone or in combination with other information to identify the individual:
 1. Names
 2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:
 1. The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people, and

2. The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic or code
4. The NDDoH may also determine that health information is not individually identifiable health information (de-identified) if:
 1. A person within the NDDoH who has appropriate knowledge and experience with statistical and scientific principles and methods for rendering information not individually identifiable:
 1. Determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information; and
 2. Documents the methods and results of the analysis that justify such determination.
5. The NDDoH may assign a code or other means of record identification to allow information de-identified to be re-identified if:
 1. The code or other means of record identification is not derived from or related to information about the individual and is not capable of being translated in order to identify the individual;
 2. The code or other means is not used for any other purpose and does not disclose the mechanism for re-identification.
6. De-identified information disclosed via internet access will be accompanied by a statement notifying the user that:

1. Linking the data to other data for the purpose of identifying individuals is prohibited, and
2. The user must report to the NDDoH any inadvertent discovery of the identity of any person, and
3. The user must make no use of the discovery, and
4. By using this data, the user signifies agreement to comply with the above statements.

Limited Data Sets

1. The NDDoH may disclose protected health information (PHI) for research, public health or health care operations without the written authorization of the individual if the information is a limited data set and the NDDoH enters into a data use agreement with the limited data set recipient.
2. A limited data set is PHI that excludes the following direct identifiers of the individual or of relatives, employers or household members of the individual:
 1. Names
 2. Postal address information, other than town or city, county, State and zip code
 3. Telephone numbers
 4. Fax numbers
 5. Electronic mail addresses
 6. Social security numbers
 7. Medical record numbers
 8. Health plan beneficiary numbers
 9. Account numbers
 10. Certificate/license numbers
 11. Vehicle identifiers and serial numbers, including license plate numbers
 12. Device identifiers and serial numbers
 13. Web Universal Resource Locators (URLs)
 14. Internet Protocol (IP) address numbers
 15. Biometric identifiers, including finger and voice prints
 16. Full face photographic images and any comparable images
3. The NDDoH may disclose a limited data set only if the NDDoH obtains satisfactory assurance, in the form of a data use agreement, that the limited data set recipient will only use or disclose the PHI for limited purposes.

Data Use Agreements

1. All requests for data which require a Data Use Agreement are to be sent to the NDDoH HIPAA Coordinator.
2. A data use agreement between the NDDoH and the limited data set recipient must:

1. Establish the permitted uses and disclosures of the information by the limited data set recipient. The data use agreement may not authorize the limited data set recipient to use or further disclose the information in a manner that would violate these requirements;
 2. Establish who is permitted to use or receive the limited data set;
 3. Provide that the limited data set recipient will:
 1. Not use or further disclose the information other than as permitted by the data use agreement or as otherwise required by law;
 2. Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the data use agreement;
 3. Report to the NDDoH any use or disclosure of which it becomes aware not provided for by its data use agreement;
 4. Ensure that any agents to whom it provides the limited data set agrees to the same restrictions and conditions that apply to the limited data set recipient with respect to this information;
 5. Not identify the information or contact the individuals.
 4. Be signed and dated by the Requestor, the appropriate NDDoH Division Director, and the NDDoH Privacy Officer.
-
3. The proposed Data Use Agreement will be sent to the requestor for review. The requestor must sign and date the Agreement and return to the NDDoH HIPAA Coordinator.
 4. The appropriate NDDoH Division Director will be requested to review the Data Use Agreement, sign and date.
 4. The NDDoH HIPAA Coordinator will review the completed Data Use Agreement, sign and date.
 5. A Data Use Agreement number will be assigned to the Data Use Agreement when the Agreement has been finalized and all appropriate signatures have been obtained.
 6. A copy of the signed Data Use Agreement will be given to the requestor and the appropriate NDDoH Division. A copy will also be maintained by the HIPAA Coordinator. The signed original will be forwarded by the HIPAA Coordinator to the NDDoH Administrative Services Section. The original will be maintained by the NDDoH Administrative Services Section in a secure file.
 7. Documentation of the information released (actual copies and/or database fields, etc.) is to be retained by the appropriate NDDoH Division.
 8. If NDDoH knows of a pattern of activity or practice of the limited data set recipient that constitutes a breach or violation of the data use agreement, NDDoH will take reasonable steps to end the breach or violation or the NDDoH will discontinue disclosure of protected health information to the recipient and report the problem to the Secretary of the Department of Health and Human Services (DHHS).

9. A Data Use Agreement may also be used in other situations as deemed necessary by the NDDoH HIPAA Coordinator.

Privacy Board

(In relation to this section of the procedure, any reference to an IRB is to be considered an IRB from an organization outside of the NDDoH. The NDDoH IRB policies and procedures are not included in the NDDoH HIPAA policies.)

1. The NDDoH privacy board must:
 1. Have NDDoH staff members with varying backgrounds and appropriate professional competency as necessary to review the effect of the research protocol on the individual's privacy rights and related interests;
 2. Include at least one member who is not affiliated with the NDDoH or with any entity conducting or sponsoring the research and not related to any person who is affiliated with any such entities;
 3. Not have any member participating in a review of any project in which the member has a conflict of interest.
2. The chair of the NDDoH Privacy Board is the HIPAA Coordinator.
3. Prior to the research, the NDDoH obtains representations from the researcher that:
 1. The use or disclosure of PHI is necessary to prepare a research protocol or preparatory purpose;
 2. No PHI is to be removed from the NDDoH by the researcher until approval is granted;
 3. The PHI requested is necessary for the research purposes.
1. For a disclosure permitted based on documentation of approval of an alteration or waiver, the documentation from the researcher if an IRB or the NDDoH if a privacy board must include:
 1. Identification of the IRB or privacy board and the date on which the alteration or waiver of authorization was approved;
 2. A statement that the IRB or privacy board has determined that the alteration or waiver of authorization satisfies the following criteria:
 1. The use or disclosure of PHI involves no more than a minimal risk to the privacy of individuals based on;
 1. An adequate plan to protect the identifiers from improper use and disclosure.
 2. An adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is health or research justification for retaining the identifiers or retention is required by law;
 3. Adequate written assurances that PHI will not be reused or disclosed to any other person or entity except as required by law,

- for authorized oversight of the research study or for other research for which the use or disclosure of PHI would be permitted;
- 2. The research could not be conducted without the waiver or alteration.
- 3. The research could not be conducted without access to and use of the PHI.
- 3. A brief description of the PHI for which use or access has been determined to be necessary by the IRB and/or privacy board;
- 4. A statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures as follows:
 - 1. An IRB must follow the Common Rule as defined in the Federal Register.
 - 2. A privacy board must review the proposed research at meetings at which a majority of the privacy board members are present, including one member who is not affiliated with the NDDoH or with any entity conducting or sponsoring the research and not related to any person who is affiliated with any of those entities. The alteration or waiver of authorization must be approved by the majority of the privacy board members present at the meeting unless the privacy board elects to use an expedited review procedure;
 - 3. An expedited review procedure may be used if the research involves no more than minimal risk to the privacy of the individuals who are the subject of the PHI for which use or disclosure is being sought. The review and approval of the alteration or waiver of authorization may be carried out by the chair of the privacy board or by one or more members of the privacy board as designated by the chair.
- 5. The documentation of the alteration or waiver of authorization must be signed by the chair or other member as designated by the chair of the IRB or the privacy board.

Related Forms:

Data Release Checklist

DOH Data Use Agreement for Disclosure of Protected [Individually Identifiable] Health Information

Definitions:

NDDoH – North Dakota Department of Health

Protected Health Information – Individually identifiable health information that is transmitted or maintained by electronic media or transmitted or maintained in any other form or medium

Individually Identifiable Health Information – Health information which includes demographic information that relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual and that identifies the individual or there is a reasonable basis to believe the information can be used to identify the individual

Electronic Media – Electronic storage media including memory devices in computers and any removable/transportable digital memory medium such as magnetic tape or skid, optical disk or digital memory card; or transmission media used to exchange information already in electronic storage media. Transmission media includes the internet, extranet, leased lines, dial-up lines, private networks and the physical movement of removable/transportable electronic storage media

Research – Systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge

Public Health Authority – An agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate

Web Plus

Web Plus Data Entry Page Buttons -

Home	New Abstract	Find/Open Abstract	Release Abstracts	Reports	Change Password	Help	Log out
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Enter new abstract


All data items marked with an asterick (*) are required.


Click the 'New Abstract' button and an empty abstract form will appear. Enter the information corresponding with the data field. Click on **SAVE** at the left page bottom to save it to the database **EVERY 10 MINUTES OTHERWISE THE INFORMATION YOU ENTERED MAY NOT BE SAVED.**


The abstract is edited each time you save it. Ignore the edit errors that show up on the right side of the screen. These will be corrected by the state central registry staff as they code the data you entered.

Enter as much text as you can in the text fields. The information that is entered will be used by the NDSCR staff to code the abstracted case.

Data entry help icons

Special Code Lookup  This icon located to the left of the data item field, links to a searchable listing of terms and coded values for the data item. When a specific code in the list is clicked, it is automatically filled into the abstract for the data item.

Calculate Field Value  This icon located to the left of the data item field, is clicked to automatically calculate the value for the data item from the information that has been entered for other data items.

Context-Sensitive Help  This icon located to the right of the data item field, links to the NAACCR Standards for Cancer Registries Vol. II Data Standards and Data Dictionary for information regarding the coding of the data item.

See the following pages for an example of the Web Plus Data Entry form. Additionally there are clarification instructions on how to complete some of the data fields.

Example of Web Plus Data Entry Form

Enter new abstract

All data items marked with an asterisk (*) are required.

DEMOGRAPHIC		
RepHosp *	<input type="text" value="0000000045"/>	
PERSONAL IDENTIFIERS		
MedRecNum	<input type="text"/>	
LastName *	<input type="text"/>	
FirstName *	<input type="text"/>	
MiddleName	<input type="text"/>	
MaidName	<input type="text"/>	
Alias	<input type="text"/>	
NameSuffix	<input type="text"/>	
SocSec *	<input type="text" value="999999999"/>	
BirthDate *	<input type="text"/>	
BirthDateFlag	<input type="text"/>	
BPCode	<input type="text" value="999"/>	
BPState	<input type="text"/>	
BPCountry	<input type="text"/>	
Sex *	<input type="text"/>	
Marital	<input type="text"/>	
SpouseName	<input type="text"/>	
RACE/ETHNICITY		
Race1 *	<input type="text"/>	
Race2	<input type="text" value="88"/>	
Race3	<input type="text" value="88"/>	
Race4	<input type="text" value="88"/>	
Race5	<input type="text" value="88"/>	
Hispanic	<input type="text" value="0"/>	
CompEthnSrc	<input type="text" value="0"/>	
CompEthn	<input type="text" value="0"/>	

*Complete field so state registry knows when case is completed at the clinic / medical facility and case is ready for coding.

CAREER/WORK

TxUsualOcc

UNKNOWN



OccCen

999



OccSrc



TxUsualInd

UNKNOWN



IndCen

990



IndSrc



OccIndCodSys



CONTACT/FOLLOWUP INFO

DateLastContact



DateLastContFlag



CurrNumAndSt



CurrCity



CurrState



CurrCountry



CurrPostalZip



CurrCounty



CurrSupp



Phone



FupSource



*Add if easily located and is the work patient performed.

*Add if easily located and is the industry where the patient worked.

*Last time the patient was seen at your clinic / medical facility.

FupSourceCentral	00	▼	?
NextFupSource	9	▼	?
FollowRegistry	0000000000	▼	?
VITAL STATISTICS			
VitalStatus	1	▼	?
DthCause	0000		?
ICDRevNum	0	▼	?
DthPlace	997		?
DthPlaceCountry			?
DthPlaceState		▼	?
DCStateFileNum			?
DIAGNOSTIC			
DxDate *			?
DxDateFlag		▼	?
AgeDx			?
TxPSite			?
PSite *			?
TxHist			?
HistTypeICDO2			?
BehaviorICDO2		▼	?
HistTypeICDO3 *			?
BehaviorICDO3 *		▼	?
Lateral *		▼	?
Grade *		▼	?
DxConf *		▼	?
RecurDate1st			?
RecurDate1stFlag	10	▼	?
RecurType1st	99	▼	?

*Code 0 = Dead, Code 1 = Alive

*Primary site text. Be specific. E.g.
lung LLL, Brest RUOQ, sigmoid colon

CASat 9

TEXT - DIAGNOSIS

TxDxPE



*Pertinent to present cancer, e.g. wt. loss, fatigue, bloody urine, frequency, syncope, emesis, melena.

TxDxLab



*Pertinent to present cancer & performed at the time of diagnosis. Enter NONE if no labs performed. Enter UNKN if not known.

TxDxPath



*Be descriptive and include date and path report number, tumor size, # of prostate cores if prostate cancer and # positive, LN info, margins, final diagnosis text and info from comments if pertinent to diagnosis.

TxDxScope



*Any scopes done along with date performed at time of diagnosis. Enter NONE if no scopes performed. Enter UNKN if not known.

TxDxOp



*Name and date of operation performed.

TxDxXray



*X-rays performed at time of diagnosis and pertinent to present cancer.

TxRemarks



*If patient has other primaries list here.

DxPlace



*Facility name, city, state where pt diagnosed.

COMORBIDITY

ComorbidComp1	00000	
ComorbidComp2		
ComorbidComp3		
ComorbidComp4		
ComorbidComp5		
ComorbidComp6		
ComorbidComp7		
ComorbidComp8		
ComorbidComp9		

ComorbidComp10	<input type="text"/>	
ICDRevComorbid	0	
MULT PRIMARIES		
AmbiguousTerm	0	
DateConclusiveDX	<input type="text"/>	
DateConclusDXFlag	10	
MultTumAsOne	00	
DateMultTumors	<input type="text"/>	
DateMultTumorFlag	11	
MultiplicityCount	01 <input type="text"/>	
GEOGRAPHY AT DIAGNOSIS		
DxNumAndSt	<input type="text"/>	
DxCity	<input type="text"/>	
DxState	ND	
DxPostalZip	<input type="text"/>	
DxCounty	<input type="text"/>	
DxSupp	<input type="text"/>	
CenTract708090	000000 <input type="text"/>	
CenCodSys708090	0	
CenTract2000	000000 <input type="text"/>	
CenBlockGrp	0 <input type="text"/>	
CenTract2010	000000 <input type="text"/>	
CenBlockGrp2010	0 <input type="text"/>	
STAGING		
TxStage	<input type="text"/>	



*Stage may be stated as TNM; in situ, local or regional or distant disease; and stage I, II, III, or IV.

TNMClinDesc			
AJCCMClin			
AJCCNClin			
AJCCClinGrp			
TNMClinStgBy			
AJCCTClin			
TNMEdition			
TNMPathDescr			
AJCCMPath			
AJCCNPath			
AJCCPathGrp			
TNMPathStgBy			
AJCCTPath			
SEERSumStg1977			
SEERSumStg2000			







































CS INPUTS

CSTumorSize		999	
CSExt		999	
CSSizeExtEval		9	
CSLymphNodes		999	
LVI			
RegNodPos		99	

RegNodExam	 99	
CSNodesEval	 9	
CSMetsDX	 99	
CSMetsAtDXBone	9 	
CSMetsAtDXBrain	9 	
CSMetsAtDXLiver	9 	
CSMetsAtDXLung	9 	
CSMetsEval	 9	
CSSSF1		
CSSSF2		
CSSSF3		
CSSSF4		
CSSSF5		
CSSSF6		
CSSSF7		
CSSSF8		
CSSSF9		
CSSSF10		
CSSSF11		
CSSSF12		
CSSSF13		
CSSSF14		
CSSSF15		
CSSSF16		
CSSSF17		
CSSSF18		
CSSSF19		

CSSSF20		<input type="text"/>	
CSSSF21		<input type="text"/>	
CSSSF22		<input type="text"/>	
CSSSF23		<input type="text"/>	
CSSSF24		<input type="text"/>	
CSSSF25		<input type="text"/>	

CS OUTPUTS

DerivedT		<input type="text"/>	
DerivedTDescrip		<input type="text"/>	
DerivedN		<input type="text"/>	
DerivedNDescrip		<input type="text"/>	
DerivedM		<input type="text"/>	
DerivedMDescrip		<input type="text"/>	
DerivedStageGroup		<input type="text"/>	
DerivedTNMFlag		<input type="text"/>	
DerivedAJCC7T		<input type="text"/>	
DerivedAJCC7TDes		<input type="text"/>	
DerivedAJCC7N		<input type="text"/>	
DerivedAJCC7NDes		<input type="text"/>	
DerivedAJCC7M		<input type="text"/>	
DerivedAJCC7MDes		<input type="text"/>	
DerivedAJCC7StGrp		<input type="text"/>	
DerivedSS1977		<input type="text"/>	
DerivedSS77Flag		<input type="text"/>	
DerivedSS2000		<input type="text"/>	
DerivedSS2000Flag		<input type="text"/>	

CS ALGORITHM ADMIN		
CSVer1st	<input type="text" value="020550"/>	
CSVerInputCurrent	<input type="text" value="020550"/>	
CSVerLatest	<input type="text" value="020550"/>	
TREATMENT - 1ST COURSE		
FirstRxDateCOC	<input type="text"/>	
FirstRxDtCOCFlag	<input type="text" value="10"/>	
RXSummRXStatus	<input type="text"/>	
SURGERY		
TxRxSurg	<div><div></div></div>	
RxDateDXStg	<input type="text"/>	
RxDateDXStgFlag	<input type="text" value="10"/>	
RxSumDXStg	<input type="text" value="09"/>	
RxDateMostDefSurg	<input type="text"/>	
RxDateDefSurgFlag	<input type="text" value="10"/>	
ReasonNoSurg	<input type="text" value="9"/>	
RxDateSurg	<input type="text"/>	
RxDateSurgFlag	<input type="text" value="10"/>	
RxDateSurgDisch	<input type="text"/>	
RxDateSurgDisFlag	<input type="text" value="10"/>	
RxSumSurgPSite	<input type="text" value="99"/>	
RxSumScopeRegLN	<input type="text" value="9"/>	
RxSumSurgOthReg	<input type="text" value="9"/>	

*Describe surgery performed including date.

SurgApproch	9	
RxSumSurgMarg	9	
RxSumSurgOld		
RxDateSystemic		
RxDateSystmcFlag	10	
RxSumSysSurSeq	9	
RxSumTransEndo	99	
RxSumPalliative	9	
RxSumSurgSite9802		
RxSumScopeReg9802		
RxSumSurgOth9802		

RADIATION




TxRxRadBm	
<div></div>	

*Enter radiation type text and dates.

TxRxRadOth	
<div></div>	

*Brachytherapy and systemic radiation may be entered here.




RxDateRad		
RxDateRadFlag	10	
RxSumRad	9	
RxSumSurgRadSeq		
RadRegModal	99	

ReasonNoRad	<input type="text" value="9"/>	
RxDateRadEnd	<input type="text"/>	
RxDateRadEndFlag	<input type="text" value="10"/>	


CHEMOTHERAPY

TxRxChemo	
<div><div></div></div>	




*Enter names of drugs and names of regimens here.

RxDateChemo	<input type="text"/>	
RxDateChemoFlag	<input type="text" value="10"/>	
RxSumChemo	<input type="text" value="99"/>	


HORMONE THERAPY

TxRxHorm	
<div><div></div></div>	






*Enter names of hormones.

RxDateHorm	<input type="text"/>	
RxDateHormFlag	<input type="text" value="10"/>	
RxSumHorm	<input type="text" value="99"/>	


BRM THERAPY

TxRxBRM	
<div><div></div></div>	






*Enter immunotherapy and/or biological response modifiers here.

RxDateBRM	<input type="text"/>	
RxDateBRMFlag	10 	
RxSumBRM	99 	





























OTHER THERAPY

TxRxOth	
<div><div></div></div>	

*Enter herbal therapy, or unconventional type therapy here.

RxDateOth	<input type="text"/>	
RxDateOthFlag	10 	
RxSumOth	9 	








OVER-RIDE FIELDS

OvrdAgeSite		
OvrdSqDxCnf		
OvrdSitLatSq		
OvrdSurgDxCf		
OvrdSiteType		
OvrdHist		
OvrdRepSrc		
OvrdIldfSite		
OvrdLeukLym		
OvrdSiteBeh		
OvrdSiteEODDXDt		
OvrdSiteLatEOD		
OvrdSiteLatMorph		
OvrdSSNodesPos		







OvrdSSTNMN	<input type="text"/>		
OvrdSSTNMM	<input type="text"/>		
OvrdAcscnClassSeq	<input type="text"/>		
OvrdHospSeqDxConf	<input type="text"/>		
OvrdCOCSType	<input type="text"/>		
OvrdHospSeqSite	<input type="text"/>		
OvrdSiteTNMStgGrp	<input type="text"/>		

FACILITY ADMIN INFORMATION

ClassCase	<input type="text"/>		
SeqNumHosp	00		
SeqNumCentr	<input type="text"/>		
Abstractor	LXZ		
Date1stCont	<input type="text"/>		
Date1stContFlag	<input type="text"/>		
CasefindingSrc	<input type="text"/>		
TypeRepSrc *	1		
ReadmSameHosp	9		
InPtAdmDate	<input type="text"/>		
InPtAdmDateFlag	10		
InPtDischDate	<input type="text"/>		
InPtDischDateFlag	10		
DtCaseRptRcvd	<input type="text"/>		
DateLastChgd	<input type="text"/>		
DtCaseComp	<input type="text"/>		
FirstRxDateSEER	<input type="text"/>		
FirstRxDtSEERFlag	<input type="text"/>		
DateExported	<input type="text"/>		

DtCaseRptLoad	<input type="text"/>	
PriPayerDx	99 	
HosRefFrom	0000000000 	
HosRefTo	0000000000 	

CODING SYSTEM INFORMATION

ICDConvFlg		
RaceCodSysCur	7 	
NAACCRRRecVer	150 	

Appendix 3

City, County, County Number and Zip Code in ND

CITY	COUNTY and COUNTY CODE	ZIP CODE
ABERCROMBIE	RICHLAND (077)	58001
ABSARAKA	CASS (017)	58002
ADAMS	WALSH (099)	58210
ADRIAN	LAMOURE (045)	58472
AGATE	ROLETTE (079)	58310
ALAMO	WILLIAMS (105)	58830
ALEXANDER	MCKENZIE (053)	58831
ALFRED	LAMOURE (045)	58454
ALICE	CASS (017)	58031
ALKABO	DIVIDE (023)	58845
ALMONT	MORTON (059)	58520
ALSEN	CAVALIER (019)	58311
AMBROSE	DIVIDE (023)	58533
AMENIA	CASS (017)	58004
AMIDON	SLOPE (087)	58620
ANAMOOSE	MCHENRY (049)	58710
ANETA	NELSON (063)	58212
ANTLER	BOTTINEAU (009)	58711
APPAM	WILLIAMS (105)	58830
ARDOCH	GRAND FORKS (035)	58213
ARDOCH	WALSH (099)	58213
ARENA	BURLEIGH (015)	58494
ARGUSVILLE	CASS (017)	58005
ARNEGARD	MCKENZIE (053)	58835
ARTHUR	CASS (017)	58006
ARVILLA	GRAND FORKS (035)	58214
ASHLEY	MCINTOSH (051)	58413
AYR	CASS (017)	58007
BACKOO	PEMBINA (067)	58220
BAKER	BENSON (005)	58386
BALDWIN	BURLEIGH (015)	58521
BALFOUR	MCHENRY (049)	58712
BALTA	PIERCE (069)	58313
BANTRY	MCHENRY (049)	58713
BARNEY	RICHLAND (077)	58008
BARTON	PIERCE (069)	58384
BATHGATE	PEMBINA (067)	58216
BATTLEVIEW	BURKE (013)	58773
BEACH	GOLDEN VALLEY (033)	58621
BELCOURT	ROLETTE (079)	58316

CITY	COUNTY and COUNTY CODE	ZIP CODE
BORDULAC	FOSTER (031)	58421
BOTTINEAU	BOTTINEAU (009)	58318
BOWBELLS	BURKE (013)	58721
BOWDON	WELLS (103)	58418
BOWESMONT	PEMBINA (067)	58225
BOWMAN	BOWMAN (011)	58623
BRADDOCK	EMMONS (029)	58524
BRAMPTON	SARGENT (081)	58017
BRANTFORD	EDDY (027)	58356
BREIEN	MORTON (059)	58570
BREMEN	WELLS (103)	58319
BRIARWOOD	CASS (017)	58104
BRINSMADE	BENSON (005)	58320
BROCKET	RAMSEY (071)	58321
BUCHANAN	STUTSMAN (093)	58420
BUCYRUS	ADAMS (001)	58639
BUFFALO	CASS (017)	58011
BUFORD	WILLIAMS (105)	58801
BURLINGTON	WARD (101)	58722
BURNSTAD	LOGAN (047)	58495
BURT	HETTINGER (041)	58646
BUTTE	MCLEAN (055)	58723
BUXTON	TRAILL (097)	58218
CALEDONIA	TRAILL (097)	58219
CALIO	CAVALIER (019)	58352
CALVIN	CAVALIER (019)	58323
CANDO	TOWNER (095)	58324
CANNON BALL	SIOUX (085)	58528
CARBURY	BOTTINEAU (009)	58783
CARPIO	WARD (101)	58725
CARRINGTON	FOSTER (031)	58421
CARSON	GRANT (037)	58529
CARTWRIGHT	MCKENZIE (053)	58838
CASSELTON	CASS (017)	58012
CATHAY	WELLS (103)	58422
CAVALIER	PEMBINA (067)	58220
CAYUGA	SARGENT (081)	58013
CENTER	OLIVER (065)	58530
CHAFFEE	CASS (017)	58014
CHARLSON	MCKENZIE (053)	58763

BELDEN	MOUNTRAIL (061)	58784
BELFIELD	STARK (089)	58622
BENEDICT	MCLEAN (055)	58716
BENTLEY	HETTINGER (041)	58562
BERGEN	MCHENRY (049)	58792
BERLIN	LAMOURE (045)	58415
BERTHOLD	WARD (101)	58718
BERWICK	MCHENRY (049)	58788
BEULAH	MERCER (057)	58523
BINFORD	GRIGGS (039)	58416
BISBEE	TOWNER (095)	58317
BISMARCK	BURLEIGH (015)	58501-58507
BLAISDELL	MOUNTRAIL (061)	58718
BLANCHARD	TRAILL (097)	58009
BONETRAIL	WILLIAMS (105)	58801

CHASELEY	WELLS (103)	58423
CHRISTINE	RICHLAND (077)	58015
CHURCHS - FERRY	RAMSEY (071)	58325
CLEVELAND	STUTSMAN (093)	58424
CLIFFORD	TRAILL (097)	58016
CLYDE	CAVALIER (019)	58352
COGSWELL	SARGENT (081)	58017
COLEHARBOR	MCLEAN (055)	58531
COLFAX	RICHLAND (077)	58018
COLGAN	DIVIDE (023)	58844
COLGATE	STEELE (091)	58046
COLUMBUS	BURKE (013)	58727
CONCRETE	PEMBINA (067)	58220
COOPERSTOWN	GRIGGS (039)	58425
CORINTH	WILLIAMS (105)	58830

COTEAU	BURKE (013)	58721
COULEE	MOUNTRAIL (061)	58734
COURTENAY	STUTSMAN (093)	58426
CRARY	RAMSEY (071)	58327
CRETE	SARGENT (081)	58040
CROSBY	DIVIDE (023)	58730
CRYSTAL	PEMBINA (067)	58222
CRYSTAL-SPRINGS	KIDDER (043)	58467
CUMMINGS	TRAILL (097)	58223
DAHLEN	NELSON (063)	58224
DAVENPORT	CASS (017)	58021
DAWSON	KIDDER (043)	58428
DAZEY	BARNES (003)	58429
DE LAMERE	SARGENT (081)	58060
DEERING	MCHENRY (049)	58731
DENBEIGH	MCHENRY (049)	58788
DENHOFF	SHERIDAN (083)	58430
DES LACS	WARD (101)	58733
DEVILS LAKE	RAMSEY (071)	58301
DICKEY	LAMOURE (045)	58431
DICKINSON	STARK (089)	58601, 58602
DODGE	DUNN (025)	58625
DONNYBROOK	WARD (101)	58734
DOUGLAS	WARD (101)	58735
DOYON	RAMSEY (071)	58327
DRAKE	MCHENRY (049)	58736
DRAYTON	PEMBINA (067)	58225

FINLEY	STEELE (091)	58230
FLASHER	MORTON (059)	58535
FLAXTON	BURKE (013)	58737
FLORA	BENSON (005)	58348
FORBES	DICKEY (021)	58439
FORDVILLE	WALSH (099)	58231
FOREST RIVER	WALSH (099)	58233
FORMAN	SARGENT (081)	58032
FORT CLARK	OLIVER (065)	58530
FORT RANSOM	RANSOM (073)	58033
FORT RICE	MORTON (059)	58554
FORT TOTTEN	BENSON (005)	58335
FORT YATES	SIOUX (085)	58538
FORTUNA	DIVIDE (023)	58844
FOXHOLM	WARD (101)	58718
FREDONIA	LOGAN (047)	58440
FRONTIER	CASS (017)	58104
FRYBURG	BILLINGS (007)	58622
FULLERTON	DICKEY (021)	58441
GACKLE	LOGAN (047)	58442
GALCHUTT	RICHLAND (077)	58075
GALESBURG	TRAILL (097)	58035
GARDAR	PEMBINA (067)	58227
GARDENA	BOTTINEAU (009)	58739
GARDNER	CASS (017)	58036
GARRISON	MCLEAN (055)	58540
GASCOYNE	BOWMAN (011)	58653

DRISCOLL	BURLEIGH (015)	58532
DUNN CENTER	DUNN (025)	58626
DUNSEITH	ROLETTE (079)	58329
DURBIN	CASS (017)	58059
DWIGHT	RICHLAND (077)	58075
ECKELSON	BARNES (003)	58432
EDGELEY	LAMOURE (045)	58433
EDINBURG	WALSH (099)	58227
EDMORE	RAMSEY (071)	58330
EDMUNDS	STUTSMAN (093)	58476
EGELAND	TOWNER (095)	58331
ELDRIDGE	STUTSMAN (093)	58401
ELGIN	GRANT (037)	58533
ELLENDALE	DICKEY (021)	58436
ELLIOT	RANSOM (073)	58054
EMBDEN	CASS (017)	58079
EMERADO	GRAND FORKS (035)	58228
EMMET	MCLEAN (055)	58540
EMRICK	WELLS (103)	58422
ENDERLIN	RANSOM (073)	58027
ENGLEVALE	RANSOM (073)	58033
EPPING	WILLIAMS (105)	58843
ERIE	CASS (017)	58029
ESMOND	BENSON (005)	58332
FAIRDALE	WALSH (099)	58229
FAIRFIELD	BILLINGS (007)	58627
FAIRMOUNT	RICHLAND (077)	58030
FARGO	CASS (017)	58102-58109
FESSENDEN	WELLS (103)	58438
FILLMORE	BENSON (005)	58332
FINGAL	BARNES (003)	58031

HANKINSON	RICHLAND (077)	58041
HANNAFORD	GRIGGS (039)	58448
HANNAH	CAVALIER (019)	58239
HANSBORO	TOWNER (095)	58339
HARLOW	BENSON (005)	58346
HARVEY	WELLS (103)	58341
HARWOOD	CASS (017)	58042
HASTINGS	BARNES (003)	58049
HATTON	TRAILL (097)	58240
HAVANA	SARGENT (081)	58043
HAYNES	ADAMS (001)	58639
HAZELTON	EMMONS (029)	58544
HAZEN	MERCER (057)	58545

GENESEO	SARGENT (081)	58053
GILBY	GRAND FORKS (035)	58235
GLADSTONE	STARK (089)	58630
GLASSTON	PEMBINA (067)	58236
GLEN ULLIN	MORTON (059)	58631
GLENBURN	RENVILLE (075)	58740
GLENFIELD	FOSTER (031)	58443
GOLDEN VALLEY	MERCER (057)	58541
GOLVA	GOLDEN VALLEY (033)	58632
GOODRICH	SHERIDAN (083)	58444
GORHAM	BILLINGS (007)	58627
GRACE CITY	FOSTER (031)	58445
GRAFTON	WALSH (099)	58237
GRAND FORKS	GRAND FORKS (035)	58201-58206 58208
GRAND RAPIDS	LAMOURE (045)	58458
GRANDIN	CASS (017)	58038
GRANDIN	TRAILL (097)	58038
GRANVILLE	MCHEMRY (049)	58741
GRASSEY-BUTTE	MCKENZIE (053)	58634
GREAT BEND	RICHLAND (077)	58039
GRENORA	WILLIAMS (105)	58845
GUELPH	DICKEY (021)	58474
GWINNER	SARGENT (081)	58040
HAGUE	EMMONS (029)	58542
HALLIDAY	DUNN (025)	58636
HAMAR	NELSON (063)	58380
HAMBERG	WELLS (103)	58337
HAMILTON	PEMBINA (067)	58238
HAMLET	WILLIAMS (105)	58795
HAMPDEN	RAMSEY (071)	58338

LANSFORD	BOTTINEAU (009)	58750
LARIMORE	GRAND FORKS (035)	58251
LARK	GRANT (037)	58535
LARSON	BURKE (013)	58727
LAWTON	RAMSEY (071)	58345
LEAL	BARNES (003)	58479
LEEDS	BENSON (005)	58346
LEFOR	STARK (089)	58641
LEHR	MCINTOSH (051)	58460
LEITH	GRANT (037)	58529
LEONARD	CASS (017)	58052
LEROY	PEMBINA (067)	58282
LIDGERWOOD	RICHLAND (077)	58053

HEATON	WELLS (103)	58418
HEBRON	MORTON (059)	58638
HEIL	GRANT (037)	58533
HEIMDAL	WELLS (103)	58341
HENSEL	PEMBINA (067)	58241
HENSLER	OLIVER (065)	58530
HETTINGER	ADAMS (001)	58639
HICKSON	CASS (017)	58047
HILLSBORO	TRAILL (097)	58045
HONEYFORD	GRAND FORKS (035)	58235
HOOPLE	WALSH (099)	58243
HOPE	STEELE (091)	58046
HORACE	CASS (017)	58047
HUFF	MORTON (059)	58554
HUNTER	CASS (017)	58048
HURDSFIELD	WELLS (103)	58451
INKSTER	GRAND FORKS (035)	58244
JAMESTOWN	STUTSMAN (093)	58401, 58402
JESSIE	GRIGGS (039)	58452
JOHNSTOWN	GRAND FORKS (035)	58235
JOLIETTE	PEMBINA (067)	58271
JUANITA	FOSTER (031)	58443
JUD	LAMOURE (045)	58454
JUDSON	MORTON (059)	58563
KARLSRUHE	MCHENRY (049)	58744
KATHRYN	BARNES (003)	58049
KEENE	MCKENZIE (053)	58847
KELSO	TRAILL (097)	58045
KEMPTON	GRAND FORKS (035)	58267
KENMARE	WARD (101)	58746
KENSEL	STUTSMAN (093)	58455
KIEF	MCHENRY (049)	58747
KILLDEER	DUNN (025)	58640
KINDRED	CASS (017)	58051
KINTYRE	EMMONS (029)	58549
KLOTEN	NELSON (063)	58254
KNOX	BENSON (005)	58434
KRAMER	BOTTINEAU (009)	58748
KULM	LAMOURE (045)	58456
LAKE WILLIAMS	KIDDER (043)	58478
LAKOTA	NELSON (063)	58344
LAMOURE	LAMOURE (045)	58415, 58458
LANDA	BOTTINEAU (009)	58783
LANGDON	CAVALIER (019)	58249
LANKIN	WALSH (099)	58250

LIGNITE	BURKE (013)	58752
LINCOLN	BURLEIGH (015)	58504
LINTON	EMMONS (029)	58552
LISBON	RANSOM (073)	58054
LITCHVILLE	BARNES (003)	58461
LOMA	CAVALIER (019)	58311
LORAIN	RENVILLE (075)	58761
LOSTWOOD	MOUNTRAIL (061)	58784
LUDDEN	DICKEY (021)	58474
LUVERNE	STEELE (091)	58056
MADDOCK	BENSON (005)	58348
MAIDA	CAVALIER (019)	58255
MAKOTI	WARD (101)	58756
MANDAN	MORTON (059)	58554
MANDAREE	MCKENZIE (053)	58757
MANFRED	WELLS (103)	58341
MANNING	DUNN (025)	58642
MANTADOR	RICHLAND (077)	58058
MANVEL	GRAND FORKS (035)	58256
MAPES	NELSON (063)	58344
MAPLETON	CASS (017)	58059
MARION	LAMOURE (045)	58466
MARMARTH	SLOPE (087)	58643
MARSHALL	DUNN (025)	58644
MARTIN	SHERIDAN (083)	58758
MAX	MCLEAN (055)	58759
MAXBASS	BOTTINEAU (009)	58760
MAYVILLE	TRAILL (097)	58257
MAZA	TOWNER (095)	58324
MCCANNA	GRAND FORKS (035)	58251
MCCLUSKY	SHERIDAN (083)	58463
MCGREGOR	WILLIAMS (105)	58755
MCHEMRY	FOSTER (031)	58464
MCKENZIE	BURLEIGH (015)	58553
MCLEOD	RANSOM (073)	58057
MCVILLE	NELSON (063)	58254
MEDINA	STUTSMAN (093)	58467
MEDORA	BILLINGS (007)	58645
MEKINOCK	GRAND FORKS (035)	58258
MELVILLE	FOSTER (031)	58421
MENOKEN	BURLEIGH (015)	58558
MERCER	MCLEAN (055)	58559
MERRICOURT	DICKEY (021)	58433
MICHIGAN	NELSON (063)	58259
MILLARTON	STUTSMAN (093)	58472

MILNOR	SARGENT (081)	58060
MILTON	CAVALIER (019)	58260
MINNEWAUKAN	BENSON (005)	58351
MINOT	WARD (101)	58701-58705
MINTO	WALSH (099)	58261
MOFFIT	BURLEIGH (015)	58560
MOHALL	RENVILLE (075)	58761
MONANGO	DICKEY (021)	58436
MONTPELIER	STUTSMAN (093)	58472
MOORETON	RICHLAND (077)	58061
MOTT	HETTINGER (041)	58646
MOUNTAIN	PEMBINA (067)	58262
MUNICH	CAVALIER (019)	58352
MYLO	ROLETTE (079)	58353
NANSON	ROLETTE (079)	58366
NAPOLEON	LOGAN (047)	58561
NASH	WALSH (099)	58237
NECHE	PEMBINA (067)	58265
NEKOMA	CAVALIER (019)	58355
NEW ENGLAND	HETTINGER (041)	58647
NEW HRADEC	DUNN (025)	58601
NEW LEIPZIG	GRANT (037)	58562
NEW ROCKFORD	EDDY (027)	58356
NEW SALEM	MORTON (059)	58563
NEW TOWN	MOUNTRAIL (061)	58763
NEWBURG	BOTTINEAU (009)	58762
NIAGARA	GRAND FORKS (035)	58266
NOME	BARNES (003)	58062
NOONAN	DIVIDE (023)	58765
NORMA	RENVILLE (075)	58746
NORTH RIVER	CASS (017)	58102
NORTHGATE	BURKE (013)	58737
NORTHWOOD	GRAND FORKS (035)	58267
NORTONVILLE	LAMOURE (045)	58454
NORWICH	MCHENRY (049)	58768
OAKES	DICKEY (021)	58474
OBERON	BENSON (005)	58357
ORISKA	BARNES (003)	58063
ORR	GRAND FORKS (035)	58244
ORRIN	PIERCE (069)	58359
OSNABROCK	CAVALIER (019)	58269
OVERLY	BOTTINEAU (009)	58384
OXBOW	CASS (017)	58047
PAGE	CASS (017)	58064

PLAZA	MOUNTRAIL (061)	58771
PLEASANT LAKE	BENSON (005)	58368
PORTAL	BURKE (013)	58772
PORTLAND	TRAILL (097)	58274
POWERS LAKE	BURKE (013)	58773
PRAIRIE ROSE	CASS (017)	58104
PROSPER	CASS (017)	58042
RALEIGH	GRANT (037)	58564
RAUB	MCLEAN (055)	58779
RAWSON	MCKENZIE (053)	58831
RAY	WILLIAMS (105)	58849
REEDER	ADAMS (001)	58649
REGAN	BURLEIGH (015)	58477
REGENT	HETTINGER (041)	58650
REILE'S ACRES	CASS (017)	58102
REYNOLDS	TRAILL (097)	58275
RHAME	BOWMAN (011)	58651
RICHARDTON	STARK (089)	58652
RIVERDALE	MCLEAN (055)	58565
RIVERSIDE	CASS (017)	58078
ROBINSON	KIDDER (043)	58478
ROCK LAKE	TOWNER (095)	58365
ROGERS	BARNES (003)	58479
ROLETTE	ROLETTE (079)	58366
ROLLA	ROLETTE (079)	58367
ROSEGLEN	MCLEAN (055)	58775
ROSS	MOUNTRAIL (061)	58776
ROTH	BOTTINEAU (009)	58783
RUGBY	PIERCE (069)	58368
RUSO	MCLEAN (055)	58778
RUTLAND	SARGENT (081)	58067
RYDER	WARD (101)	58779
SAINT ANTHONY	MORTON (059)	58554, 58566
SAINT MICHAEL	BENSON (005)	58370
SAN HAVEN	ROLETTE (079)	58329
SANBORN	BARNES (003)	58480
SANISH	MOUNTRAIL (061)	58763
SARLES	CAVALIER (019)	58372
SAWYER	WARD (101)	58781
SCRANTON	BOWMAN (011)	58653
SELFRIIDGE	SIOUX (085)	58568
SELZ	PIERCE (069)	58341
SENTINEL BUTTE	GOLDEN VALLEY (033)	58654
SHARON	STEELE (091)	58277

PALERMO	MOUNTRAIL (061)	58769
PARK RIVER	WALSH (099)	58270
PARSHALL	MOUNTRAIL (061)	58770
PEKIN	NELSON (063)	58361
PEMBINA	PEMBINA (067)	58271
PENN	RAMSEY (071)	58362
PERTH	TOWNER (095)	58363
PETERSBURG	NELSON (063)	58272
PETTIBONE	KIDDER (043)	58475
PICK CITY	MERCER (057)	58545
PILLSBURY	BARNES (003)	58065
PINGREE	STUTSMAN (093)	58476
PISEK	WALSH (099)	58273

SHELDON	RANSOM (073)	58068
SHERWOOD	RENVILLE (075)	58782
SHEYENNE	EDDY (027)	58374
SHIELDS	GRANT (037)	58569
SIBLEY	BARNES (003)	58429
SILVA	PIERCE (069)	58368
SOLENN	SIOUX (085)	58570
SOURIS	BOTTINEAU (009)	58783
SOUTH HEART	STARK (089)	58655
SOUTHAM	RAMSEY (071)	58327
SPIRITWOOD LAKE	STUTSMAN (093)	58481
SPRING BROOK	WILLIAMS (105)	58843
ST JOHN	ROLETTE (079)	58369

ST THOMAS	PEMBINA (067)	58276
STANLEY	MOUNTRAIL (061)	58784
STANTON	MERCER (057)	58571
STARKWEATHER	RAMSEY (071)	58377
STEELE	KIDDER (043)	58482
STERLING	BURLEIGH (015)	58572
STIRUM	SARGENT (081)	58069
STRASBURG	EMMONS (029)	58573
STRAUBVILLE	SARGENT (081)	58017
STREETER	STUTSMAN (093)	58483
SURREY	WARD (101)	58785
SUTTON	GRIGGS (039)	58484
SYDNEY	STUTSMAN (093)	58401
SYKESTON	WELLS (103)	58486
TAGUS	WARD (101)	58718
TAPPEN	KIDDER (043)	58487
TAYLOR	STARK (089)	58656
TEMPLE	WILLIAMS (105)	58852
TEMLIK	EMMONS (029)	58552
THOMPSON	GRAND FORKS (035)	58278
TIOGA	WILLIAMS (105)	58852
TOKIO	BENSON (005)	58379
TOLLEY	RENVILLE (075)	58787
TOLNA	NELSON (063)	58380
TOWER CITY	CASS (017)	58071
TOWNER	MCHEMRY (049)	58788
TRENTON	WILLIAMS (105)	58853
TROTTERS	GOLDEN VALLEY (033)	58621
TURTLE LAKE	MCLEAN (055)	58575
TUTTLE	KIDDER (043)	58488
UNDERWOOD	MCLEAN (055)	58576

WILDROSE	WILLIAMS (105)	58795
WILLISTON	WILLIAMS (105)	58801, 58502
WILLOW CITY	BOTTINEAU (009)	58384
WILTON	MCLEAN (055)	58579
WIMBLEDON	BARNES (003)	58492
WINDSOR	STUTSMAN (093)	58424
WING	BURLEIGH (015)	58494
WISHEK	MCINTOSH (051)	58495
WOLFORD	PIERCE (069)	58385
WOLSETH	RENVILLE (075)	58740
WOODWORTH	STUTSMAN (093)	58496
WYNDMERE	RICHLAND (077)	58081
YORK	BENSON (005)	58386
YPSILANTI	STUTSMAN (093)	58497
ZAHLE	WILLIAMS (105)	58856
ZAP	MERCER (057)	58580
ZEELAND	MCINTOSH (051)	58581

UNION	CAVALIER (019)	58260, 58269
UPHAM	MCHENRY (049)	58789
VALLEY CITY	BARNES (003)	58072
VELVA	MCHENRY (049)	58790
VENTURIA	MCINTOSH (051)	58489
VERONA	LAMOURE (045)	58490
VOLTAIRE	MCHENRY (049)	58792
VOSS	WALSH (099)	58261
WAHPETON	RICHLAND (077)	58074, 58075
WALCOTT	RICHLAND (077)	58077
WALES	CAVALIER (019)	58281
WALHALLA	PEMBINA (067)	58282
WALLUM	GRIGGS (039)	58448
WARWICK	BENSON (005)	58381
WASHBURN	MCLEAN (055)	58577
WATFORD CITY	MCKENZIE (053)	58854
WEBSTER	RAMSEY (071)	58382
WERNER	DUNN (025)	58636
WEST FARGO	CASS (017)	58078
WESTHOPE	BOTTINEAU (009)	58793
WHEATLAND	CASS (017)	58079
WHEELOCK	WILLIAMS (105)	58849
WHITE EARTH	MOUNTRAIL (061)	58794
WHITE SHIELD	MCLEAN (055)	58540
WHITMAN	NELSON (063)	58259
WILD RICE	CASS (017)	58047

ICD-10-CM Casefinding List, 2017

Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2017

COMPREHENSIVE ICD-10-CM Casefinding Code List for Reportable Tumors (EFFECTIVE DATES: 10/1/2016-9/30/2017) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10 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 <i>NEW for FY2017: C49.A-, Gastrointestinal Stromal Tumors, Effective 10/1/2016</i>
C44.00, C44.09	Unspecified/other malignant neoplasm of skin of lip
C44.10-, C44.19-	Unspecified/other malignant neoplasm of skin of eyelid
C44.20-, C44.29-	Unspecified/other malignant neoplasm skin of ear and external auricular canal
C44.30-, C44.39-	Unspecified/other malignant neoplasm of skin of other/unspecified parts of face
C44.40, C44.49	Unspecified/other malignant neoplasm of skin of scalp & neck
C44.50-, C44.59-	Unspecified/other malignant neoplasm of skin of trunk
C44.60-, C44.69-	Unspecified/other malignant neoplasm of skin of upper limb, incl. shoulder
C44.70-, C44.79-	Unspecified/other malignant neoplasm of skin of lower limb, including hip
C44.80, C44.89	Unspecified/other malignant neoplasm of skin of overlapping sites of skin
C44.90, C44.99	Unspecified/other malignant neoplasm of skin of unspecified sites of skin
D00.- - D09.-	In-situ neoplasms <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
D18.1	Lymphangioma, any site <i>Note: Includes Lymphangiomas of Brain, Other parts of nervous system and endocrine glands, which are reportable</i>
D32.-	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.-	Benign neoplasm of brain and other parts of central nervous system
D35.2 - D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
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) <i>ICD-10-CM Coding instruction note: Excludes familial polycythemia (C75.0), secondary polycythemia (D75.1)</i>
D46.-	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
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>
D47.3	Essential (hemorrhagic) thrombocythemia (9962/3) <i>Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia</i>
D47.4	Osteomyelofibrosis (9961/3) <i>Includes: Chronic idiopathic myelofibrosis</i>

ICD-10-CM Casefinding List, 2017

Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2017

COMPREHENSIVE ICD-10-CM Casefinding Code List for Reportable Tumors (EFFECTIVE DATES: 10/1/2016-9/30/2017) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10 Code	Explanation of Code
	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
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

1 Note: Pilocytic/juvenile astrocytoma M-9421 moved from behavior /3 (malignant) to /1 (borderline malignancy) in ICD-O-3. However, SEER registries will CONTINUE to report these cases and code behavior as /3 (malignant).

NOTE: Cases with the codes listed below should be screened as registry time allows. Experience in the SEER registries has shown that using the supplemental list increases casefinding for benign brain and CNS, hematopoietic neoplasms, and other reportable diseases

SUPPLEMENTAL LIST ICD-10-CM (EFFECTIVE DATES: 10/1/2016-9/30/2017)	
ICD-10-CM Code	Explanation of Code
B20	Human immunodeficiency virus [HIV] disease with other diseases
B97.33, B97.34, B97.35	Human T-cell lymphotropic virus, (type I [HTLV-1], type II [HTLV-II], type 2 [HIV 2]) as the cause of diseases classified elsewhere
B97.7	Papillomavirus as the cause of diseases classified elsewhere
C44.01, C44.02	Basal/squamous cell carcinoma of skin of lip
C44.11-, C44.12-	Basal/squamous cell carcinoma of skin of eyelid
C44.21-, C44.22-	Basal/squamous cell carcinoma of skin of ear and external auricular canal
C44.31-, C44.32-	Basal/squamous cell carcinoma of skin of other and unspecified parts of face
C44.41, C44.42	Basal/squamous cell carcinoma of skin of scalp and neck
C44.51-, C44.52-	Basal/squamous cell carcinoma of skin of trunk
C44.61-, C44.62-	Basal/squamous cell carcinoma of skin of upper limb, including shoulder
C44.71-, C44.72-	Basal/squamous cell carcinoma of skin of lower limb, including hip
C44.81, C44.82	Basal/squamous cell carcinoma of skin of overlapping sites of skin
C44.91, C44.92	Basal/squamous cell carcinoma of skin of unspecified sites of skin
D10.- - D31.-, D34, D35.0, D35.1, D35.5-	Benign neoplasms (see "must collect" list for reportable benign neoplasms) <i>Note: Screen for incorrectly coded malignancies or reportable by agreement tumors</i>

ICD-10-CM Casefinding List, 2017

Based on the *International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2017*

SUPPLEMENTAL LIST ICD-10-CM (EFFECTIVE DATES: 10/1/2016-9/30/2017)	
ICD-10-CM Code	Explanation of Code
D35.9, D36.-	<i>Note: Borderline cystadenomas M-8442, 8451, 8462, 8472, 8473, of the ovaries moved from behavior /3 (malignant) to /1 (borderline malignancy) in ICD-O-3. SEER 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.</i>
D3A._	Benign carcinoid tumors
D37._ - D41._	Neoplasms of uncertain or unknown behavior (see "must collect" list for reportable neoplasms of uncertain or unknown behavior) <i>Note: Screen for incorrectly coded malignancies or reportable by agreement tumors</i>
D44.0 - D44.2, D44.6-D44.9	Neoplasm of uncertain or unknown behavior of other endocrine glands (see "must collect" list for D44.3-D44.5) <i>Note: Screen for incorrectly coded malignancies or reportable by agreement tumors</i>
D47.0	Histiocytic and mast cell tumors of uncertain behavior <i>ICD-10-CM Coding instruction note: Excludes: malignant mast cell tumor (C96.2), mastocytosis (congenital)(cutaneous) (Q852.2)</i>
D47.2	Monoclonal gammopathy <i>Note: Screen for incorrectly coded Waldenstrom's macroglobulinemia</i>
D47.Z2	Castleman disease
D48.-	Neoplasm of uncertain behavior of other and unspecified sites
D49.0 - D49.9	Neoplasm of unspecified behavior (except for D49.6 and D49.7)
D61.1	Drug-induced aplastic anemia (also known as "aplastic anemia due to antineoplastic chemotherapy") <i>ICD-10-CM Coding instruction note: Use additional code for adverse effect, if applicable, to identify drug</i>
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.82	Myelophthisis <i>ICD-10-CM Coding instruction: Code first the underlying disorder, such as: malignant neoplasm of breast (C50._)</i>
D63.0	Anemia in neoplastic disease <i>ICD-10-CM Coding instruction: Code first neoplasm (C00-C49)</i>
D64.81	Anemia due to antineoplastic chemotherapy
D69.49, D69.59, D69.6	Other thrombocytopenia <i>Note: Screen for incorrectly coded thrombocythemia</i>
D70.1	Agranulocytosis secondary to cancer chemotherapy <i>ICD-10-CM Coding instruction: code also underlying neoplasm</i>
D72.1	Eosinophilia (<i>Note: Code for eosinophilia (9964/3). Not every case of eosinophilia is a malignancy. Reportable Diagnosis is "Hypereosonophilic syndrome."</i>)
D75.81	Myelofibrosis (<i>note: this is not primary myelofibrosis [9961/3]</i>) <i>ICD-10-CM Coding instruction note: Code first the underlying disorder, such as: malignant neoplasm of breast (C50._)</i>

ICD-10-CM Casefinding List, 2017

Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2017

SUPPLEMENTAL LIST ICD-10-CM (EFFECTIVE DATES: 10/1/2016-9/30/2017)	
ICD-10-CM Code	Explanation of Code
D76.-	Other specified diseases with participation of lymphoreticular and reticulohistiocytic tissue
D89.0, D89.1	Other disorders involving the immune mechanism, not elsewhere classified <i>Note: Review for miscodes</i>
D89.4-	Mast cell activation syndrome and related disorders <i>Note: Effective 10/1/2016</i>
E08	Diabetes mellitus due to underlying condition <i>ICD-10-CM Coding instruction note: Code first the underlying condition, such as: malignant neoplasm (C00-C96)</i>
E31.2-	Multiple endocrine neoplasia [MEN] syndromes <i>ICD-10-CM Coding instruction: Code also any associated malignancies and other conditions associated with the syndromes</i>
E34.0	Carcinoid syndrome <i>ICD-10-CM Coding instruction: May be used as an additional code to identify functional activity associated with a carcinoid tumor</i>
E83.52	Hypercalcemia
E88.09	Other disorders of plasma-protein metabolism, not elsewhere classified
E88.3	Tumor lysis syndrome (following antineoplastic chemotherapy)
G13.0	Paraneoplastic neuromyopathy and neuropathy <i>ICD-10-CM Coding instruction note:: Code first underlying neoplasm (C00-D49)</i>
G13.1	Other systemic atrophy primarily affecting central nervous system in neoplastic disease <i>ICD-10-CM Coding instruction note:: Code first underlying neoplasm (C00-D49)</i>
C32.8-	Other specified degenerative disorders of nervous system in diseases classified elsewhere <i>ICD-10-CM Coding instruction note: Code first underlying disease, such as: cerebral degeneration (due to) neoplasm (C00-D49)</i>
G53	Cranial nerve disorders in diseases classified elsewhere <i>Note: Code first underlying neoplasm (C00-D49)</i>
G55	Nerve root and plexus compressions in diseases classified elsewhere <i>ICD-10-CM Coding instruction note: code also underlying disease, such as neoplasm (C00-D49)</i>
G63	Polyneuropathy in diseases classified elsewhere <i>ICD-10-CM Coding instruction note: Code first underlying disease, such as: neoplasm (C00-D49)</i>
G73.1	Lambert-Eaton syndrome in neoplastic disease <i>ICD-10-CM Coding instruction: Code first underlying neoplasm (C00-D49)</i>
G89.3	Neoplasm related pain (acute)(chronic)
G99.2	Myelopathy in diseases classified elsewhere <i>ICD-10-CM Coding instruction: Code first underlying disease, such as: neoplasm (C00-D49)</i>
H47.42	Disorders of optic chiasm in (due to) neoplasm

ICD-10-CM Casefinding List, 2017

Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2017

SUPPLEMENTAL LIST ICD-10-CM (EFFECTIVE DATES: 10/1/2016-9/30/2017)	
ICD-10-CM Code	Explanation of Code
	<i>ICD-10-CM Coding instruction: Code also underlying condition</i>
H47.52-	Disorders of visual pathways in (due to) neoplasm <i>ICD-10-CM Coding instruction: Code also underlying condition</i>
H47.63-	Disorders of visual cortex in (due to) neoplasm <i>ICD-10-CM Coding instruction: Code also underlying condition</i>
J34.81	Nasal mucositis (ulcerative)
J91.0	Malignant pleural effusion <i>ICD-10-CM Coding instruction: Code first underlying neoplasm</i>
J93.12	Secondary spontaneous pneumothorax <i>ICD-10-CM Coding instruction: Code first underlying condition, such as: Malignant neoplasm of bronchus and lung (C34._) Secondary malignant neoplasm of lung (C78.0_)</i>
K12.31	Oral mucositis (ulcerative) due to antineoplastic therapy
K12.33	Oral mucositis (ulcerative) due to radiation
K22.711	Barrett's esophagus with high grade dysplasia
K62.7	Radiation proctitis
K62.82	Dysplasia of anus (AIN I and AIN II)
K92.81	Gastrointestinal mucositis (ulcerated) (due to antineoplastic therapy)
M36.0	Dermato(poly)myositis in neoplastic disease <i>ICD-10-CM Coding instruction: Code first underlying neoplasm (C00-D49)</i>
M36.1	Arthropathy in neoplastic disease <i>ICD-10-CM Coding instruction: Code first underlying neoplasm, such as: Leukemia (C91-C95), malignant histiocytosis (C96.A), multiple myeloma (C90.0)</i>
M84.5-	Pathologic fracture in neoplastic disease <i>ICD-10-CM Coding instruction: Code also underlying neoplasm (C00-D49)</i>
M90.6-	Osteitis deformans in neoplastic disease <i>ICD-10-CM Coding instruction: Code first the neoplasm (C40._, C41._)</i>
N42.3	Dysplasia of prostate (PIN I and PIN II)
N76.81	Mucositis (ulcerative) of vagina and vulva
N87.-	Dysplasia of cervix uteri (CIN I and CIN II)
N89.0, N89.1, N89.3	Vaginal dysplasia (VIN I and VIN II)
N90.0, N90.1, N90.3	Vulvar dysplasia (VAIN I and VAIN II)
O01.-	Hydatidiform mole <i>Note: Benign tumor that can become malignant. If malignant, report as Choriocarcinoma (9100/3,) malignancy code in the C00- C97 range</i>
O9A.1-	Malignant neoplasm complicating pregnancy, childbirth and the puerperium (conditions in C00-C96) <i>ICD-10-CM Coding instruction: Use additional code to identify neoplasm</i>
Q85.0-	Neurofibromatosis (nonmalignant) (9540/1) <i>Note: Neurofibromatosis is not cancer. These tumors can be precursors to</i>

ICD-10-CM Casefinding List, 2017

Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2017

SUPPLEMENTAL LIST ICD-10-CM (EFFECTIVE DATES: 10/1/2016-9/30/2017)	
ICD-10-CM Code	Explanation of Code
	<i>acoustic neuromas, which are reportable</i>
R18.0	Malignant ascites <i>ICD-10-CM Coding instruction: Code first malignancy, such as: Malignant neoplasm of ovary (C56._), secondary malignant neoplasm of retroperitoneum and peritoneum (C78.6)</i>
R53.0	Neoplastic (malignant) related fatigue <i>ICD-10-CM Coding instruction: Code first associated neoplasm</i>
R59.-	Enlarged lymph nodes
R85.6-	Abnormal findings on cytological and histological examination of digestive organs <i>Note: see "must collect" list for R85.614</i>
R87.61-, R87.62-	Abnormal findings on cytological/histological examination of female genital organs <i>Note: see "must collect" list for R87.614 and R87.624</i>
R92.-	Abnormal findings on diagnostic imaging of breast
R97.-	Abnormal tumor markers
T38.6-	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified
T38.8-, T38.9-	Poisoning by hormones and their synthetic substitutes
T45.1-	Poisoning by, adverse effect of and under dosing of antineoplastic and immunosuppressive drugs
T45.8-, T45.9-	Poisoning by primary systemic and hematological agent, unspecified
T66	Unspecified effects of radiation
T80.1	Vascular complications following infusion, transfusion and therapeutic injection
T80.2-	Infections following infusion, transfusion and therapeutic injection
T80.810	Extravasation of vesicant antineoplastic chemotherapy
T80.818	Extravasation of other vesicant agent
T86.0	Complications of bone marrow transplant <i>ICD-10-CM Coding instruction: Use addition code to identify other transplant complications, such as: malignancy associated with organ transplant (C80.2) or post-transplant lymphoproliferative disorders (PTLD) (D47.Z1)</i>
Y63.2	Overdose of radiation given during therapy
Y84.2	Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm (medical surveillance following completed treatment) <i>ICD-10-CM Coding instruction: Use additional code to identify the personal history of malignant neoplasm (Z85._)</i>
Z12.-	Encounter for screening for malignant neoplasms
Z13.0	Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

ICD-10-CM Casefinding List, 2017

Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2017

SUPPLEMENTAL LIST ICD-10-CM (EFFECTIVE DATES: 10/1/2016-9/30/2017)	
ICD-10-CM Code	Explanation of Code
Z15.0	Genetic susceptibility to malignant neoplasm <i>ICD-10-CM Coding instruction: Code first, if applicable, any current malignant neoplasm (C00-C75, C81-C96); Use additional code, if applicable, for any personal history of malignant neoplasm (Z85._)</i>
Z17.0, Z17.1	Estrogen receptor positive and negative status <i>ICD-10-CM Coding instruction: Code first malignant neoplasm of breast (C50._)</i>
Z40.0-	Encounter for prophylactic surgery for risk factors related to malignant neoplasms
Z42.1	Encounter for breast reconstruction following mastectomy
Z48.3	Aftercare following surgery for neoplasm <i>ICD-10-CM Coding instruction: Use additional code to identify the neoplasm</i>
Z48.290	Encounter for aftercare following bone marrow transplant
Z51.0	Encounter for antineoplastic radiation therapy
Z51.1-	Encounter for antineoplastic chemotherapy and immunotherapy
Z51.5, Z51.89	Encounter for palliative care and other specified aftercare
Z79.81-	Long term (current) use of agents affecting estrogen receptors and estrogen levels <i>ICD-10-CM Coding instruction: Code first, if applicable, malignant neoplasm of breast (C50._), malignant neoplasm of prostate (C61)</i>
Z80.-	Family history of primary malignant neoplasm
Z85.-	Personal history of malignant neoplasm <i>ICD-10-CM Coding instruction: Code first any follow-up examination after treatment of malignant neoplasm (Z08)</i>
Z86.0-, Z86.01-, Z86.03	Personal history of in situ and benign neoplasms and neoplasms of uncertain behavior
Z92.21, Z92.23, Z92.25, Z92.3	Personal history of antineoplastic chemotherapy, estrogen therapy, immunosuppression therapy or irradiation (radiation)
Z94.81, Z94.84	Bone marrow and stem cell transplant status