

TIPS for the ODS: Ambiguous Terms

Ambiguous terms are words physicians use when cancer is suspected but not definitively diagnosed. When performing casefinding, you can look for accepted ambiguous terms that precede a reportable diagnosis (e.g., cancer, carcinoma, sarcoma, malignant neoplasm) in physician documentation such as imaging, pathology, or clinical notes. When present, the case may be reportable.

Ambiguous Terms for Reportability:

• APPARENT(LY)	
• APPEAR(S)	
• COMPARABLE (WITH)	
• COMPATIBLE (WITH)	
• CONSISTENT (WITH)	
• FAVORS	
• MALIGNANT APPEAR(ING)	
• MOST LIKELY	
• NEOPLASM	Neoplasm (Beginning with 2004 diagnosis & only for nonmalignant primary C70.0-C72.9, C75.1-75.3)
• PRESUM(ED)	
• PROBABLE	
• SUSPECT(ED)	
• SUSPICIOUS (FOR)	
• TUMOR	Tumor (Beginning with 2004 diagnosis & only for nonmalignant primary C70.0-C72.9, C75.1-75.3)
• TYPICAL (OF)	

Quick Decision Rule Box:

- Ambiguous term + malignancy diagnosis verbiage → Reportable
- Suspicious cytology only → Not reportable
- Suspicious cytology + later definitive diagnosis → Cytology date may be the diagnosis date
- Cytology positive for malignant cells → Reportable

Coding Tips:

- Equivalent forms of the same word may be accepted (e.g., *avored* instead of *favor(s)*).
- Do not substitute synonyms (e.g., supposed for presumed, equal for comparable, likely for most likely).
- Ignore modifiers such as *mildly*, *highly*, or *strongly*.
- When reportable and non-reportable wording appear in the same documentation, use the reportable ambiguous term.
- For intracranial and CNS tumors, ambiguous terms preceding either words "tumor" or "neoplasm" are reportable.
- Do not accession when later documentation (biopsy, resection, cytology, or physician statement) confirms the diagnosis is not reportable.
- When documentation is unclear, if possible, seek physician clarification.