

The Fiscal Year (FY) 2009 Comprehensive ICD-9-CM Casefinding and Supplementary ICD-9-CM Code Lists are to be used to identify cases diagnosed January 1, 2009 and later. The revised tables include new and expanded ICD-9-CM codes. The revised tables also now include paraneoplastic syndromes indicated by * in Explanation of Code.

The 2009 Comprehensive ICD-9-CM Casefinding Code List is designed to assist in casefinding activities that are performed to identify reportable neoplasms, including benign brain and CNS tumors which became reportable in 2004, among a variety of casefinding sources that use ICD-9-CM* codes (modified October 2008) to characterize a diagnosis.

COMPREHENSIVE ICD-9-CM^ CASEFINDING CODE LIST FOR REPORTABLE TUMORS (EFFECTIVE DATE: 1/1/2009)^	
ICD-9-CM Code^	Explanation of Code
140.0 – 208.9	Malignant Neoplasms
209.0 – 209.3	Neuroendocrine tumors (Effective date: 1/1/2009)
225.0 – 225.9	Benign neoplasm of brain and spinal cord neoplasm
227.3 – 227.4	Benign neoplasm of pituitary gland, pineal body, and other intracranial endocrine-related structures
227.9	Benign neoplasm; endocrine gland, site unspecified
228.02	Hemangioma; of intracranial structures
228.1	Lymphangioma, any site
230.0 – 234.9	Carcinoma in situ
236.0	Endometrial stroma, low grade (8931/1)
237.0 – 237.9	Neoplasm of uncertain behavior [borderline] of endocrine glands and nervous system
238.4	Polycythemia vera (9950/3)
238.6	Solitary plasmacytoma (9731/3)Extramedullary plasmacytoma (9734/3)
238.7	Other lymphatic and hematopoietic tissues (This code was discontinued as of 10/2006 but should be included in extract programs for quality control purposes)
238.71	Essential thrombocythemia (9962/3)
238.72	Low grade myelodysplastic syndrome lesions (includes 9980/3, 9982/3, 9985/3)
238.73	High grade myelodysplastic syndrome lesions (includes 9983/3)
238.74	Myelodysplastic syndrome with 5q deletion (9986/3)
238.75	Myelodysplastic syndrome, unspecified (9985/3)
238.76	Myelofibrosis with myeloid metaplasia (9961/3)
238.77	Post transplant lymphoproliferative disorder (9987/3)
238.79	Other lymphatic and hematopoietic tissues (includes 9960/3, 9961/3, 9970/1, 9931/3)
239.6	Neoplasms of unspecified nature, brain
239.7	Neoplasms of unspecified nature; endocrine glands and other parts of nervous system

**COMPREHENSIVE ICD-9-CM^ CASEFINDING CODE LIST FOR REPORTABLE TUMORS
(EFFECTIVE DATE: 1/1/2009)^**

ICD-9-CM Code^	Explanation of Code
259.2	Carcinoid Syndrome
259.8	Other specified endocrine disorders
273.2	Gamma heavy chain disease (9762/3); Franklin's disease (9762/3)
273.3	Waldenstrom macroglobulinemia (9761/3)
285.22	Anemia in neoplastic disease
288.3	Hypereosinophilic syndrome (9964/3)
289.83	Myelofibrosis (NOS) (9961/3)
289.89	Other specified diseases of blood and blood-forming
511.81	Malignant pleural effusion (code first malignant neoplasm if known)
789.51	Malignant ascites (code first malignant neoplasm if known)
795.06	Papanicolaou smear of cervix with cytologic evidence of malignancy
795.16	Papanicolaou smear of vagina with cytologic evidence of malignancy
796.76	Papanicolaou smear of anus with cytologic evidence of malignancy
V10.0 – V10.9	Personal history of malignancy (screen for recurrences, subsequent primaries, and/or subsequent treatment)

Many new codes and conditions have been added to the Supplementary ICD-9-CM Code List. It is recommended that each registry screen cases using the supplementary list as time permits. Experience among the SEER registries has proven that using the supplementary list significantly improves casefinding outcomes for benign brain and CNS tumors, hematopoietic and lymphoid neoplasms, and other reportable diseases.

NOTE: Cases with these codes should be screened only as registry time allows. Some codes represent neoplasm-related secondary conditions for which there should also be a primary diagnosis of a reportable neoplasm. Complete casefinding would include investigation of patient records with diagnoses represented on either list.

SUPPLEMENTARY ICD-9-CM^ CODE LIST TO SCREEN FOR CANCER CASES NOT IDENTIFIED BY OTHER CODES (EFFECTIVE DATE: 1/1/2009)	
ICD-9-CM Code^	Explanation of Code
042	Acquired Immunodeficiency Syndrome (AIDS) (This is not a malignancy. Medical coders are instructed to add codes for AIDS-associated malignancies. Screen 042 for history of cancers that might not be coded.)
079.4	Human papillomavirus
079.50 – 079.59	Retrovirus (HTLV, types I, II and 2)
210.0 – 229.9	Benign neoplasms (screen for incorrectly coded malignancies or reportable by agreement tumors)
235.0 – 236.6	Neoplasms of uncertain behavior (screen for incorrectly coded malignancies or reportable by agreement tumors)
238.0 – 239.9	Neoplasms of uncertain behavior (screen for incorrectly coded malignancies or reportable by agreement tumors)
253.6	Syndrome of inappropriate secretion of antidiuretic hormone*
258.02 – 258.03	Multiple endocrine neoplasia (MEN) type IIA and IIB (rare familial cancer syndrome)
273.0	Polyclonal hypergammaglobulinemia (Waldenstrom) review for miscodes
273.1	Monoclonal gammopathy of undetermined significance (9765/1) (screen for incorrectly coded Waldenstrom macroglobulinemia or progression)
273.9	Unspecified disorder of plasma protein metabolism (screen for incorrectly coded Waldenstrom’s macroglobulinemia)
275.42	Hypercalcemia*
279.00	Hypogammaglobulinemia (predisposed to lymphoma or stomach cancer)
279.02 – 279.06	Selective IgM immunodeficiency (associated with lymphoproliferative disorders)
279.10	Immunodeficiency with predominant T-cell defect, NOS
279.12	Wiskott-Aldrich Syndrome
279.13	Nezelof’s Syndrome
279.2 – 279.9	Combined immunity deficiency – Unspecified disorder of immune mechanism

**SUPPLEMENTARY ICD-9-CM^ CODE LIST TO SCREEN FOR CANCER CASES
NOT IDENTIFIED BY OTHER CODES (EFFECTIVE DATE: 1/1/2009)**

ICD-9-CM Code^	Explanation of Code
284.81	Red cell aplasia (acquired, adult, with thymoma)
284.89	Other specified aplastic anemias due to drugs (chemotherapy or immunotherapy), infection, radiation
288.03	Drug induced neutropenia
323.81	Encephalomyelitis; specified cause NEC*
338.3	Neoplasm related pain (acute, chronic); Cancer associated pain; Pain due to malignancy (primary/secondary); Tumor associated pain
379.59	Opsoclonia*
528.01	Mucositis due to antineoplastic therapy
686.01	Pyoderma gangrenosum*
695.89	Sweet's syndrome*
701.2	Acanthosis nigricans*
710.3	Dermatomyositis*
710.4	Polymyositis*
790.93	Elevated prostate specific antigen [PSA]
795.8	Abnormal tumor markers; Elevated tumor associated antigens [TAA]; Elevated tumor specific antigens [TSA]; Excludes: elevated prostate specific antigen [PSA] (790.93)
795.81	Elevated carcinoembryonic antigen [CEA]
795.82	Elevated cancer antigen 125 [CA 125]
795.89	Other abnormal tumor markers
999.31	Infection due to central venous catheter (porta-cath) (Effective Date: 1/1/2009)
999.81	Extravasation of vesicant chemotherapy (Effective Date: 1/1/2009)
E879.2	Adverse effect of radiation therapy
E930.7	Adverse effect of antineoplastic therapy
E933.1	Adverse effect of immunosuppressive drugs
V07.3	Other prophylactic chemotherapy (screen for incorrectly coded malignancies)
V07.8	Other specified prophylactic measure
V15.3	Irradiation: previous exposure to therapeutic or ionizing radiation
V42.81	Organ or tissue replaced by transplant, Bone marrow transplant
V42.82	Transplant; Peripheral stem cells
V51.0	Encounter for breast reconstruction following mastectomy (Effective Date: 1/1/2009)
V52.4	Breast prosthesis and implant (Effective Date: 1/1/2009)
V58.0	Encounter for radiation therapy
V58.1	Encounter for antineoplastic chemotherapy and immunotherapy (This

**SUPPLEMENTARY ICD-9-CM[^] CODE LIST TO SCREEN FOR CANCER CASES
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ICD-9-CM Code [^]	Explanation of Code
	code was discontinued as of 10/2006 but should be included in extract programs for quality control purposes)
V58.11	Encounter for antineoplastic chemotherapy
V58.12	Encounter for antineoplastic immunotherapy
V58.42	Aftercare following surgery for neoplasm
V66.1	Convalescence following radiotherapy
V66.2	Convalescence following chemotherapy
V67.1	Radiation therapy follow up
V67.2	Chemotherapy follow up
V76.0 – V76.9	Special screening for malignant neoplasm
V78.0 – V78.9	Special screening for disorders of blood and blood-forming organs
V82.71	Screening for genetic disease carrier status
V82.79	Other genetic screening
V82.89	Genetic screening for other specified conditions
V82.9	Genetic screening for unspecified condition
V84.01 – V84.09	Genetic susceptibility to malignant neoplasm
V86.0	Estrogen receptor positive status [ER+]
V86.1	Estrogen receptor negative status [ER-]
V87.41	Personal history of antineoplastic chemotherapy

NOTES:

- Prostatic Intraepithelial Neoplasia (PIN III) M-8148/2 will NOT be collected by SEER registries.
- 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 a /3 (malignant). Borderline cystadenomas M-8442, 8451, 8462, 8472, 8473, of the ovaries moved from behavior /3 (malignant) to /1 (borderline malignancy) in ICD-O-3. 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 registries.
- The World Health Organization (WHO) diagnosis "B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma" is coded as 9823/3, and cross-referenced to 9670/3, malignant lymphoma, small B lymphocytic, NOS. If this WHO term is used to describe malignancy in blood or bone marrow, code 9823/3; if the term is used to describe malignance in tissue, lymph nodes or any organ in combination with blood or bone marrow, code 9670/3.

[^] *International Classification of Diseases, Ninth Revision, Clinical Modification, 2009.*