

Appendix D

Codes for:

Surgery of Primary Site -- At This Facility

and

Surgery of Primary Site -- Summary

Note: In this appendix, odd-numbered pages are on the left so that codes for cancer types spreading over two pages will face each other, and extra blank pages need not be inserted at the front.

LIP and ORAL CAVITY

C00.0 - C00.9	Lip
C01.9	Base of Tongue
C02.0 - C02.9	Other Parts of Tongue
C03.0 - C03.9	Gum
C04.0 - C04.9	Floor of Mouth
C05.0 - C05.9	Palate
C06.0 - C06.9	Other Parts of Mouth

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded **10-14**:

- 10** Local tumor destruction, NOS
11 Photodynamic therapy (PDT)
12 Electrocautery;
 Fulguration;
 Hot forceps (used for tumor destruction)
13 Cryosurgery
14 Laser

Shave and **Wedge Resections** are included in procedures coded **20-27**, and a specimen is sent to pathology from these procedures:

- 20** Local tumor excision, NOS
26 Polypectomy
27 Excisional biopsy
21 Photodynamic therapy (PDT) that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
22 Electrocautery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
23 Cryosurgery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
24 Laser ablation that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
25* Laser excision that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
- 30** Wide excision, NOS;
 Hemiglossectomy;
 Partial glossectomy

* The MCR has followed the SEER *Program Coding Manual* in indenting code **25** and inferring that it includes **20**, **26** or **27** procedures. The *FORDS Manual* presents the **25** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20**, **26** and **27** in category **25**.

LIP and ORAL CAVITY [cont.]
C00.0 - C06.9

Radical Glossectomy and Total Glossectomy are included in procedures coded **40-43**:

- 40** Radical excision of tumor, NOS
- 41** Radical excision of tumor only
- 42** Combination of **41** with an en bloc* mandibulectomy (a resection in continuity with the mandible, including a marginal, segmental, hemi-, or total mandibulectomy)
- 43** Combination of **41** with an en bloc* maxillectomy (a resection in continuity with the maxilla, including a partial, subtotal or total maxillectomy)

* "En bloc" or "resection in continuity with" means that all these tissues were removed in the same surgery, but not necessarily in a single piece or specimen.

90 Primary site surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

PAROTID GLAND and MAJOR SALIVARY GLANDS**C07.9 C08.0 - C08.9**

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
 [Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
 Autopsy-only case

No specimen is sent to pathology from procedures coded **10-14**:

- 10** Local tumor destruction, NOS
11 Photodynamic therapy (PDT)
12 Electrocautery;
 Fulguration;
 Hot forceps (used for tumor destruction)
13 Cryosurgery
14 Laser

A specimen is sent to pathology from procedures coded **20-27**:

- 20** Local tumor excision, NOS
26 Polypectomy
27 Excisional biopsy
21 Photodynamic therapy (PDT) that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
22 Electrocautery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
23 Cryosurgery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
24 Laser ablation that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
25* Laser excision that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)

- 30** Less than total parotidectomy, NOS;
Less than total removal of major salivary gland, NOS
31 with facial nerve spared
32 with facial nerve sacrificed
33 Superficial lobe removed only
34 with facial nerve spared
35 with facial nerve sacrificed
36 Deep lobe (total) removed (with or without the superficial lobe)
37 with facial nerve spared
38 with facial nerve sacrificed

* The MCR has followed the SEER *Program Coding Manual* in indenting code **25** and inferring that it includes **20**, **26** or **27** procedures. The *FORDS Manual* presents the **25** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20**, **26** and **27** in category **25**.

PAROTID GLAND and MAJOR SALIVARY GLANDS [cont.]

C07.9 C08.0 - C08.9

40 Total parotidectomy, NOS;
Total removal of major salivary gland, NOS;

Total submandibulectomy;

Total submaxillectomy

41 with facial nerve spared

42 with facial nerve sacrificed

50 Radical parotidectomy, NOS;
Radical removal of major salivary gland, NOS;

Radical submandibulectomy;

Radical submaxillectomy

51 without removal of temporal bone

52 with removal of temporal bone

53 with removal of overlying skin (requiring a graft or flap coverage)

80 Parotidectomy, NOS;
Removal of major salivary gland, NOS;

Removal of submandibular gland;

Removal of submaxillary gland

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

PHARYNX

C09.0 - C09.9	Tonsil
C10.0 - C10.9	Oropharynx
C11.0 - C11.9	Nasopharynx
C12.9	Pyriiform Sinus
C13.0 - C13.9	Hypopharynx
C14.0	Pharynx

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded **10-15**:

- 10** Local tumor destruction, NOS
11 Photodynamic therapy (PDT)
12 Electrocautery;
 Fulguration;
 Hot forceps (used for tumor destruction)
13 Cryosurgery
14 Laser
15 Stripping

A specimen is sent to pathology from procedures coded **20-28**:

- 20** Local tumor excision, NOS
26 Polypectomy
27 Excisional biopsy
21 Photodynamic therapy (PDT) that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
22 Electrocautery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
23 Cryosurgery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
24 Laser ablation that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
25* Laser excision that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
28* Stripping that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
- 30** Pharyngectomy, NOS
31 Limited pharyngectomy;
 Partial pharyngectomy;
 Bilateral tonsillectomy;
Tonsillectomy, NOS
32 Total pharyngectomy

* The MCR has followed the SEER *Program Coding Manual* in indenting codes **25** and **28** and inferring that they include **20**, **26** or **27** procedures. The *FORDS Manual* presents the **25** and **28** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20**, **26** and **27** in these categories.

PHARYNX [cont.]
C09.0 - C14.0

40 Pharyngectomy with laryngectomy and/or mandibulectomy*, NOS

41 Pharyngectomy with laryngectomy (laryngopharyngectomy) but no mandibulectomy

42 Pharyngectomy with mandibulectomy (i.e., with removal of contiguous mandible bone tissue, but *not* a total mandibular resection) but no laryngectomy

43 Pharyngectomy with laryngectomy and mandibulectomy (**41** and **42**)

* includes a marginal mandibulectomy, segmental mandibulectomy or hemimandibulectomy; but *not* a total mandibular resection; Use 40 for a pharyngectomy with perhaps some type of mandibulectomy (and/or perhaps a laryngectomy), but the exact procedures aren't clear to you.

50 Radical pharyngectomy, NOS (includes a total mandibular resection)

51 without laryngectomy

52 with laryngectomy

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

ESOPHAGUS
C15.0 - C15.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded **10-14**:

- 10** Local tumor destruction, NOS
 - 11** Photodynamic therapy (PDT)
 - 12** Electrocautery;
Fulguration;
Hot forceps (used for tumor destruction)
 - 13** Cryosurgery
 - 14** Laser

A specimen is sent to pathology from procedures coded **20-27**:

- 20** Local tumor excision, NOS
 - 26** Polypectomy
 - 27** Excisional biopsy
 - 21** Photodynamic therapy (PDT) that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 22** Electrocautery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 23** Cryosurgery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 24** Laser ablation that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 25*** Laser excision that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)

- 30** Partial esophagectomy

- 40** Total esophagectomy, NOS

- 50** Esophagectomy*, NOS with laryngectomy and/or gastrectomy, NOS
 - 51** Esophagectomy with laryngectomy
 - 52** Esophagectomy with gastrectomy, NOS
 - 53** Esophagectomy with a partial gastrectomy
 - 54** Esophagectomy with a total gastrectomy
 - 55** Combination of esophagectomy, laryngectomy *and* gastrectomy (**51** with any of **52-54**)

* The "esophagectomy" in **50-55** may be a partial esophagectomy, total esophagectomy, or an esophagectomy, NOS.

* The MCR has followed the SEER *Program Coding Manual* in indenting code **25** and inferring that it includes **20**, **26** or **27** procedures. The *FORDS Manual* presents the **25** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20**, **26** and **27** in category **25**.

ESOPHAGUS [cont.]
C15.0 - C15.9

80 Esophagectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

STOMACH
C16.0 - C16.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded **10-14**:

- 10** Local tumor destruction, NOS
11 Photodynamic therapy (PDT)
12 Electrocautery;
 Fulguration;
 Hot forceps (used for tumor destruction)
13 Cryosurgery
14 Laser

A specimen is sent to pathology from procedures coded **20-27**:

- 20** Local tumor excision, NOS
26 Polypectomy
27 Excisional biopsy
21 Photodynamic therapy (PDT) that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
22 Electrocautery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
23 Cryosurgery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
24 Laser ablation that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
25* Laser excision that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
- 30** Gastrectomy, NOS (partial, subtotal or hemigastrectomy);
 Sleeve resection of stomach;
 Billroth I (anastomosis to duodenum, or duodenostomy);
 Billroth II (anastomosis to jejunum, or jejunostomy)
31 Antrectomy, lower (distal, resection of < 40% of the stomach) (An incidental splenectomy is *not* included here.)
32 Lower (distal) gastrectomy (partial, subtotal or hemigastrectomy)
33 Upper (proximal) gastrectomy (partial, subtotal or hemigastrectomy)
- 40** Near-total or total gastrectomy, NOS (If a previous partial gastric resection is followed by the removal of the remaining stomach, code as **40-42**.)
41 Near-total gastrectomy
42 Total gastrectomy

* The MCR has followed the SEER *Program Coding Manual* in indenting code **25** and inferring that it includes **20**, **26** or **27** procedures. The *FORDS Manual* presents the **25** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20**, **26** and **27** in category **25**.

STOMACH [cont.]
C16.0 - C16.9

- 50** Gastrectomy, NOS, with removal of a portion of the esophagus only
- 51** Partial or subtotal gastrectomy with a portion of the esophagus
- 52** Near-total or total gastrectomy with a portion of the esophagus

Procedures coded **60-63** are for gastric resections that include organs other than just the esophagus. Portions of the esophagus *may* be included in these resections. A portion of the duodenum may be included. An omentectomy may be included. An incidental splenectomy is *not* included here:

- 60** Gastrectomy with en bloc* resection of other organ(s), NOS
 - 61** Partial or subtotal gastrectomy with en bloc* resection of other organ(s)
 - 62** Near total or total gastrectomy with en bloc* resection of other organ(s)
 - 63** Radical gastrectomy with en bloc* resection of other organ(s)

* The other organ(s) are removed in continuity with the stomach during the same surgical procedure, but not necessarily in a single piece or specimen; also known as a resection in continuity with the other organ(s).

80 Gastrectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

COLON
C18.0 - C18.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

Note: Code the removal or surgical ablation of single or multiple liver metastases in the "Surgical Procedure of Other Site" data items.

00 No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded 10-14:

- 10** Local tumor destruction, NOS
 - 11** Photodynamic therapy (PDT)
 - 12** Electrocautery;
Fulguration;
Hot forceps (used for tumor destruction)
 - 13** Cryosurgery
 - 14** Laser

A specimen is sent to pathology from procedures coded 20-29:

- 20** Local tumor excision, NOS
 - 27** Excisional biopsy
 - 26** Polypectomy, NOS
 - 28** Endoscopic polypectomy
 - 29** Surgical excision polypectomy
 - 21** Photodynamic therapy (PDT) that includes local tumor excision (**20**), excisional biopsy (**27**) or polypectomy (**26, 28, 29**)
 - 22** Electrocautery that includes local tumor excision (**20**), excisional biopsy (**27**) or polypectomy (**26, 28, 29**)
 - 23** Cryosurgery that includes local tumor excision (**20**), excisional biopsy (**27**) or polypectomy (**26, 28, 29**)
 - 24** Laser ablation that includes local tumor excision (**20**), excisional biopsy (**27**) or polypectomy (**26, 28, 29**)
 - 25*** Laser excision that includes local tumor excision (**20**), excisional biopsy (**27**) or polypectomy (**26, 28, 29**)

* The MCR has followed the SEER *Program Coding Manual* in indenting code **25** and inferring that it includes **20** and **26 - 29** procedures. The *FORDS Manual* presents the **25** indented at the level of codes **26 - 29** and therefore is probably not including procedures **20** and **26 - 29** in category **25**.

COLON [cont.]
C18.0 - C18.9

Procedures coded **30** and **32** include, but are not limited to:

- Appendectomy (for an appendix primary only)
- Enterocolectomy
- Ileocolectomy
- Partial colectomy, NOS
- Partial resection of transverse colon and flexures
- Segmental resection (for example, cecectomy or sigmoidectomy)

- 30** Partial colectomy, but less than hemicolectomy;
Segmental resection
- 32** Partial colectomy or segmental resection with the resection of a contiguous organ (e.g., small bowel or bladder; but removal of a short portion of the distal ileum is *not* considered a contiguous organ removal)

- 40** Subtotal colectomy;
Hemicolectomy (total right or left colectomy with a portion of the transverse colon);
Greater than hemicolectomy but less than total colectomy
- 41** Subtotal colectomy/hemicolectomy with the resection of a contiguous organ (e.g., small bowel or bladder; but not a short portion of the distal ileum)

- 50** Total colectomy (removal of the colon from cecum to rectosigmoid junction); may also include a *portion* of the rectum
- 51** Total colectomy with the resection of a contiguous organ (e.g., small bowel or bladder; but not a short portion of the distal ileum)

- 60** Total proctocolectomy (removal of the colon from cecum to rectosigmoid junction and removal of the entire rectum; (commonly used for familial polyposis or polyposis coli)
- 61** Total proctocolectomy with the resection of a contiguous organ (e.g., small bowel or bladder; but not a short portion of the distal ileum)

Procedures coded **70** include any colectomy (partial, hemi- or total) with a resection of any other organs in continuity with the primary site (en bloc). The other organ(s) may be partially or totally removed. Such procedures include, but are not limited to, oophorectomy, partial proctectomy, rectal mucosectomy, and pelvic exenteration. The organs are removed during a single surgery but not necessarily in one piece or specimen.

- 70** Colectomy or coloproctectomy with resection of contiguous organ(s), NOS (not enough information about what was removed to code as **32**, **41**, **51** or **61**)

- 80** Colectomy, NOS

- 90** Surgery, NOS

- 99** Unknown if primary site surgery performed;
Death certificate-only case

RECTOSIGMOID JUNCTION
C19.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

Note: Code the removal or surgical ablation of single or multiple liver metastases in the "Surgical Procedure of Other Site" data items.

00 No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded 10-14:

- 10** Local tumor destruction, NOS
 - 11** Photodynamic therapy (PDT)
 - 12** Electrocautery;
Fulguration;
Hot forceps (used for tumor destruction)
 - 13** Cryosurgery
 - 14** Laser ablation

A specimen is sent to pathology from procedures coded 20-27:

- 20** Local tumor excision, NOS
 - 26** Polypectomy
 - 27** Excisional biopsy
 - 21** Photodynamic therapy (PDT) that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 22** Electrocautery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 23** Cryosurgery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 24** Laser ablation that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 25*** Laser excision that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)

Procedures in codes **30** and **31** include, but are not limited to:

- Anterior resection
- Hartmann's operation
- Low anterior resection (LAR)
- Partial colectomy, NOS
- Rectosigmoidectomy, NOS
- Sigmoidectomy
- 30** Wedge or segmental resection;
Partial proctosigmoidectomy, NOS
- 31** Wedge or segmental resection or partial proctosigmoidectomy with the resection of contiguous organ(s) (e.g., small bowel, bladder)

* The MCR has followed the SEER *Program Coding Manual* in indenting code **25** and inferring that it includes **20**, **26** or **27** procedures. The *FORDS Manual* presents the **25** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20**, **26** and **27** in category **25**.

RECTOSIGMOID JUNCTION [cont.]
C19.9

Procedures coded **40** include, but are not limited to:

- Altemeier's operation
- Duhamel's operation
- Soave's submucosal resection
- Swenson's operation
- Turnbull's operation

40 Pull through with sphincter preservation (colo-anal anastomosis)

Procedures coded **50** include, but are not limited to:

- Abdominoperineal resection (A & P resection)
- Anterior/posterior resection (A/P resection) / Miles' operation
- Rankin's operation

50 Total proctectomy

51 Total colectomy (removal of the colon from cecum to rectosigmoid junction; a *portion* of the rectum may also be removed)

55 Total colectomy with ileostomy, NOS

56 Total colectomy with ileorectal reconstruction

57 Total colectomy with other pouch (for example, Koch pouch)

60 Total proctocolectomy, NOS (removal of colon from cecum to rectosigmoid junction and the *entire* rectum; combination of **50** and **51**)

65 Total proctocolectomy with ileostomy, NOS

66 Total proctocolectomy with ileostomy and pouch

Procedures coded **70** include proctocolectomy or any colectomy (partial, hemi- or total) with an en bloc (in continuity) resection of other organs (except the rectum). The other organs may be partially or totally removed. This is done in one procedure but not necessarily in a single specimen. Procedures may include an oophorectomy or rectal mucosectomy.

70 Colectomy or proctocolectomy with a resection in continuity with other organs (en bloc);
Pelvic exenteration

80 Colectomy, NOS;
Proctectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

RECTUM
C20.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

Note: Code the removal or surgical ablation of single or multiple liver metastases in the "Surgical Procedure of Other Site" data items.

00 No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded 10-14:

- 10** Local tumor destruction, NOS
 - 11** Photodynamic therapy (PDT)
 - 12** Electrocautery;
Fulguration;
Hot forceps (used for tumor destruction)
 - 13** Cryosurgery
 - 14** Laser

A specimen is sent to pathology from procedures coded 20-28:

- 20** Local tumor excision, NOS
 - 27** Excisional biopsy
 - 26** Polypectomy
 - 21** Photodynamic therapy (PDT) that includes local tumor excision (**20**), excisional biopsy (**27**) or polypectomy (**26**)
 - 22** Electrocautery that includes local tumor excision (**20**), excisional biopsy (**27**) or polypectomy (**26**)
 - 23** Cryosurgery that includes local tumor excision (**20**), excisional biopsy (**27**) or polypectomy (**26**)
 - 24** Laser ablation that includes local tumor excision (**20**), excisional biopsy (**27**) or polypectomy (**26**)
 - 25*** Laser excision that includes local tumor excision (**20**), excisional biopsy (**27**) or polypectomy (**26**)
 - 28*** Curette and fulguration that includes local tumor excision (**20**), excisional biopsy (**27**) or polypectomy (**26**)

Procedures coded **30** include, but are not limited to:

- Anterior resection
- Hartmann's operation
- Low anterior resection (LAR)
- Trans-sacral rectosigmoidectomy

30 Wedge or segmental resection;
Partial proctectomy, NOS

* The MCR has followed the SEER *Program Coding Manual* in indenting codes **25** and **28** and inferring that they include **20**, **26** or **27** procedures. The *FORDS Manual* presents the **25** and **28** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20**, **26** and **27** in these categories.

RECTUM [cont.]
C20.9

Procedures coded **40** include, but are not limited to:

- Altemeier's operation
- Duhamel's operation
- Soave's submucosal resection
- Swenson's operation
- Turnbull's operation

40 Pull through with sphincter preservation (colo-anal anastomosis)

Procedures coded **50** include, but are not limited to:

- Abdominoperineal resection (A & P resection, A/P resection)
- Miles' procedure
- Rankin's operation

50 Total proctectomy

60 Total proctocolectomy, NOS

In procedures coded **70**, all of the tissues are removed in one surgical procedure, but not necessarily in one piece or specimen.

70 Proctectomy or proctocolectomy with resection in continuity with other organs (en bloc);
Pelvic exenteration

80 Proctectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

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ANUS and ANAL CANAL
C21.0 - C21.8

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

00 No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded **10-15**:

- 10** Local tumor destruction, NOS
 - 11** Photodynamic therapy (PDT)
 - 12** Electrocautery;
Fulguration;
Hot forceps (used for tumor destruction)
 - 13** Cryosurgery
 - 14** Laser
 - 15** Thermal ablation

A specimen is sent to pathology from procedures coded **20-27**. Margins *may* have microscopic involvement.

- 20** Local tumor excision, NOS
 - 26** Polypectomy
 - 27** Excisional biopsy
 - 21** Photodynamic therapy (PDT) that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 22** Electrocautery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 23** Cryosurgery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 24** Laser ablation that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 25*** Laser excision that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)

- 60** Abdominal perineal resection, NOS (APR, Miles' procedure)
 - 61** APR with sentinel node excision
 - 62** APR with unilateral inguinal lymph node dissection
 - 63** APR with bilateral inguinal lymph node dissection

(Note: For procedures coded **61-63**, also include the node removal in the "Scope of Regional Lymph Node Surgery" fields.)

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

* The MCR has followed the SEER *Program Coding Manual* in indenting code **25** and inferring that it includes **20**, **26** or **27** procedures. The *FORDS Manual* presents the **25** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20**, **26** and **27** in category **25**.

LIVER and INTRAHEPATIC BILE DUCTS
C22.0, C22.1

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
 [Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
 Autopsy-only case

No specimen is sent to pathology from procedures coded **10-17**:

- 10** Local tumor destruction, NOS;

▼ ~~text removed April 2006~~ **11** Photodynamic therapy (PDT)

- 12** Electrocautery;
 Fulguration;
 Hot forceps (for tumor destruction)
- 13** Cryosurgery
- 14** Laser
- 15** Alcohol (percutaneous ethanol injection, PEI; intratumoral injection of alcohol; alcohol ablation)
- 16** Heat;
 Radiofrequency ablation (RFA)
- 17** Other (for example, ultrasound or acetic acid)

Deleted: Chemoembolization (Also code the agents used under Chemotherapy.)

Deleted: ¶

A specimen is sent to pathology from procedures coded **20-26**:

- 20** Wedge resection, NOS;
 Segmental resection, NOS
- 21** Wedge resection
- 22** Segmental resection, NOS
- 23** Segmental resection of one segment
- 24** Segmental resection of two segments
- 25** Segmental resection of three segments
- 26** Segmental resection and local tumor destruction
- 30** Simple lobectomy;
 Lobectomy, NOS
- 36** Right lobectomy
- 37** Left lobectomy
- 38** Lobectomy and local tumor destruction
- 50** Extended lobectomy (resection of a single lobe plus a segment of another lobe), NOS
- 51** Extended right lobectomy
- 52** Extended left lobectomy
- 59** Extended lobectomy and local tumor destruction
- 60** Hepatectomy, NOS
- 61** Total hepatectomy and transplant

LIVER and INTRAHEPATIC BILE DUCTS [cont.]

65 Excision of a bile duct (for an intrahepatic bile duct primary only)

66 Excision of a bile duct plus a partial hepatectomy

75 Bile duct and hepatectomy with a transplant

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

Notes about chemoembolization (also called transarterial chemoembolization, TACE):

This involves infusing concentrated Chemotherapy agents into a branch of the hepatic artery along with particles to physically block the blood vessels feeding a tumor area within the liver (or sometimes the pancreas). If the embolization blockage is good, then the Chemotherapy agents don't circulate widely as in regular Systemic Therapy; the tumor area is starved of its blood supply and is "soaked" in high-dose Chemotherapy. A resection may then become possible.

SEER and the COC have continued to seemingly disagree about how to code this. As of April 2006, COC is saying to code chemoembolization as Chemotherapy and they don't want the physical embolization to be considered treatment at all. SEER used to consider regular physical embolization to be Other Therapy, but SEER is now saying to code chemoembolization (and regular physical embolization) as a destructive Surgery (code 10 above if liver is the primary site, or code 1 in Surgery of Other Sites if a liver metastasis is being targeted), and as of July 2007 they also say that if the specific Chemotherapy agents infused are known then they may be coded under Chemotherapy. The MCR doesn't know what to do right now, so follow either the COC rule and code chemoembolization as Chemotherapy, or follow the SEER rule and code it as Surgery (of Primary Site or of Other Sites), or code it in both places. And of course, the procedure may be Palliative Care rather than curative treatment.

[Apparently radioactive particles may also be delivered to the tumor in this way (radioembolization) and we also don't yet know what to do about coding this.]

notes added April 2006, one phrase added July 2007

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PANCREAS
C25.0 - C25.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

- 25** Local excision of tumor, NOS

- 30** Partial pancreatectomy, NOS (for example, a distal pancreatectomy)

- 35** Local or partial pancreatectomy and duodenectomy
 - 36** without a distal or partial gastrectomy
 - 37** with a partial gastrectomy (Whipple procedure)

- 40** Total pancreatectomy

- 60** Total pancreatectomy with subtotal gastrectomy or duodenectomy

- 70** Extended pancreatoduodenectomy

- 80** Pancreatectomy, NOS

- 90** Surgery, NOS

- 99** Unknown if primary site surgery performed;
Death certificate-only case

LARYNX
C32.0 - C32.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded **10-15**:

- 10** Local tumor destruction, NOS
11 Photodynamic therapy (PDT)
12 Electrocautery;
 Fulguration;
 Hot forceps (for tumor destruction)
13 Cryosurgery
14 Laser
15 Stripping

A specimen is sent to pathology from procedures coded **20-28**:

- 20** Local tumor excision, NOS
26 Polypectomy
27 Excisional biopsy
21 Photodynamic therapy (PDT) that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
22 Electrocautery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
23 Cryosurgery that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
24 Laser ablation that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
25* Laser excision that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
28* Stripping that includes local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
- 30** Partial excision of the primary site, NOS;
 Subtotal or partial laryngectomy, NOS;
 Hemilaryngectomy, NOS
31 Vertical laryngectomy (removal of involved true vocal cord, ipsilateral false vocal cord, intervening ventricle, and ipsilateral thyroid; may include removal of the arytenoids)
32 Anterior commissure laryngectomy
33 Supraglottic laryngectomy (a conservative surgery preserving laryngeal function; removal of epiglottis, false vocal cords, aryepiglottic folds, arytenoid cartilage, ventricle, upper third of thyroid cartilage, and thyroid membrane; but the true vocal cords and arytenoids are not removed)
- 40** Total or radical laryngectomy, NOS
41 Total laryngectomy only
42 Radical laryngectomy only (includes the removal of adjacent sites; do not also code adjacent site removal in the "Surgery of Other Sites" fields for a radical laryngectomy)

* The MCR has followed the *SEER Program Coding Manual* in indenting codes **25** and **28** and inferring that they include **20**, **26** or **27** procedures. The *FORDS Manual* presents the **25** and **28** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20**, **26** and **27** in these categories.

LARYNX [cont.]
C32.0 - C32.9

50 Pharyngolaryngectomy

80 Laryngectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

BRONCHUS and LUNG
C34.0 - C34.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

00 No surgery of primary site;
Autopsy-only case

19 Local tumor destruction *or* excision, NOS; unknown if a specimen was sent to pathology (code mainly used before 2003)

No specimen is sent to pathology from procedures coded **15**, **12** and **13**:

15 Local tumor destruction, NOS;
Photodynamic therapy (PDT);
Radiofrequency ablation (RFA)

12 Cryosurgery;
Laser ablation

13 Electrocautery;
Fulguration;

Hot forceps (for tumor destruction)

A specimen is sent to pathology from procedures coded **20-25**:

20 Excision or resection of less than one lobe, NOS

23 Excision, NOS

24 Laser excision

25 Bronchial sleeve resection only

21 Wedge resection

22 Segmental resection (includes lingulectomy)

30 Resection of at least one lobe, but less than the whole lung (lobectomy, bilobectomy or partial pneumonectomy, NOS)

33 Lobectomy with mediastinal lymph node dissection (Also code the node dissection in the "Scope of Regional Lymph Node Surgery" fields.)

45 Extended lobectomy/bilobectomy, NOS

46 with chest wall

47 with pericardium

48 with diaphragm

55 Pneumonectomy, NOS (resection of entire lung):

Complete pneumonectomy;

Sleeve pneumonectomy;

Standard pneumonectomy;

Total pneumonectomy

56 Pneumonectomy with mediastinal lymph node dissection (i.e., radical pneumonectomy) (Also code the node dissection in the "Scope of Regional Lymph Node Surgery" fields.)

BRONCHUS and LUNG [cont.]
C34.0 - C34.9

- 65** Extended pneumonectomy
- 66** with pleura or diaphragm removal

- 70** Extended radical pneumonectomy (radical pneumonectomy, including removal of mediastinal nodes, with the removal of other tissues or nodes) (Also code the node dissection in the "Scope of Regional Lymph Node Surgery" fields.)

- 80** Resection of lung, NOS

- 90** Surgery, NOS

- 99** Unknown if primary site surgery performed
Death certificate-only case

BONES, JOINTS and ARTICULAR CARTILAGE

C40.0 - C40.9, C41.0 - C41.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

- 19** Local tumor destruction *or* excision, NOS; unknown if a specimen was sent to pathology

- 15** Local tumor destruction; no specimen is sent to pathology

- 25** Local excision; specimen is sent to pathology

- 26** Partial resection; specimen is sent to pathology

- 30** Radical excision or resection of lesion with limb salvage

- 40** Amputation of limb
 - 41** Partial amputation of limb
 - 42** Total amputation of limb

- 50** Major amputation, NOS
 - 51** Forequarter amputation, including scapula
 - 52** Hindquarter amputation, including ilium/hip bone
 - 53** Hemipelvectomy, NOS
 - 54** Internal hemipelvectomy

- 90** Surgery, NOS

- 99** Unknown if primary site surgery performed;
Death certificate-only case

BLOOD, BONE MARROW, and RETICULOENDOTHELIAL SYSTEM

C42.0, C42.1, C42.3, C42.4

for all ICD-O-3 Histologic Type Codes

98 Use this code whether or not any primary site surgery took place, unless a death certificate-only case.

99 Death certificate-only case

Surgical procedures for these primary sites are recorded in the "Surgical Procedure of Other Site" data items.

SPLEEN

C42.2

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989

[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

00 No surgery of primary site;
Autopsy-only case

19 Local tumor destruction, NOS; no specimen sent to pathology or unknown if specimen sent
Local tumor excision, NOS; no specimen sent to pathology or unknown if specimen sent

21 Partial splenectomy

22 Total splenectomy

80 Splenectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

SKIN
C44.0 - C44.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded **10-14**:

- 10** Local tumor destruction, NOS
11 Photodynamic therapy (PDT);
UVB phototherapy for mycosis fungoides
12 Electrocautery;
 Fulguration;
 Hot forceps (used for tumor destruction)
13 Cryosurgery
14 Laser ablation

Codes 20-27 include biopsies that remove the entire tumor (even if they were only meant to be incisional biopsies), leaving macroscopically clear margins (with margins < 1 cm, or margin size unknown). When a biopsy is followed by a larger surgery, use codes larger than 27. A specimen is sent to pathology from procedures coded 20-27:

- 20** Local tumor excision, NOS
26 Polypectomy
27 Excisional biopsy
21 UVB phototherapy for mycosis fungoides or photodynamic therapy (PDT) that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
22 Electrocautery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
23 Cryosurgery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
24 Laser ablation that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
25* Laser excision that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)

Codes 30-33 include less than a wide excision with margins of < 1 cm or margin size unknown. For a wide excision or re-excision with unknown margin size, also use codes 30-33. When a wide excision or re-excision has microscopically clear margins > 1 cm, use codes 45-47.

- 30** Biopsy of the primary tumor followed by a gross excision of the lesion (both not necessarily done under the same anesthesia)
31 Shave biopsy followed by a gross excision of the lesion
32 Punch biopsy followed by a gross excision of the lesion
33 Incisional biopsy followed by a gross excision of the lesion
34 Mohs' surgery, NOS
35 Mohs' surgery with margin \leq 1 cm
36 Mohs' surgery with margin > 1 cm

* The MCR has followed the SEER *Program Coding Manual* in indenting code **25** and inferring that it includes **20, 26** or **27** procedures. The *FORDS Manual* presents the **25** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20, 26** and **27** in category **25**.

SKIN
C44.0 - C44.9

45 Wide excision or re-excision of lesion or minor (local) amputation*, NOS with margins > 1 cm**
(Margins must be microscopically negative.**)

46 with margins > 1 cm and ≤ 2 cm

47 with margins > 2 cm

* Local amputation is the surgical resection of digits, ear, eyelid, lip or nose.

** If margins are ≤ 1 cm, or if there is residual microscopic disease, use the most appropriate code from **20 - 36**.

60 Major amputation, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

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PERIPHERAL NERVES and SOFT TISSUES

C47.0 - C47.9 Peripheral Nerves and Autonomic Nervous System
C49.0 - C49.9 Connective, Subcutaneous, and Other Soft Tissues

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

- 19** Local tumor destruction *or* excision, NOS; unknown if a specimen was sent to pathology

- 15** Local tumor destruction; no specimen is sent to pathology

- 25** Local excision; specimen is sent to pathology

- 26** Partial resection; specimen is sent to pathology

- 30** Radical excision or resection of lesion with limb salvage

- 40** Amputation of limb
 - 41** Partial amputation of limb
 - 42** Total amputation of limb

- 50** Major amputation, NOS
 - 51** Forequarter amputation, including scapula
 - 52** Hindquarter amputation, including ilium/hip bone
 - 53** Hemipelvectomy, NOS
 - 54** Internal hemipelvectomy

- 90** Surgery, NOS

- 99** Unknown if primary site surgery performed;
Death certificate-only case

BREAST
C50.0 - C50.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

00 No surgery of primary site;
Autopsy-only case

19 Local tumor destruction, NOS; no specimen sent to pathology (mainly used for pre-2003 diagnoses)

Procedures coded **20-24** remove the gross primary tumor and some breast tissue (a breast-conserving or breast-preserving procedure). There may be *microscopic* residual tumor.

20 Partial mastectomy, NOS;

Less than total mastectomy, NOS

21 Partial mastectomy with nipple resection

22 Lumpectomy or excisional biopsy

23 Re-excision of the biopsy site for gross or microscopic residual disease

24 Segmental mastectomy;

Wedge resection;

Quadrantectomy;

Tylectomy

30 Subcutaneous mastectomy (the removal of some breast tissue *without* the nipple, areolar complex and overlying skin) (This procedure is rarely performed to treat malignancies.)

40 Total simple mastectomy, NOS (removes all breast tissue, nipple and areolar complex; axillary node dissection is not done, but sentinel nodes may be taken)

41 Simple mastectomy without removal of *uninvolved* contralateral breast

43 with reconstruction, NOS

44 using human tissue (such as muscle or skin)

45 using implant (artificial)

46 using tissue and implant

42 Simple mastectomy with removal of *uninvolved* contralateral breast

47 with reconstruction, NOS

48 using human tissue (such as muscle or skin)

49 using implant (artificial)

75 using tissue and implant

If the contralateral breast is involved:

for a single primary (that is, the contralateral breast has distant disease), removal of the contralateral breast would be coded in the "Surgery of Other Site" fields and code **41** might be the appropriate code for the primary site surgery;

if an independent second primary is discovered in the contralateral breast, code the surgeries for each primary independently (that is, the primary site surgery could be coded **46** on both abstracts if two simple mastectomies with combination reconstruction were performed).

BREAST [cont.] C50.0 - C50.9

- 50** Modified radical mastectomy [removes all breast tissue, nipple, areolar complex and amounts of breast skin in continuity with the axilla (en bloc); may include part of pectoralis major muscle] All must be removed in one procedure, but not necessarily in one piece/specimen. If some nodes were taken (e.g., sentinel nodes) *but a true axillary node dissection was not done*, use a code from the group **40-49, 75**. If it's unclear whether the node surgery should be counted as a dissection (e.g., only 1-2 axillary nodes taken), just rely on the surgeon's description of whether it was a simple or modified radical mastectomy.
- 51** Modified radical mastectomy without removal of *uninvolved* contralateral breast
- 53** with reconstruction, NOS
 - 54** using human tissue (such as muscle or skin)
 - 55** using implant (artificial)
 - 56** using tissue and implant
- 52** Modified radical mastectomy with removal of *uninvolved* contralateral breast
- 57** with reconstruction, NOS
 - 58** using human tissue (such as muscle or skin)
 - 59** using implant (artificial)
 - 63** using tissue and implant

For single primaries only, code removal of involved contralateral breast in the "Surgery of Other Site" fields. If the contralateral involvement is a second primary, use **51** for the first primary and code the other primary's surgery independently.

- 60** Radical mastectomy, NOS (removal of all breast tissue, nipple, areolar complex, variable amounts of skin, pectoralis minor and major muscles, with an en bloc axillary node dissection) The nodes must be taken in the same procedure but not necessarily in a single piece or specimen. If some nodes were taken (such as sentinel nodes) but an axillary node dissection was not done, use a code from the group **40-49, 75**.
- 61** Radical mastectomy without removal of *uninvolved* contralateral breast
- 64** with reconstruction, NOS
 - 65** using human tissue (such as muscle or skin)
 - 66** using implant (artificial)
 - 67** using tissue and implant
- 62** Radical mastectomy with removal of *uninvolved* contralateral breast
- 68** with reconstruction, NOS
 - 69** using human tissue (such as muscle or skin)
 - 73** using implant (artificial)
 - 74** using tissue and implant

For single primaries only, code removal of an involved contralateral breast in the "Surgery of Other Sites" fields. For a second primary in the contralateral breast, code the surgery for each primary independently.

- 70** Extended radical mastectomy (removal of all breast tissue, nipple, areolar complex, variable amounts of skin, pectoralis minor, pectoralis major and internal mammary nodes with an en bloc axillary node dissection) The nodes must be removed in the same procedure but not necessarily in the same specimen.
- 71** Extended radical mastectomy without removal of *uninvolved* contralateral breast
- 72** Extended radical mastectomy with removal of *uninvolved* contralateral breast

For single primaries only, code removal of an involved contralateral breast in the "Surgery of Other Site" fields; if the contralateral involvement is a second primary, code the surgery for each independently.

- 80** Mastectomy, NOS
- 90** Surgery, NOS
- 99** Unknown if primary site surgery performed; Death certificate-only case

CERVIX UTERI
C53.0 - C53.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded **10-17**:

- 10** Local tumor destruction, NOS
11 Photodynamic therapy (PDT)
12 Electrocautery (but not LEEP);
 Fulguration;
 Hot forceps (used for tumor destruction)
13 Cryosurgery
14 Laser (not ablation)*
15 Loop electrocautery excision procedure (LEEP)
16 Laser ablation*
17 Thermal ablation

* To distinguish between codes **14** and **16**: Both involve laser use with no pathology specimen obtained. Use **16** when the record specifies "ablation" with laser, and use **14** when simple destruction not termed "ablation" occurs via the laser. If laser is used without a "destruction" vs. "ablation" distinction (laser use, NOS) and no pathology specimen is obtained, assume that the laser use was simply destructive and use **14**.

A specimen is sent to pathology from procedures coded **20-29**:

- 20** Local tumor excision, NOS
26 Excisional biopsy, NOS
27 Cone biopsy
24 Cone biopsy with gross excision of lesion
29 Trachelectomy;
 Removal of cervical stump;
 Cervicectomy
21 Electrocautery that includes local tumor excision (**20**), an excisional biopsy (**26**), cone biopsy (**27**, **24**) or trachelectomy (**29**)
22 Cryosurgery that includes local tumor excision (**20**), an excisional biopsy (**26**), cone biopsy (**27**, **24**) or trachelectomy (**29**)
23 Laser ablation or laser excision that includes local tumor excision (**20**), an excisional biopsy (**26**), cone biopsy (**27**, **24**) or trachelectomy (**29**)
25* Dilatation (dilatation) and curettage (D&C); endocervical curettage (for *in situ* only)
28 Loop electrocautery excision procedure (LEEP)

* For invasive cervical cancers, a D&C is usually coded as an incisional biopsy (**02**) under Surgical Diagnostic/Staging Procedures. A D&C is *not* usually coded as Surgery of Primary Site for invasive tumors unless the curette is used to perform an excisional biopsy. **25** would normally be used only for *in-situ* disease in registries recording such cancers.

- 30** Total hysterectomy (simple, pan-) without removal of tubes and ovaries (removal of the corpus and cervix uteri; a portion of the vaginal cuff *may* be included)

CERVIX UTERI [cont.]
C53.0 - C53.9

40 Total hysterectomy (simple, pan-) with removal of tubes and/or ovary

50 Modified radical, radical, extended or extended radical hysterectomy

51 Modified radical hysterectomy

52 Extended hysterectomy

53 Radical hysterectomy;
Wertheim procedure

54 Extended radical hysterectomy

60 Hysterectomy, NOS (with or without removal of tubes and ovaries)

61 Hysterectomy without removal of tubes and ovaries

62 Hysterectomy with removal of tubes and ovaries

70 Pelvic exenteration, NOS

71 Anterior exenteration (includes removal of bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes) **[Do NOT code the pelvic (distant) node removal in the "Surgery of Other Sites" fields.]**

Deleted: Also

72 Posterior exenteration (includes removal of rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes) **[Do NOT code the pelvic (distant) node removal in the "Surgery of Other Site" fields.]**

Deleted: Also

73 Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes) **[Do NOT code the pelvic (distant) node removal in the "Surgery of Other Site" fields.]**

Deleted: Also

74 Extended exenteration (includes removal of pelvic blood vessels or bony pelvis)

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

CORPUS UTERI and UTERUS, NOS**C54.0 - C54.9, C55.9**

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

For invasive uterine cancers, dilation (dilatation) and curettage is usually coded as an incisional biopsy (**02**) under Surgical Diagnostic/Staging Procedures. A D&C is not usually coded as Surgery of Primary Site for invasive tumors (unless the curette is used to perform an excisional biopsy).

00 No surgery of primary site;
Autopsy-only case

19 Local tumor destruction or excision, NOS (unknown if a specimen was sent to pathology) (mainly for pre-2003 diagnoses)

No specimen is sent to pathology from procedures coded **10-16**:

- 10** Local tumor destruction, NOS
 - 11** Photodynamic therapy (PDT)
 - 12** Electrocautery (but not LEEP);
Fulguration;
Hot forceps (used for tumor destruction)
 - 13** Cryosurgery
 - 14** Laser
 - 15** Loop electrocautery excision procedure (LEEP)
 - 16** Thermal ablation

Procedures in code **20** include, but are not limited to:

- Cryosurgery
- Electrocautery
- Excisional biopsy
- Laser ablation
- Thermal ablation

A specimen is sent to pathology from procedures coded **20-26**. Margins of resection *may* have microscopic involvement.

- 20** Local tumor excision, NOS; Simple excision, NOS
 - 24** Excisional biopsy, NOS
 - 25** Polypectomy
 - 26** Myomectomy
 - 21** Electrocautery that includes local tumor or simple excision (**20**), excisional biopsy (**24**), polypectomy (**25**) or myomectomy (**26**)
 - 22** Cryosurgery that includes local tumor or simple excision (**20**), excisional biopsy (**24**), polypectomy (**25**) or myomectomy (**26**)
 - 23** Laser ablation or laser excision that includes local tumor or simple excision (**20**), excisional biopsy (**24**), polypectomy (**25**) or myomectomy (**26**)

CORPUS UTERI and UTERUS, NOS [cont.]
C54.0 - C54.9, C55.9

- 30** Subtotal hysterectomy / supracervical hysterectomy / fundectomy [with or without removal of tube(s) and ovary(ies)]; The cervix is *not* removed.
- 31** without removal of tube(s) and ovary (ies)
- 32** with removal of tube(s) and ovary (ies)
- 40** Total hysterectomy (simple, pan-) without removal of tube(s) and ovary (ies) (removal of corpus and cervix uteri) A portion of the vaginal cuff *may* be included.
- 50** Total hysterectomy (simple, pan-) with removal of tube(s) and/or ovary (ies)
- 60** Modified radical or extended hysterectomy;
 Radical or extended radical hysterectomy
- 61** Modified radical hysterectomy
- 62** Extended hysterectomy
- 63** Radical hysterectomy;
Type III hysterectomy:
 Wertheim procedure
- 64** Extended radical hysterectomy
- 65** Hysterectomy, NOS [with or without removal of tube(s) and ovary(ies)]
- 66** Hysterectomy without removal of tube(s) and ovary(ies)
- 67** Hysterectomy with removal of tube(s) and ovary(ies)
- 75** Pelvic exenteration, NOS
- 76** Anterior exenteration (includes removal of bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes) (The pelvic node removal is **NOT** coded in the "Scope of Regional Lymph Node Surgery" fields.) Deleted: also
- 77** Posterior exenteration (includes removal of rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes) (The pelvic node removal is **NOT** coded in the "Scope of Regional Lymph Node Surgery" fields.) Deleted: also
- 78** Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes) (**Do NOT** code the pelvic node removal in the "Scope of Regional Lymph Node Surgery" fields.) Deleted: Also
- 79** Extended exenteration (includes removal of pelvic blood vessels or bony pelvis)
- 90** Surgery, NOS
- 99** Unknown if primary site surgery performed;
 Death certificate-only case

OVARY
C56.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

00 No surgery of primary site;
Autopsy-only case

17 Local tumor destruction, NOS (no specimen sent to pathology)

A specimen is sent to pathology from procedures coded **25-28**:

25 Total removal of tumor or single ovary, NOS

26 Resection (wedge, subtotal or partial) of ovary only, NOS; unknown if a hysterectomy was done

27 *without* a hysterectomy

28 with a hysterectomy

35 Unilateral (salpingo-)oophorectomy; unknown if a hysterectomy was done

36 Unilateral oophorectomy *without* a hysterectomy

37 Unilateral oophorectomy with a hysterectomy or with history of a hysterectomy

50 Bilateral (salpingo-)oophorectomy; unknown if a hysterectomy was done

51 Bilateral oophorectomy *without* a hysterectomy

52 Bilateral oophorectomy with a hysterectomy or with history of a hysterectomy

55 Unilateral or bilateral (salpingo-) oophorectomy with omentectomy, NOS (partial or total), unknown if a hysterectomy was done

56 *without* a hysterectomy

57 with a hysterectomy

60 Debulking*;

Cytoreductive surgery, NOS

61 with removal of colon (including appendix) and/or small intestine resection (not incidental)

62 with partial resection of urinary tract (not incidental)

63 Debulking of tumor with colon removal, partial resection of urinary tract, and/or small intestine resection (**61** and **62**)

* Debulking is partial or total removal of the tumor mass and *may* involve the removal of multiple organs. It may include removal of ovaries and/or uterus (a hysterectomy). The pathology report may or may not specifically identify ovarian tissue. Debulking is usually followed by another treatment modality, such as Chemotherapy. Do not count multiple biopsies alone as debulking. Do not assume that mention of "multiple tissue fragments" or "removal of multiple implants" alone implies debulking. Some terms which imply that a debulking was done follow:

adjuvant treatment pending surgical reduction of tumor

ovaries, tubes buried in tumor

tumor burden

tumor cakes

very large tumor mass

OVARY [cont.]
C56.9

70 Pelvic exenteration, NOS

71 Anterior exenteration (includes removal of bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes) (The pelvic node removal is **NOT** coded in the "Scope of Regional Lymph Node Surgery" fields.)

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72 Posterior exenteration (includes removal of rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes) The pelvic node removal is **NOT** coded in the "Scope of Regional Lymph Node Surgery" fields.)

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73 Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes) The pelvic node removal is **NOT** coded in the "Scope of Regional Lymph Node Surgery" fields.)

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74 Extended exenteration (includes removal of pelvic blood vessels or bony pelvis)

80 (Salpingo-) oophorectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

PROSTATE GLAND
C61.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

Note: Do *not* code an orchiectomy in this field. For prostate primaries, bilateral orchiectomies are recorded as endocrine surgery in the data item "Hematologic Transplant and Endocrine Procedures".

00 No surgery of primary site;
Autopsy-only case

18 Local tumor destruction, NOS (unknown if a specimen was sent to pathology)

19 Transurethral resection (TURP), NOS (unknown if a specimen was sent to pathology) (mainly for pre-2003 diagnoses)

No specimen is sent to pathology from procedures coded **10-17**:

10 Local tumor destruction *or* excision, NOS

14 Cryoprostectomy

15 Laser ablation

16 Hyperthermia;

Transurethral microwave thermotherapy (TUMT)

17 Other method of local destruction or excision;

High intensity focused ultrasonography (HIFU);

Transurethral needle ablation (TUNA)

A specimen is sent to pathology from procedures coded **20-26**:

20 Local tumor excision, NOS

21 Transurethral resection (TURP), NOS

22 TURP where cancer was an incidental finding during surgery for benign disease

23 TURP where the patient had suspected or known cancer

24 Cryosurgery with local tumor excision (**20**) or TURP (**21-23**)

25 Laser with local tumor excision (**20**) or TURP (**21-23**)

26 Hyperthermia with local tumor excision (**20**) or TURP (**21-23**)

30 Subtotal, segmental or simple prostatectomy (all or part of the prostatic capsule may remain)

50 Total prostatectomy, NOS;

Radical prostatectomy, NOS (excision of prostate, prostatic capsule, ejaculatory ducts and seminal vesicle(s)); *may* include a narrow cuff of the bladder neck)

70 Prostatectomy with resection in continuity with other organs* (en bloc);

Pelvic exenteration

* The other organs may be partially or totally removed. They must be removed in the same procedure, but not necessarily in a single piece or specimen. Procedures that may involve an en bloc resection include, but are not limited to: cystoprostatectomy, radical cystectomy and prostatectomy.

PROSTATE GLAND [cont.]
C61.9

80 Prostatectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

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TESTIS
C62.0 - C62.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

- 12** Local tumor destruction, NOS (no specimen is sent to pathology)

- 20** Local or partial excision of testicle (specimen is sent to pathology)

- 30** Excision of testicle, NOS *without* cord;
Orchiectomy not including spermatic cord

- 40** Excision of testicle, NOS with cord;
Excision of testicle, NOS with no mention of the cord;
Orchiectomy with or without spermatic cord;
Radical orchiectomy

- 80** Orchiectomy, NOS (unknown if partial or total testicle was removed)

- 90** Surgery, NOS

- 99** Unknown if primary site surgery performed;
Death certificate-only case

KIDNEY, RENAL PELVIS and URETER
C64.9, C65.9, C66.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
 [Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
 Autopsy-only case

No specimen is sent to pathology from procedures coded **10-15**:

- 10** Local tumor destruction, NOS
11 Photodynamic therapy (PDT)
12 Electrocautery;
 Fulguration;
 Hot forceps (for tumor destruction)
13 Cryosurgery
14 Laser
15 Thermal ablation;
Radiofrequency ablation (RFA)

A specimen is sent to pathology from procedures coded **20-27**:

- 20** Local tumor excision, NOS
26 Polypectomy
27 Excisional biopsy
21 Photodynamic therapy (PDT) with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
22 Electrocautery with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
23 Cryosurgery with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
24 Laser ablation with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
25* Laser excision with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)

Procedures coded **30** include, but are not limited to, segmental resection and wedge resection. Resection margins are grossly negative. There *may* be microscopic involvement.

- 30** Partial or subtotal nephrectomy (for kidney or renal pelvis primary);
 Partial ureterectomy (for ureter primary)
- 40** Complete, total or simple nephrectomy (for kidney parenchyma);
 Nephroureterectomy (for renal pelvis or ureter) (includes bladder cuff removal)
- 50** Radical nephrectomy (may include removal of a portion of the vena cava, adrenal gland(s), Gerota's fascia, perinephric fat, or partial / total ureter)

* The MCR has followed the SEER *Program Coding Manual* in indenting code **25** and inferring that it includes **20**, **26** or **27** procedures. The *FORDS Manual* presents the **25** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20**, **26** and **27** in category **25**.

KIDNEY, RENAL PELVIS and URETER [cont.]
C64.9, C65.9, C66.9

70 Any nephrectomy (simple, subtotal, complete, partial, simple, total, radical) in continuity with (en bloc) the resection of other organ(s) (such as colon or bladder)

The other organs may be partially or totally removed. They must be removed in the same procedure but not necessarily in one specimen.

80 Nephrectomy, NOS;
Ureterectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

BLADDER
C67.0 - C67.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded **10-16**:

- 10** Local tumor destruction, NOS
- 11** Photodynamic therapy (PDT)
 - 12** Electrocautery;
Fulguration;
Hot forceps (for tumor destruction);
Transurethral resection of bladder (TURB) (destruction only)
 - 13** Cryosurgery
 - 14** Laser
 - 15** Intravesical therapy, NOS (If this surgical procedure is delivering a Chemotherapy agent or "Other Therapy" agent, also code this under Chemotherapy or Other Therapy.)
 - 16** Bacillus Calmette-Guérin (BCG) installation or other Immunotherapy agent (Also code this under Immunotherapy.)

A specimen is sent to pathology from procedures coded **20-27**:

- 20** Local tumor excision, NOS
- 26** Polypectomy
 - 27** Excisional biopsy;
Transurethral resection of bladder (TURB) (with pathology specimen)
 - 21** Photodynamic therapy (PDT) with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 22** Electrocautery with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 23** Cryosurgery with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 24** Laser ablation with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)
 - 25*** Laser excision with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)

- 30** Partial cystectomy

- 50** Simple cystectomy;
Complete cystectomy;
Total cystectomy

* The MCR has followed the SEER *Program Coding Manual* in indenting code **25** and inferring that it includes **20**, **26** or **27** procedures. The *FORDS Manual* presents the **25** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20**, **26** and **27** in category **25**.

BLADDER [cont.]
C67.0 - C67.9

- 60** Radical cystectomy;
Cystoprostatectomy (for a male patient *only*; includes removal of the bladder and prostate with or without urethrectomy) If a radical cystectomy is performed on a female, use code **71**.
- 61** Cystoprostatectomy with ilial conduit
- 62** Cystoprostatectomy with continent reservoir or pouch, NOS
- 63** Cystoprostatectomy with abdominal pouch (cutaneous)
- 64** Cystoprostatectomy with *in-situ* pouch (orthotopic)

- 70** Pelvic exenteration, NOS
 - 71** Radical cystectomy (for a female patient *only*; includes removal of the bladder, uterus, ovaries, the entire vaginal wall and entire urethra);
Anterior exenteration
If a radical cystectomy is performed on a male, use code **60**.
 - 72** Posterior exenteration
 - 73** Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes) (Also code the pelvic node removal in the "Scope of Regional Lymph Node Surgery" fields.)
 - 74** Extended exenteration (includes removal of pelvic blood vessels or bony pelvis)

- 80** Cystectomy, NOS

- 90** Surgery, NOS

- 99** Unknown if primary site surgery performed;
Death certificate-only case

CENTRAL NERVOUS SYSTEM

- C70.0 - C70.9** **Meninges**
- C71.0 - C71.9** **Brain**
- C72.0 - C72.9** **Other Parts of Central Nervous System**

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

Do not code laminectomies for spinal cord primaries. Stereotactic radiosurgery used for tumor destruction in these sites should be coded as Radiation Therapy rather than surgery.

00 No surgery of primary site;
Autopsy-only case

10 Local tumor destruction, NOS (No specimen is sent to pathology.)

A specimen is sent to pathology from procedures coded in **20**:

20 Local excision of tumor, lesion or mass;
Excisional biopsy of tumor, lesion or mass

40 Partial resection, NOS

55 Gross total resection

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

**THYROID GLAND
C73.9**

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
Autopsy-only case

- 13** Local tumor destruction, NOS (no specimen was sent to pathology)

A specimen is sent to pathology from procedures coded **25-27**:

- 25** Removal of less than a lobe, NOS
 - 26** Local surgical excision
 - 27** Removal of a partial lobe only

- 20** Lobectomy and/or isthmectomy
 - 21** Lobectomy only
 - 22** Isthmectomy only
 - 23** Lobectomy with isthmus

- 30** Removal of a lobe and partial removal of the contralateral lobe

- 40** Subtotal thyroidectomy;
Near-total thyroidectomy

- 50** Total thyroidectomy

- 80** Thyroidectomy, NOS

- 90** Surgery, NOS

- 99** Unknown if primary site surgery performed;
Death certificate-only case

**ILL-DEFINED PRIMARY SITE
C76.0 - C76.8**

for all ICD-O-3 Histologic Types

98 Use this code whether or not any surgery took place, unless a death certificate-only case.

99 Death certificate-only case

Surgical procedures for a case with an ill-defined primary site are recorded in the "Surgical Procedure of Other Sites" data items.

LYMPH NODES
C77.0 - 77.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

Lymph node chains are subsites of lymph node regions. Use information pertaining to lymph node chains to code lymph node surgery, and use lymph node region information for staging.

- 00** No surgery of primary site;
Autopsy-only case
- 19** Local tumor destruction *or* excision, NOS (unknown if a specimen was sent to pathology)
- 15** Local tumor destruction, NOS (No specimen was sent to pathology.)
- 25** Local tumor excision, NOS;
Lymph node biopsy* (less than a full chain); (that is, excisional biopsy)
- 30** Lymph node dissection, NOS
 - 31** Dissection of one chain
 - 32** Dissection of multiple chains
- 40** Lymph node dissection, NOS with a splenectomy
 - 41** Dissection of one chain plus splenectomy
 - 42** Dissection of multiple chains plus splenectomy
- 50** Lymph node dissection, NOS and partial/total removal of adjacent organ(s)
 - 51** Dissection of one chain plus partial or total removal of adjacent organ(s)
 - 52** Dissection of multiple chains plus partial or total removal of adjacent organ(s)
- 60** Lymph node dissection, NOS and partial/total removal of adjacent organ(s) with splenectomy (includes a staging laparotomy)
 - 61** Dissection of one chain plus splenectomy and partial or total removal of adjacent organ(s)
 - 62** Dissection of multiple chains plus splenectomy and partial or total removal of adjacent organ(s)
- 90** Surgery, NOS
- 99** Unknown if primary site surgery performed;
Death certificate-only case

* The COC's rules for using these Appendix D surgery codes for C77 primary sites have seemed confusing and inconsistent over time, and the SEER Manual does not help clarify the rules. (SEER may even have different rules.) This is the MCR's best understanding of the COC rules as of July 2007:

When C77. is the primary site, the removal (excisional biopsy or dissection) of a lymph node or nodes is coded as Surgery of Primary Site if that entirely removes all lymphoma from the body. That is, these Appendix D codes should be used for C77 lymphomas of very limited extent that are treated surgically.

Ordinarily, however, lymph node biopsies for C77 primary sites are merely done to stage or obtain a specific cell type, and such lymph node removal should be coded as a Surgical Diagnostic/Staging Procedure. If there is an incisional biopsy of a node, (as is usual for a fine needle aspiration biopsy or needle biopsy), that is also coded as a Surgical Diagnostic/Staging Procedure. A "lymph node biopsy", NOS usually does refer to removal of a node or less than a chain.

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**UNKNOWN PRIMARY SITE
C80.9**

for all ICD-O-3 Histologic Types

98 Use this code whether or not any surgery took place, unless a death certificate-only case.

99 Death certificate-only case

Surgical procedures for a case with an unknown primary site are recorded in the "Surgical Procedure of Other Sites" data items.

**HEMATOPOIETIC, RETICULOENDOTHELIAL, IMMUNOPROLIFERATIVE AND MYELOPROLIFERATIVE
DISEASES**

ICD-O-3 Histologic Types:

9750
9760-9764
9800-9820
9826
9831-9920
9931-9964
9980-9989

for all primary sites

98 Use this code whether or not any primary site surgery took place, unless a death certificate-only case.

99 Death certificate-only case

Surgical procedures for these diseases are recorded in the "Surgical Procedure of Other Site" data items.

ALL OTHER PRIMARY SITES

C14.2; C14.8	Waldeyer ring; Overlapping lesion of lip, oral cavity and pharynx
C17.0 - C17.9	Small Intestine
C23.9	Gallbladder
C24.0 - C24.9	Other and Unspecified Parts of Biliary Tract
C26.0 - C26.9	Other and Ill-Defined Digestive Organs
C30.0 - C30.1	Nasal Cavity and Middle Ear
C31.0 - C31.9	Accessory Sinuses
C33.9	Trachea
C37.9	Thymus
C38.0 - C38.8	Heart, Mediastinum, and Pleura
C39.0 - C39.9	Other and Ill-Defined Sites Within Respiratory System and Intrathoracic Organs
C48.0 - C48.8	Retroperitoneum and Peritoneum
C51.0 - C51.9	Vulva
C52.9	Vagina
C57.0 - C57.9	Other and Unspecified Female Genital Organs
C58.9	Placenta
C60.0 - C60.9	Penis
C63.0 - C63.9	Other and Unspecified Male Genital Organs
C68.0 - C68.9	Other and Unspecified Urinary Organs
C69.0 - C69.9	Eye and Adnexa
C74.0 - C74.9	Adrenal Gland
C75.0 - C75.9	Other Endocrine Glands and Related Structures

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
 [Use code **98** for the excepted histologies listed above (or **99** for any death certificate-only case).]

- 00** No surgery of primary site;
 Autopsy-only case

No specimen is sent to pathology from procedures coded **10-14**:

- 10** Local tumor destruction, NOS
11 Photodynamic therapy (PDT)
12 Electrocautery;
 Fulguration;
 Hot forceps (for tumor destruction)
13 Cryosurgery
14 Laser

ALL OTHER PRIMARY SITES [cont.]

A specimen is sent to pathology from procedures coded **20-27**:

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

21 Photodynamic therapy (PDT) with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)

22 Electrocautery with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)

23 Cryosurgery with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)

24 Laser ablation with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)

25* Laser excision with local tumor excision (**20**), polypectomy (**26**) or excisional biopsy (**27**)

30 Simple surgical removal of the primary site;
Partial surgical removal of the primary site

40 Total surgical removal of the primary site;
Enucleation

41 Total enucleation (for eye surgeries only)

50 Surgical debulking

60 Radical surgery [partial or total removal of the primary site with a resection in continuity* (partial or total removal) with other organ(s) (en bloc)]

* The removal must be done in one procedure but not necessarily in a single specimen.

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

* The MCR has followed the SEER *Program Coding Manual* in indenting code **25** and inferring that it includes **20**, **26** or **27** procedures. The *FORDS Manual* presents the **25** indented at the level of codes **26** and **27** and therefore is probably not including procedures **20**, **26** and **27** in category **25**.

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