

**Cases Reviewed but Not Reported - Not Reportable List**

Facility Name \_\_\_\_\_  
 Facility Number \_\_\_\_\_

Patient Name	SSN	Med Rec No	Date of Birth	ICD-10-CM D/C Diagnosis	Admit Date	Disp Code	Reason N/R

REASON NOT REPORTED CODES		
02 – Benign	07 – Duplicate Case	12 – No Cancer Mentioned in Medical Record
03 – Not Reportable Skin	09 – In Situ Cancer of Cervix (CIS or CIN III) or Prostate (PIN III only)	13 – FCDS Use Only
04 – No Evidence of Disease (NED)	10 – Other	14 – Specific Lymphoid or Hematopoietic Neoplasm DX Prior to 1/1/2001
05 – Consult Only	11 – FCDS Use Only	16 – Benign/Borderline CNS Tumor DX Prior to 1/1/2004 - NED
06 – Cancer Not Proven		