



Oregon

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UPDATED

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Comprehensive ICD-9-CM Casefinding Codes for Reportable Conditions

SUMMARY: Cancer is a reportable disease under the Oregon Revised Statutes for all patients diagnosed on or after January 1, 1996. Oregon physicians and other health care providers are ***required*** to report patients newly diagnosed with cancer or a closely related reportable condition to the Oregon State Cancer Registry on an ongoing basis in accordance with the “Comprehensive ICD-9-CM Casefinding Codes for Reportable Conditions”.

The National Center for Health Statistics (NCHS) is responsible for developing and revising the new diagnosis codes that are implemented each year. The NCHS has issued new diagnosis and procedure codes for the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), effective with October 1, 2006 encounters/discharges.

If you have any questions regarding the updated “Casefinding Codes for Reportable Conditions” or need assistance with casefinding and/or data retrieval procedures, please contact Claudia Feight, Quality Assurance / Training Coordinator at the Oregon State Cancer Registry. We sincerely appreciate your continued compliance and thank you for your help with reducing the burden of cancer among Oregonians.

Oregon State Cancer Registry

Assisting People to Become Independent, Health and Safe
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Comprehensive ICD-9-CM Casefinding Codes for Reportable Conditions

ICD-9-CM Diagnosis Code (w/preferred ICDO-3 terminology)

Reportable cases (with diagnosis date 2004 or later) include specified benign neoplasms of the brain and CNS and all invasive and in situ* malignant neoplasms as listed below:

ICD-9-CM	Terminology (ICD-0-3)
140.0 – 208.9	Malignant neoplasms (primary and secondary diagnosis)
225.0 – 225.9	Benign neoplasm of brain and spinal cord neoplasm
227.3 – 227.4	Benign neoplasm of pituitary, craniopharyngeal duct, craniobuccal pouch, hypophysis, Rathke’s pouch, sella turcica, pineal gland, pineal body
230.0 – 234.9	Carcinoma in situ (excludes 232-skin* and 233.1-cervix uteri*)
237.0	Neoplasm of uncertain behavior [borderline] of pituitary gland and craniopharyngeal duct
237.1	Neoplasm of uncertain behavior of pineal gland
237.5	Neoplasm of uncertain behavior of brain and spinal cord
237.6	Neoplasm of uncertain behavior of meninges; NOS, cerebral, spinal
237.70	Neurofibromatosis, Unspecified von Recklinghausen’s Disease
237.71	Neurofibromatosis, Type 1 von Recklinghausen’s Disease
237.72	Neurofibromatosis, Type 2 von Recklinghausen’s Disease
237.9	Neoplasm of uncertain behavior of other and unspecified parts of the nervous system; cranial nerves

***Exclusions: Basal / squamous cell carcinoma of skin (except of the genitalia), and in situ carcinoma of the cervix uteri and PIN III are not reportable.**

Comprehensive ICD-9-CM Casefinding Codes for Reportable Conditions (Continued)

ICD-9-CM	Terminology (ICD-0-3)
238.4	Polycythemia vera (9950/3)
238.6	Solitary plasmacytoma (9731/3)
238.6	Extramedullary plasmacytoma (9734/3)
238.71**	Essential thrombocythemia (9962/3)
238.72**	Low grade myelodysplastic syndrome lesions (incl. 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)
238.79**	Other lymphatic and hematopoietic tissues (incl. 9960/3, 9961/3, 9970/1, 9931/3)
273.2	Gamma heavy chain disease (9762/3); Franklin disease (9762/3)
273.3	Waldenstrom's macroglobulinemia (9761/3)
288.3	Hypereosinophilic Syndrome (9964/3)
289.83**	Myelofibrosis (NOS) (9961/3)

****New Codes effective October 1, 2006 encounters**

Note: In Oregon, reportable diagnoses include VIN III, VAIN III, AIN III, juvenile astrocytoma, pilocytic astrocytoma, and piloid astrocytoma.

Effective with 10/12/2006 discharges, screening for malignancies is no longer required for the following codes:

- 238.7 -- This code is no longer in effect
- 284.9 -- Aplastic anemia, unspecified
- 285 -- Sideroblastic anemia
- 289.89 -- Other specified diseases of blood and blood-forming organs

**CANCER AND TUMOR REGISTRY SYSTEM
OREGON REVISED STATUTES (EXCERPTS FROM ORS §§ 432.500-432.990)**

432.520 Reporting requirement; review of records; special studies. (1) Except as provided in subsection (2) of this section [regarding extensions of time for reporting], any health care facility in which patients are diagnosed or provided treatment for cancer or benign tumors of the brain and central nervous system shall report each case of cancer or benign tumors of the brain and central nervous system to the Department of Human Services within a time period and in a format prescribed by the department. [...] If a health care facility is unable to report in conformance with the format and standards prescribed by the department, the department may, after consultation with the health care facility, elect to activate its reporting service for the facility. When activated, the department may enter the facility, obtain the information and report it in conformance with the appropriate format and standards. In these instances, the facility shall reimburse the department or its authorized representative for the cost of obtaining and reporting the information.

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(3) Any practitioner diagnosing or providing treatment to patients with cancer or benign tumors of the brain and central nervous system shall report each case to the department or its authorized representative within a time period and in a format prescribed by the department. Those cases diagnosed or treated at an Oregon health care facility or previously admitted to an Oregon health care facility for diagnosis or treatment of that instance of cancer or benign tumors of the brain and central nervous system shall be considered by the department to have been reported by the health care practitioner.

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(5) For the purpose of assuring the accuracy and completeness of reported data, the department shall have the right to periodically review all records that would:

(a) Identify cases of cancer and benign tumors, the treatment of the cancer or benign tumors or the medical status of any patient identified as being treated for cancer or benign tumors; or (b) establish characteristics of the cancer or benign tumors. [...]

432.550 Action for damages; license; disciplinary action prohibited for good faith participation in reporting of data. (1) No action for damages arising from the disclosure of confidential or privileged information may be maintained against any person, or the employer or employee of any person, who participates in good faith in the reporting of registry data for cancer or benign tumors of the brain and central nervous system or data for cancer morbidity or mortality studies in accordance with ORS 432.510 to 432.540 and 432.900.

(2) No license of a health care facility or practitioner may be denied, suspended or revoked for the good faith disclosure of confidential or privileged information in the reporting of registry data for cancer or benign tumors of the brain and central nervous system or data for cancer morbidity or mortality studies in accordance with ORS 432.510 to 432.540 and 432.900. [...]

432.900 Civil penalty. (1) In addition to any other liability or penalty provided by law, the Director of Human Services may impose a civil penalty on any person for willful failure to comply with any part of ORS 432.520. A civil penalty may be imposed against a health care facility for each day compliance is refused. The penalty shall be \$50 per day for the first 30 days and \$500 per day thereafter. A civil penalty of \$50 may be imposed against a practitioner for each day compliance is refused.

EFFECT OF HIPAA ON STATE LAW

Section 1178 (b) the Social Security Act, as amended by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), provides the following exemption to the HIPAA regulations, which has been interpreted to cover the reporting of cancer case information to state cancer registries:

(b) PUBLIC HEALTH – Nothing in this part shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investigation or intervention.