



Cancer Reporting in California

Appendix K

STORE Surgery Codes

California Cancer Reporting System Standards, Volume I: Abstracting and Coding Procedures

Twenty-Second Edition

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Prepared By:

California Cancer Registry

Cancer Informatics and IT Systems Unit

Editors:

Pamela D. Morgan, B.S., MPA, CTR

Mary K. Brant, B.S., CTR

Donna M. Hansen, CTR

Janine Smith, B.S., CTR

State of California:

Department of Health Services

Dr. Mark Damesyn, CDRSB, Chief

Appendix K: STORE Surgery Codes

The histologies specified in this appendix apply only to Surgery codes for cases diagnosed January 1, 2010 and forward.

Historical Surgery Code References:

- For coding surgery for cases diagnosed prior to January 1, 2010, please see the [FORDS: Revised for 2009](#).
- For coding surgery for cases diagnosed prior to January 1, 2003, please see the [ROADS Manual](#).

Guidelines:

Click on the Site in the navigation column for STORE Surgery Codes for cases diagnosed January 1, 2010 and forward.

K: ANUS

For cases diagnosed on or after January 1, 2010

C210-C218

SURGERY OF PRIMARY SITE

SEER Note: Do not code infrared coagulation as treatment.

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10, 12, and 15

10	Local tumor destruction, NOS
----	------------------------------

Note: without pathology specimen

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

15	Thermal Ablation
----	------------------

Specimen sent to pathology from surgical events 20-63.

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional biopsy
----	-------------------

Note: Any combination of 20 or 26-27 WITH

22	Electrocautery
----	----------------

SEER Note: margins of resection may have microscopic involvement

60	Abdominal perineal resection, NOS (APR)
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61	APR and sentinel node excision
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62	APR and unilateral inguinal lymph node dissection
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63	APR and bilateral inguinal lymph node dissection
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Note: The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* or *Scope of Regional Lymph Node Surgery at This Facility*

90	Surgery, NOS
----	--------------

99	Unknown if cancer-directed surgery performed; death certificate only
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K: BLADDER

For cases diagnosed on or after January 1, 2010

C670-C679

SURGERY OF PRIMARY SITE

Reference [Appendix M](#) for a list of Q-Tips which may be related to this topic.

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

[No specimen sent to pathology from surgical events 10-16.](#)

10	Local tumor destruction, NOS
----	------------------------------

Note: Without pathology specimen

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser
----	-------

15	Intravesical therapy
----	----------------------

16	Bacillus Calmette-Guerin (BCG) or other immunotherapy
----	---

Note: Also, code the introduction of immunotherapy in the immunotherapy items. If immunotherapy is followed by surgery of the type coded in 20-80, code that surgery instead and code the immunotherapy only as immunotherapy

Clarification: Use code 16 if local tumor destruction occurs via the use of BCG and more extensive surgery is not performed. When BCG is administered via Intravesical Therapy, also use code 16. In addition, also code the item under "Immunotherapy" as code 01

SEER Note: Code BCG as both surgery and immunotherapy

[Specimen sent to pathology from surgical events 20-80.](#)

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional biopsy
----	-------------------

Note: Any combination of 20 or 26-27 WITH

Clarification: the following codes INCLUDE local tumor excision, polypectomy or excisional biopsy

SEER Note: Code TURB as 27

21	Photodynamic therapy (PDT)
----	----------------------------

22	Electrocautery
----	----------------

23	Cryosurgery
----	-------------

24	Laser ablation
----	----------------

25	Laser excision
----	----------------

30	Partial cystectomy
----	--------------------

50	Simple/total/complete cystectomy
----	----------------------------------

- 60 Complete cystectomy with reconstruction
SEER Note: Use code 71 for cystoprostatectomy. Use code 71 cystectomy with hysterectomy
- 61 Radical cystectomy PLUS ileal conduit
- 62 Radical cystectomy PLUS continent reservoir or pouch, NOS
- 63 Radical cystectomy PLUS abdominal pouch (cutaneous)
- 64 Radical cystectomy PLUS in-situ pouch (orthotopic)
Note: When the procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code 60-64)
- 70 Pelvic exenteration, NOS
- 71 Radical cystectomy (female only); anterior exenteration
Note: For females, includes removal of bladder, uterus, ovaries, entire vaginal wall, and entire urethra. For males, includes removal of the prostate. When a procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code 60-64)
SEER Note: Use code 71 for cystoprostatectomy. Use code 71 for cystectomy with hysterectomy
SEER Note: If a cystectomy is done and the prostatectomy/hysterectomy is not done, any organs other than the bladder removed during the procedure should be coded in Surgical Procedure of Other Site
If cystectomy is done along with prostatectomy/hysterectomy, all pelvic organ removed during the procedure are included in codes 70-74
Any non-pelvic organs or tissues removed during the procedure should be coded to Surgical Procedure of the Other Site
- 72 Posterior exenteration
Note: For females, also includes removal of vagina, rectum and anus. For males, also includes prostate, rectum and anus
- 73 Total exenteration
Note: Includes all tissue and organs removed for an anterior and posterior exenteration
SEER Note: Includes removal of all pelvic contents and pelvic lymph nodes. The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR item # 1292)
- 74 Extended exenteration
Note: Includes pelvic blood vessels or bony pelvis
- 80 Cystectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

K: BONES, PERIPHERAL NERVES AND SOFT TISSUES

For cases diagnosed on or after January 1, 2010

BONES, JOINTS, AND ARTICULAR CARTILAGE C400-C419

PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM C470-C479

CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES C490-C499

SURGERY OF PRIMARY SITE

Code	Description
-------------	--------------------

00	None; no surgery of primary site; autopsy only
19	Local tumor destruction or excision, NOS [formerly SEER code 10 = local tumor destruction or excision]

Note: Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)

15	Local tumor destruction
----	-------------------------

Note: No specimen sent to pathology from surgical event 15

[Specimen sent to pathology from surgical events 25-54.](#)

25	Local excision
26	Partial resection
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, including scapula
52	Hindquarter, including ilium/hip bone
53	Hemipelvicetomy, NOS
54	Internal hemipelvicetomy
90	Surgery, NOS
99	Unknown if cancer-directed surgery performed; death certificate only

K: BRAIN

For cases diagnosed on or after January 1, 2010

**Meninges C700-C709, Brain C710-C719,
Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System
C720-C729**

Do not code laminectomies for spinal cord primaries.

SURGERY OF PRIMARY SITE

Code	Description
-------------	--------------------

00	None; no surgery of primary site; autopsy only
----	---

10	[Local] Tumor destruction, NOS
----	--------------------------------

Note: No specimen sent to pathology from surgical event 10

Note: Do not record stereotactic radiosurgery (SRS), Gamma knife, Cyber knife, or Linac radiosurgery as surgical tumor destruction. All of these modalities are recorded in the radiation treatment fields

SEER Note: Local tumor destruction, NOS; laser interstitial thermal therapy (LITT)

[Specimen sent to pathology from surgical events 20-55.](#)

20	Local excision (biopsy) of tumor, lesion or mass; excisional biopsy
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SEER Note: Assign code 20 for stereotactic biopsy of brain tumor

21	Subtotal resection of tumor, lesion or mass in brain
----	--

22	Resection of tumor of spinal cord or nerve
----	--

[Codes 30-55 are not applicable for spinal cord or spinal nerve primary sites.](#)

30	Radical, total, gross resection of tumor, lesion or mass in brain
----	---

40	Partial resection of lobe of brain, when surgery cannot be coded as 20-30
----	---

55	Gross total resection of lobe of brain (lobectomy)
----	--

90	Surgery, NOS
----	--------------

99	Unknown if surgery performed; death certificate only
----	---

K: BREAST

For cases diagnosed on or after January 1, 2010

C500-C509

SURGERY OF PRIMARY SITE

Reference [Appendix M](#) for a list of Q-Tips which may be related to this topic.

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

19	Local tumor destruction, NOS
----	------------------------------

Note: No specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)

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

Specimen sent to pathology for surgical events coded 20-80.

SEER Note: When a patient has a procedure coded to 20-24 (e.g., lumpectomy) with reconstruction, code only the procedure (e.g., lumpectomy, code 22) as the surgery.

20	Partial mastectomy, NOS; less than total mastectomy, NOS [formerly SEER code 10]
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21	Partial mastectomy WITH nipple resection [formerly SEER code 11 = nipple resection]
----	---

22	Lumpectomy or excisional biopsy [formerly SEER code 12]
----	---

SEER Note: Assign code 22 when a patient has a lumpectomy and an additional margin excision during the same procedure

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

SEER Note: Assign code 23 when the original lumpectomy is found to have positive margins, and a re-excision of lumpectomy margins is performed during a separate subsequent surgical event to clear the margins

24	Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)
----	---

30	Subcutaneous mastectomy
----	-------------------------

Note: A subcutaneous mastectomy, also called a nipple-sparing mastectomy, is the removal of breast tissue without the nipple and areolar complex or overlying skin. It is performed to facilitate immediate breast reconstruction. Cases coded 30 may be considered to have undergone breast reconstruction

SEER Note: Code Goldilocks mastectomy in Surgery of Primary Site. Breast code 30 seems to be the best available choice for "Goldilocks" mastectomy. It is essentially a skin-sparing mastectomy with breast reconstruction. The choice between code 30 and codes in the 40-49 range depends on the extent of the breast removal. Review the operative report carefully and assign the code that best reflects the extent of the breast removal.

40	Total (simple) mastectomy, NOS
----	--------------------------------

41	WITHOUT removal of uninvolved contralateral breast
----	--

43	WITH reconstruction NOS
----	-------------------------

44	Tissue
----	--------

45	Implant
----	---------

46	Combined (Tissue and Implant)
----	-------------------------------

- 42 WITH removal of uninvolved contralateral breast
- 47 WITH reconstruction NOS
- 48 Tissue
- 49 Implant
- 75 Combined (Tissue and Implant)

SEER Note: "Tissue" for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.

SEER Note: Assign code 43 for a simple mastectomy with tissue expanders and acellular dermal matrix/AlloDerm. The tissue expander indicates preparation of reconstruction. The acellular dermal matrix/AlloDerm is not coded because, while they often accompany and implant procedure, they are not the principle element of reconstructive procedures. The principle elements would be tissue from the patient and/or prosthetics (e.g., gel implants).

A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.

For single primaries only, code removal of involved contralateral breast under the data item Surgical Procedure of Other Site or Surgical Procedure of Other Site at This Facility.

SEER Note: Example: Inflammatory carcinoma involving both breasts. Bilateral simple mastectomies. Code Surgery of Primary Site 41 and code Surgical Procedure of Other Site 1.

If contralateral breast reveals a second primary, each breast is abstracted separately. The surgical procedure is coded 41 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

SEER Note: Placement of a tissue expander at the time of original surgery means that reconstruction is planned as part of the first course of treatment. When an expander is placed, code the mastectomy and reconstruction.

Reconstruction that is planned as part of first course treatment is coded 43-49 or 75, whether it is done at the time of mastectomy or later.

SEER Note: For a simple bilateral mastectomy, assign code 41 with code 1 in Surgical Procedure of Other Site, Assign code 76 for a more extensive bilateral mastectomy. Assign code 0 in Surgical Procedure of Other Site.

- 76 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma
- 50 Modified radical mastectomy
- 51 **Without** removal of uninvolved contralateral breast
- 53 Reconstruction, NOS
- 54 Tissue
- 55 Implant
- 56 Combined (Tissue and Implant)
- 52 **With** removal of uninvolved contralateral breast
- 57 Reconstruction, NOS
- 58 Tissue
- 59 Implant
- 63 Combined (Tissue and Implant)

Removal of all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin in continuity with the axilla. The specimen may or may not include a portion of the pectoralis major muscle.

SEER Note: "In continuity with" or "en bloc" means that all the tissues were removed during the same procedure, but not necessarily in a single specimen. "Tissue" for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.

Code the most invasive extensive or definitive surgery in the Surgery of Primary Site.

Assign code 51 or 52 if a patient has an excisional biopsy and axillary dissection followed by a simple mastectomy during the first course of therapy. Code the cumulative result of the surgeries, which is a modified radical mastectomy in this case.

If contralateral breast reveals a **second primary**, it is abstracted separately. The surgical procedure is coded 51 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

For **single** primaries only, code removal of involved contralateral breast under the data item Surgical Procedure/Other Site or Surgical Procedure/Other Site at This Facility.

60 Radical mastectomy, NOS

61 **Without** removal of uninvolved contralateral breast

64 Reconstruction, NOS

65 Tissue

66 Implant

67 Combined (Tissue and Implant)

62 **With** removal of uninvolved contralateral breast

SEER Note: Removal of breast tissue, nipple, areolar complex, variable amount of skin, pectoralis minor, pectoralis major. Includes en bloc axillary dissection. For single primaries only, code removal of involved contralateral breast under the data item "Surgery of other regional sites, distant sites, or distant lymph nodes"

68 Reconstruction, NOS

69 Tissue

73 Implant

74 Combined (Tissue and Implant)

70 Extended radical mastectomy

SEER Note: Involves removal of breast tissue, nipple, areolar complex, variable amounts of skin, pectoralis minor, and/or pectoralis major, as well as removal of internal mammary nodes and en bloc axillary dissection

71 **Without** removal of uninvolved contralateral breast

72 **With** removal of uninvolved contralateral breast

80 Mastectomy, NOS

90 Surgery, NOS

99 Unknown if cancer-directed surgery performed; death certificate **only**

K: CERVIX UTERI

For cases diagnosed on or after January 1, 2010

C530-C539

For invasive cancers, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure*.

Clarification: Do not code dilation and curettage (D&C) as Surgery of Primary Site for **invasive cancers**.

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-17.

10	Local tumor destruction, NOS
----	------------------------------

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser
----	-------

15	Loop Electrocautery Excision Procedure (LEEP)
----	---

16	Laser ablation
----	----------------

17	Thermal ablation
----	------------------

Specimen sent to pathology from surgical events 20-74.

20	Local tumor excision, NOS
----	---------------------------

SEER Note: Margins of resection may have microscopic involvement. Procedures in code 20 include but are not limited to cryosurgery, Electrocautery, excisional biopsy, laser ablation, or thermal ablation

26	Excisional biopsy, NOS
----	------------------------

27	Cone biopsy
----	-------------

24	Cone biopsy WITH gross excision of lesion
----	---

29	Trachelectomy; removal of cervical stump; cervicectomy
----	--

Any combination of 20, 24, 26, 27 or 29 WITH

21	Electrocautery
----	----------------

22	Cryosurgery
----	-------------

23	Laser ablation or excision
----	----------------------------

25	Dilatation and curettage; endocervical curettage (for in-situ only)
----	---

28	Loop electrocautery excision procedure (LEEP)
----	---

30	Total hysterectomy (simple, pan-) WITHOUT removal of tubes and ovaries
----	--

Note: Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff

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

- Note:** Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff
- 50 Modified radical or extended hysterectomy; radical hysterectomy; 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 WITHOUT removal of tubes and ovaries
- 62 WITH removal of tubes and ovaries
- 70 Pelvic exenteration
- 71 Anterior exenteration
- Note:** Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes
- SEER Note:** Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
- 72 Posterior exenteration
- Note:** Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph node
- SEER Note:** Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
- 73 Total exenteration
- Note:** Includes removal of all pelvic contents and pelvic lymph nodes
- SEER Note:** Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
- 74 Extended exenteration
- Note:** Includes pelvic blood vessels or bony pelvis
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

K: COLON

For cases diagnosed on or after January 1, 2010

C180-C189

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure of Other Site*.

SEER Note: Do not code a colostomy, with no colon tissue removed, as surgery. If colostomy is the only procedure performed, assign surgery code 00.

SEER Note: Code circumferential resection margin (CRM) when assigning codes 30-80. CRM is not applicable for other surgery codes for this site.

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-14.

10	Local tumor destruction, NOS
----	------------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

Specimen sent to pathology from surgical events 20-80.

20	Local tumor excision, NOS
----	---------------------------

27	Excisional biopsy, NOS
----	------------------------

26	Polypectomy, NOS
----	------------------

28	Polypectomy-endoscopic
----	------------------------

29	Polypectomy-surgical excision
----	-------------------------------

Any combination of 20 or 26 - 29 WITH

22	Electrocautery
----	----------------

SEER Note: Code 22 above combines 20 Local tumor excision, 26 Polypectomy, NOS, 27 Excisional biopsy, 28 Polypectomy-endoscopic, or 29 Polypectomy-surgical excision WITH 22 Electrocautery.

30	Partial colectomy, segmental resection
----	--

SEER Note: Codes 30-32 include but are not limited to the following procedures: Appendectomy (for an appendix primary only), enterocolectomy, ileocolectomy, partial colectomy, NOS, partial resection of transverse colon and flexures, and segmental resection (such as cecectomy or sigmoidectomy). Note that the removal of a short portion of the distal ileum is not "removal of a contiguous organ"

32	Plus resection of contiguous organ; example: small bowel, bladder
----	---

40	Subtotal colectomy/hemicolectomy
----	----------------------------------

Note: Total right or left colon and a portion of transverse colon.

SEER Note: Code 40 includes extended (but less than total) right or left colectomy. Note that the removal of a short portion of the distal ileum is **not** "removal of a contiguous organ"

41	Plus resection of contiguous organ; example: small bowel, bladder
----	---

50	Total colectomy
----	-----------------

- Note:** Removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum
- SEER Note:** Removal of a short portion of the distal ileum is **not** "removal of a contiguous organ"
- 51 Plus resection of contiguous organ; example: small bowel, bladder
- 60 Total proctocolectomy
- Note:** Removal of colon from cecum to the rectosigmoid junction, including the entire rectum
- SEER Note:** commonly used for familial polyposis or polyposis coli
- 61 Plus resection of contiguous organ; example: small bowel, bladder
- SEER Note:** Removal of a short portion of the distal ileum is **not** "removal of a contiguous organ"
- 70 Colectomy or coloproctectomy with resection of contiguous organ(s), NOS (where there is not enough information to code 32, 41, 51, or 61)
- Note:** Code 70 includes any colectomy (partial, hemicolectomy, or total) **with** a resection of any other organs in continuity with the primary site. Other organs may be partially or totally removed. Other organs may include, but are not limited to, oophorectomy, partial proctectomy, rectal mucosectomy, or pelvic exenteration
- SEER Note:** In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
- 80 Colectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

K: CORPUS UTERI

For cases diagnosed on or after January 1, 2010

C540-C559

For invasive cancers, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure*.

Clarification: Do not code dilation and curettage (D&C) as Surgery of Primary Site **for invasive cancers**.

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
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19	Local tumor destruction or excision, NOS
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Note: Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)

No specimen sent to pathology from surgical events 10-16.

10	Local tumor destruction, NOS
----	------------------------------

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser
----	-------

15	Loop Electrocautery Excision Procedure (LEEP)
----	---

16	Thermal ablation
----	------------------

Specimen sent to pathology from surgical events 20-79.

20	Local tumor excision, NOS; simple excision, NOS
----	---

Clarification: Procedures in code 20 include but are not limited to: cryosurgery, electrocautery, excisional biopsy, laser ablation, thermal ablation

24	Excisional biopsy, NOS
----	------------------------

25	Polypectomy
----	-------------

26	Myomectomy
----	------------

Any combination of 20 or 24, 26 WITH

SEER Note: Margins of resection may have microscopic involvement

21	Electrocautery
----	----------------

22	Cryosurgery
----	-------------

23	Laser ablation or excision
----	----------------------------

30	Subtotal hysterectomy/supracervical hysterectomy/fundectomy with or without removal of tube(s) and ovary (ies)
----	--

SEER Note: For these procedures, the cervix is left in place

31	Without tube(s) and ovary(ies)
----	---------------------------------------

32	With tube(s) and ovary(ies)
----	------------------------------------

- 40 Total hysterectomy (simple, pan-) **without** removal of tube(s) and ovary(ies)
Note: Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff
- 50 Total hysterectomy (simple, pan-) **with** removal of tube(s) and/or ovary(ies)
Note: Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff
- 60 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy
- 61 Modified radical hysterectomy
- 62 Extended hysterectomy
- 63 Radical hysterectomy; Wertheim procedure
SEER Note: Use code 63 for "Type III" hysterectomy
- 64 Extended radical hysterectomy
- 65 Hysterectomy, NOS, **with** or **without** removal of tube(s) and ovary(ies)
- 66 **Without** removal of tube(s) and ovary(ies)
- 67 **With** removal of tube(s) and ovary(ies)
- 75 Pelvic exenteration
- 76 Anterior exenteration
Note: Includes bladder, distal ureters, and genital organs **with** their ligamentous attachments and pelvic lymph nodes
SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
- 77 Posterior exenteration
Note: Includes rectum and rectosigmoid **with** ligamentous attachments and pelvic lymph nodes
SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
- 78 Total exenteration
Note: Includes removal of all pelvic contents and pelvic lymph nodes
SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
- 79 Extended exenteration
Note: Includes pelvic blood vessels or bony pelvis
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

K: ESOPHAGUS

For cases diagnosed on or after January 1, 2010

C150-C159

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-14.

10	Local tumor destruction, NOS
----	------------------------------

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser
----	-------

Specimen sent to pathology from surgical events 20-80.

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional biopsy
----	-------------------

Any combination of 20 or 26-27 WITH

Clarification: The following codes **include** local tumor excision, polypectomy or excisional biopsy

21	Photodynamic therapy (PDT)
----	----------------------------

22	Electrocautery
----	----------------

23	Cryosurgery
----	-------------

24	Laser ablation
----	----------------

25	Laser excision
----	----------------

30	Partial esophagectomy
----	-----------------------

40	Total esophagectomy, NOS
----	--------------------------

50	Esophagectomy, NOS with laryngectomy and/or gastrectomy, NOS
----	---

SEER Note: Codes 50-55 include partial esophagectomy, total esophagectomy, or esophagectomy, NOS

51	With laryngectomy
----	--------------------------

52	With gastrectomy, NOS
----	------------------------------

53	Partial gastrectomy
----	---------------------

54	Total gastrectomy
----	-------------------

55	Combination of 51 with any of 52-54
----	--

80	Esophagectomy, NOS
----	--------------------

90	Surgery, NOS
----	--------------

99	Unknown if surgery performed; death certificate only
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**K:
HEMATOPOIETIC/RETICULOENDOTHELIAL/IMMUNOPROLIFERATIVE/MYELOPROLIFERATIVE DISEASE**

For cases diagnosed on or after January 1, 2010

C420, C421, C423, C424 for all histologies

SURGERY OF PRIMARY SITE

Code Description

98 All hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease sites and/or histologies, **with** or **without** surgical treatment

Note: Surgical procedures for hematopoietic, reticuloendothelial, immunoproliferative, myeloproliferative primaries are to be recorded using the data item Surgical Procedure/Other Site or Surgical Procedure/Other Site at this Facility

99 Death certificate only

CCR Note: For CCR use only

K: KIDNEY, RENAL, PELVIS, AND URETER

For cases diagnosed on or after January 1, 2010

Kidney C649, Renal Pelvis C659, Ureter C669

SURGERY OF PRIMARY SITE

Code	Description
-------------	--------------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-15.

10	Local tumor destruction, NOS
----	------------------------------

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser
----	-------

15	Thermal ablation
----	------------------

Specimen sent to pathology from surgical events 20-80.

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional biopsy
----	-------------------

Any combination of 20 or 26-27 WITH

Clarification: The following codes **include** local tumor excision, polypectomy or excisional biopsy

21	Photodynamic therapy (PDT)
----	----------------------------

22	Electrocautery
----	----------------

23	Cryosurgery
----	-------------

24	Laser ablation
----	----------------

25	Laser excision
----	----------------

30	Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter)
----	---

Note: Procedures coded 30 include, but are not limited to segmental resection, Wedge resection

40	Complete/total/simple nephrectomy for kidney parenchyma
----	---

Nephroureterectomy

Note: Includes bladder cuff for renal pelvis or ureter.

50	Radical nephrectomy
----	---------------------

Note: May include removal of a portion of vena cava, adrenal gland(s), Gerota's fascia, perinephric fat, or partial/total ureter

70	Any nephrectomy (simple, subtotal, complete, partial, simple, total, radical) in continuity with the resection of other organ(s) (colon, bladder)
----	---

Note: The other organs, such as colon or bladder, may be partially or totally removed.

SEER Note: In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen

80	Nephrectomy, NOS
----	------------------

- Ureterectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

K: LARYNX

For cases diagnosed on or after January 1, 2010

C320-C329

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-15.

10	Local tumor destruction, NOS
----	------------------------------

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser
----	-------

15	Stripping
----	-----------

Specimen sent to pathology from surgical events 20-80.

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional biopsy
----	-------------------

Any combination of 20 or 26-27 WITH

Clarification: The following codes include local tumor excision, polypectomy or excisional biopsy

21	Photodynamic therapy (PDT)
----	----------------------------

22	Electrocautery
----	----------------

23	Cryosurgery
----	-------------

24	Laser ablation
----	----------------

25	Laser excision
----	----------------

28	Stripping
----	-----------

30	Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS
----	--

SEER Note: Vertical laryngectomy - Removal of involved true vocal cord, ipsilateral false vocal cord, intervening ventricle, and/or ipsilateral thyroid and may include removal of the arytenoids

Supraglottic laryngectomy: Conservative surgery intended to preserve the laryngeal function. Standard procedure involves removal of epiglottis, false vocal cords, aryepiglottic folds, arytenoid cartilages, ventricle, upper one third of thyroid cartilage, and/or thyroid membrane. The true vocal cords and arytenoids remain in place to allow vocalization and deglutition

31	Vertical laryngectomy
----	-----------------------

32	Anterior commissure laryngectomy
----	----------------------------------

33	Supraglottic laryngectomy
----	---------------------------

40	Total or radical laryngectomy, NOS
----	------------------------------------

41	Total laryngectomy only
----	--------------------------------

SEER Note: Radical laryngectomy - Includes removal of adjacent sites. Do not code the removal of adjacent sites in Surgical Procedure of Other Site

- 42 Radical laryngectomy **only**
- 50 Pharyngolaryngectomy
- 80 Laryngectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

K: LIVER and INTRAHEPATIC BILE DUCTS

For cases diagnosed on or after January 1, 2010

C220-C221

SURGERY OF PRIMARY SITE

Code	Description
-------------	--------------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-17.

1/2008: Chemoembolization should only be coded in the Chemotherapy field. Do not code this in the surgery fields.

10	Local tumor destruction, NOS
----	------------------------------

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser
----	-------

15	Alcohol (Percutaneous Ethanol Injection-PEI)
----	--

SEER Note: Alcohol (Percutaneous Ethanol Injection-PEI) can also be described as an "intratumoral injection of alcohol" or "alcohol ablation"

16	Heat-Radio-frequency ablation (RFA)
----	-------------------------------------

17	Other (ultrasound, acetic acid)
----	---------------------------------

Specimen sent to pathology from surgical events 20-75.

20	Wedge or segmental resection, NOS
----	-----------------------------------

21	Wedge resection
----	-----------------

22	Segmental resection, NOS
----	--------------------------

SEER Note: Codes 23-25 mean one, two, or three wedges or segments of the liver were removed

23	One
----	-----

24	Two
----	-----

25	Three
----	-------

26	Segmental resection and local tumor destruction
----	--

30	Lobectomy, NOS
----	----------------

SEER Note: Code 30 also referred to as simple lobectomy

36	Right lobectomy
----	-----------------

37	Left lobectomy
----	----------------

38	Lobectomy and local tumor destruction
----	--

50	Extended lobectomy, NOS (extended: resection of a single lobe plus a segment of another lobe)
----	---

51	Right lobectomy
----	-----------------

52	Left lobectomy
----	----------------

59	Extended lobectomy and local tumor destruction
----	---

- 60 Hepatectomy, NOS
- 61 Total hepatectomy and transplant
- 65 Excision of a bile duct (for an intra-hepatic bile duct primary only)
- 66 Excision of an intrahepatic bile duct **plus** partial hepatectomy
- 75 Extrahepatic bile duct and hepatectomy **with** transplant
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

K: LUNG

For cases diagnosed on or after January 1, 2010

C340-C349

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

19	Local tumor destruction or excision, NOS
----	--

Note: Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)

No specimen sent to pathology from surgical events 12-13 and 15.

15	Local tumor destruction, NOS
----	------------------------------

SEER Note: Assign code 15 for radiofrequency ablation (RFA).

12	Laser ablation or cryosurgery
----	-------------------------------

13	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
----	---

Specimen sent to pathology from surgical events 20-80.

20	Excision or resection of less than one lobe, NOS
----	--

23	Excision, NOS
----	---------------

24	Laser excision [formerly SEER code 12 = laser ablation or excision]
----	---

25	Bronchial sleeve resection ONLY
----	---------------------------------

21	Wedge resection
----	-----------------

22	Segmental resection, including lingulectomy
----	---

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

SEER Note: Assign code 30 when lymph node dissection is not performed, but lymph nodes are obtained as part of the lobectomy specimen

33	Lobectomy with mediastinal lymph node dissection
----	---

Note: The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item # 1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672)

45	Lobe or bilobectomy extended, NOS
----	-----------------------------------

46	With chest wall
----	------------------------

47	With pericardium
----	-------------------------

48	With diaphragm
----	-----------------------

55	Pneumonectomy, NOS
----	--------------------

SEER Note: Code 55 includes the following procedures: complete pneumonectomy, sleeve pneumonectomy, standard pneumonectomy, total pneumonectomy, resection of whole lung

56	With mediastinal lymph node dissection (radical pneumonectomy)
----	---

Note: The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item # 1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672)

CCR Note: Peribronchial or hilar lymph nodes are not included in any of the lung surgery codes. If peribronchial or hilar nodes are dissected as part of a surgical procedure which involves the destruction, excision or resection of the primary tumor then the extent of the nodal dissection is recorded in the item "Scope of Regional Lymph Node Surgery" and the number of nodes dissected is recorded as part of the cumulative Regional Lymph Nodes Examined"

65 Extended pneumonectomy

66 Extended pneumonectomy plus pleura or diaphragm

70 Extended radical pneumonectomy

SEER Note: An extended radical pneumonectomy is a radical pneumonectomy (including removal of mediastinal nodes) and the removal of other tissues or nodes

Note: The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* or *Scope of Regional Lymph Node Surgery at This Facility*.

CCR Note: Peribronchial or hilar lymph nodes are not included in any of the lung surgery codes. If peribronchial or hilar nodes are dissected as part of a surgical procedure which involves the destruction, excision or resection of the primary tumor then the extent of the nodal dissection is recorded in the item "Scope of Regional Lymph Node Surgery" and the number of nodes dissected is recorded as part of the cumulative "Regional Lymph Nodes Examined"

80 Resection of lung, NOS

90 Surgery, NOS

99 Unknown if surgery performed; death certificate **only**

K: LYMPH NODES

For cases diagnosed on or after January 1, 2010

C770-C779

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

19	Local tumor destruction or excision, NOS
----	--

Note: Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)

15	Local tumor destruction, NOS
----	------------------------------

Note: No specimen sent to pathology from surgical event 15

[Specimen sent to pathology from surgical events 25-62.](#)

25	Local tumor excision, NOS
----	---------------------------

Note: Less than a full chain includes an excisional biopsy of a single lymph node

SEER Note: The use of code 25 in RX SUMM—SURG PRIM SITE [1290] is for a primary in one and only one lymph node. The single involved lymph node is removed by an excisional biopsy only. CDC-NPCR, CoC, and SEER agree on the wording of code 25

30	Lymph node dissection, NOS
----	----------------------------

31	One chain
----	-----------

32	Two or more chains
----	--------------------

40	Lymph node dissection, NOS plus splenectomy
----	--

41	One chain
----	-----------

42	Two or more chains
----	--------------------

50	Lymph node dissection, NOS and partial/total removal of adjacent organ(s)
----	---

51	One chain
----	-----------

52	Two or more chains
----	--------------------

60	Lymph node dissection, NOS and partial/total removal of adjacent organ(s) plus splenectomy (Includes staging laparotomy for lymphoma)
----	--

61	One chain
----	-----------

62	Two or more chains
----	--------------------

90	Surgery, NOS
----	--------------

99	Unknown if surgery performed; death certificate only
----	---

K: ORAL

For cases diagnosed on or after January 1, 2010

Lip C000-C009, Base of Tongue C019, Other Parts of Tongue C020-C029, Gum C030-C039, Floor of Mouth C040-C049, Palate C050-C059, Other Parts of Mouth C060-C069

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-14.

10	Local tumor destruction, NOS
----	------------------------------

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser
----	-------

Specimen sent to pathology from surgical events 20-43.

SEER Note: Codes 20-27 include shave and wedge resection.

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional biopsy
----	-------------------

Any combination of 20 or 26-27 WITH

SEER Note: The following codes **include** local tumor excision, polypectomy or excisional biopsy.

21	Photodynamic therapy (PDT)
----	----------------------------

22	Electrocautery
----	----------------

23	Cryosurgery
----	-------------

24	Laser ablation
----	----------------

25	Laser excision
----	----------------

30	Wide excision, NOS
----	--------------------

Note: Code 30 includes: Hemiglossectomy; Partial glossectomy

40	Radical excision of tumor, NOS
----	--------------------------------

Note: Codes 40-43 include: Total glossectomy; Radical glossectomy

41	Radical excision of tumor only
----	---------------------------------------

42	Combination of 41 with resection in continuity with mandible (marginal, segmental, hemi-, or total resection)
----	--

43	Combination of 41 with resection in continuity with maxilla (partial, subtotal, or total resection)
----	--

SEER Note: in continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen

90	Surgery, NOS
----	--------------

99	Unknown if surgery performed; death certificate only
----	---

K: OVARY

For cases diagnosed on or after January 1, 2010

C569

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no cancer-directed surgery of primary site; autopsy only
----	---

17	Local tumor destruction, NOS
----	------------------------------

Note: No specimen sent to pathology from surgical event 17

[Specimen sent to pathology from surgical events 25-80.](#)

25	Total removal of tumor or (single) ovary, NOS
----	---

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

27	Without hysterectomy
----	-----------------------------

28	With hysterectomy
----	--------------------------

SEER Note: Also use code 28 for current unilateral (salpingo-) oophorectomy with previous history of hysterectomy

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

36	Without hysterectomy
----	-----------------------------

37	With hysterectomy
----	--------------------------

SEER Note: Also use code 37 for current unilateral (salpingo-) oophorectomy with previous history of hysterectomy

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

51	Without hysterectomy
----	-----------------------------

52	With hysterectomy
----	--------------------------

SEER Note: Also use code 52 for current bilateral (salpingo-) oophorectomy with previous history of hysterectomy

55	Unilateral or bilateral (salpingo-) oophorectomy with OMENTECTOMY, NOS; partial or total; unknown if hysterectomy done
----	---

56	Without hysterectomy
----	-----------------------------

57	With hysterectomy
----	--------------------------

SEER Note: Also use code 57 for current unilateral (salpingo-) oophorectomy with previous history of hysterectomy

60	Debulking; cytoreductive surgery, NOS
----	---------------------------------------

Note: Debulking is a partial or total removal of the tumor mass and can involve the removal of multiple organ sites. It may include removal of ovaries and/or the uterus (a hysterectomy). The pathology report may or may not identify ovarian tissue. A debulking is usually followed by another treatment modality such as chemotherapy

SEER Note: Debulking or cytoreductive surgery is implied by the following phrases in the operative report, pathology report, discharge summary, or consultation. (This is not intended to be a complete list. Other phrases may also imply debulking)

- Adjuvant treatment pending surgical reduction of tumor
- Ovaries, tubes buried in tumor

- Tumor burden
- Tumor cakes
- Very large tumor mass

Do not code debulking or cytoreductive surgery based on multiple biopsies alone, the mention of “multiple tissue fragments” or “removal of multiple implants.” Multiple biopsies and multiple specimens confirm the presence or absence of metastasis

- 61 **With** colon (including appendix) and/or small intestine resection (not incidental)
- 62 **With** partial resection of urinary tract (not incidental)
- 63 Combination of 61 and 62
- 70 Pelvic exenteration, NOS
SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
- 71 Anterior exenteration
Note: Includes bladder, distal ureters, and genital organs **with** their ligamentous attachments and pelvic lymph nodes
Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site.
- 72 Posterior exenteration
Note: Includes rectum and rectosigmoid **with** ligamentous attachments and pelvic lymph nodes
SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
- 73 Total exenteration
Note: Includes removal of all pelvic contents and pelvic lymph nodes
SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
- 74 Extended exenteration
Note: Includes pelvic blood vessels or bony pelvis
- 80 (Salpingo-) oophorectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

K: PANCREAS

For cases diagnosed on or after January 1, 2010

C250-C259

SURGERY OF PRIMARY SITE

Code	Description
00	None; no surgery of primary site; autopsy only
25	Local excision of tumor, NOS [formerly SEER code 10]
30	Partial pancreatectomy, NOS; example: distal [formerly SEER code 20]
35	Local or partial pancreatectomy and duodenectomy [formerly SEER code 50]
36	Without distal/partial gastrectomy [formerly SEER code 51 "without subtotal gastrectomy"]
37	With partial gastrectomy (Whipple) [formerly SEER code 52 "with subtotal gastrectomy (Whipple)"]
40	Total pancreatectomy
60	Total pancreatectomy and subtotal gastrectomy or duodenectomy
70	Extended pancreatoduodenectomy
80	Pancreatectomy, NOS
90	Surgery, NOS SEER Note: Assign code 90 for NanoKnife, or irreversible electroporation (IRE)
99	Unknown if surgery performed; death certificate only

K: PAROTID and OTHER UNSPECIFIED GLANDS

For cases diagnosed on or after January 1, 2010

Parotid Gland C079, Major Salivary Glands C080-C089

SURGERY OF PRIMARY SITE

Code	Description
-------------	--------------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-14.

10	Local tumor destruction, NOS
----	------------------------------

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser
----	-------

Specimen sent to pathology from surgical events 20-80.

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional biopsy
----	-------------------

Any combination of 20 with 26 - 27 WITH

Clarification: The following codes **include** local tumor excision, polypectomy or excisional biopsy

21	Photodynamic therapy (PDT)
----	----------------------------

22	Electrocautery
----	----------------

23	Cryosurgery
----	-------------

24	Laser ablation
----	----------------

25	Laser excision
----	----------------

30	Less than total parotidectomy, NOS; less than total removal of major salivary gland, NOS
----	--

SEER Note: Codes 30-80 include major salivary gland, NOS

SEER Note: Codes 30-36 are with or without superficial lobe

31	Facial nerve spared
----	---------------------

32	Facial nerve sacrificed
----	-------------------------

33	Superficial lobe ONLY
----	-----------------------

34	Facial nerve spared
----	---------------------

35	Facial nerve sacrificed
----	-------------------------

36	Deep lobe (Total)
----	-------------------

SEER Note: With or without superficial lobe

37	Facial nerve spared
----	---------------------

38	Facial nerve sacrificed
----	-------------------------

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

SEER Note: Codes 40-80 may include submandibulectomy and submaxillectomy

41	Facial nerve spared
----	---------------------

- 42 Facial nerve sacrificed
- 50 Radical parotidectomy, NOS; radical removal of major salivary gland, NOS
- 51 **Without** removal of temporal bone
- 52 **With** removal of temporal bone
- 53 **With** removal of overlying skin (requires graft or flap coverage)
- 80 Parotidectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

K: PHARYNX

For cases diagnosed on or after January 1, 2010

Tonsil C090-C099, Oropharynx C100-C109, Nasopharynx C110-C119, Pyriform Sinus C129, Hypopharynx C130-C139, Pharynx C140

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-15.

10	Any combination of 20 with 26 - 27 WITH
----	--

Clarification: The following codes **include** local tumor excision, polypectomy or excisional biopsy

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser
----	-------

15	Stripping
----	-----------

Specimen sent to pathology from surgical events 20-52.

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional biopsy
----	-------------------

Any combination of 20 with 26 - 27 WITH

Clarification: The following codes **include** local tumor excision, polypectomy or excisional biopsy

21	Photodynamic therapy (PDT)
----	----------------------------

22	Electrocautery
----	----------------

23	Cryosurgery
----	-------------

24	Laser ablation
----	----------------

25	Laser excision
----	----------------

28	Stripping
----	-----------

30	Pharyngectomy, NOS
----	--------------------

31	Limited/partial pharyngectomy; tonsillectomy, bilateral tonsillectomy
----	---

32	Total pharyngectomy
----	---------------------

40	Pharyngectomy with laryngectomy or removal of contiguous bone tissue, NOS
----	---

Note: Does **not** include total mandibular resection

SEER Note: Code 40 includes mandibulectomy (marginal, segmental, hemi-, and/or laryngectomy) NOS. Contiguous bone tissue refers to the mandible

SEER Note: Use **code 40** when the patient had a pharyngectomy and maybe some sort of mandibulectomy and/or maybe a laryngectomy, but the exact procedures are not clear. Use **code 41** when the patient had pharyngectomy and laryngectomy but no mandibulectomy. Use **code 42** when the patient had pharyngectomy and mandibulectomy but no laryngectomy. Use

code 43 when it is known that the patient had both a mandibulectomy and laryngectomy in addition to the pharyngectomy

- 41 **With** Laryngectomy (laryngopharyngectomy)
- 42 **With** bone
- 43 **With** both 41 and 42
- 50 Radical pharyngectomy (includes total mandibular resection), NOS
- 51 **Without** laryngectomy
- 52 **With** laryngectomy
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

K: PROSTATE

For cases diagnosed on or after January 1, 2010

C619

Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item *Hematologic Transplant and Endocrine Procedures*.

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

Unknown whether a specimen was sent to pathology for surgical events coded 18 or 19 (principally for cases diagnosed prior to January 1, 2003).

18	Local tumor destruction or excision, NOS
----	--

19	Transurethral resection (TURP), NOS, and no specimen sent to path
----	---

No specimen sent to pathology from surgical events 10-17.

SEER Note: Assign **code 15** for Niagara laser photovaporization of the prostate. Assign **code 16** for Transurethral Microwave Thermotherapy (TUMT). Assign code 17 for High Intensity Focused Ultrasonography (HIFU) and for Transurethral Needle Ablation (TUNA).

10	Local tumor destruction, NOS
----	------------------------------

14	Cryoprostectomy
----	-----------------

15	Laser ablation
----	----------------

16	Hyperthermia
----	--------------

17	Other method of local tumor destruction
----	---

CCR Note: HIFU is a procedure that heats and destroys tissue

Specimen sent to pathology from surgical events 20-80.

20	Local tumor excision, NOS
----	---------------------------

21	Transurethral resection (TURP), NOS, with specimen sent to pathology
----	--

22	TURP cancer is incidental finding during surgery for benign disease
----	---

23	TURP patient has suspected/known cancer
----	---

Any combination of 20 - 23 WITH

24	Cryosurgery
----	-------------

25	Laser
----	-------

26	Hyperthermia
----	--------------

30	Subtotal, segmental, or simple prostatectomy, which may leave all or part of the capsule intact
----	---

50	Radical prostatectomy, NOS; total prostatectomy, NOS [formerly SEER code 30 or 40]
----	--

Note: Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck

SEER Note: May include suprapubic prostatectomy

70	Prostatectomy with resection in continuity with other organs; pelvic exenteration
----	--

Note: Surgeries coded 70 are any prostatectomy WITH resection in continuity with any other organs. The other organs may be partially or totally removed. Procedures may include, but are not limited to, cystoprostatectomy, radical cystectomy, and prostatectomy

SEER Note: In continuity with or en bloc means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen

80 Prostatectomy, NOS

90 Surgery, NOS

99 Unknown if surgery performed; death certificate **only**

K: RECTOSIGMOID

For cases diagnosed on or after January 1, 2010

C199

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure of Other Site*.

SEER Note: Code circumferential resection margin (CRM) when assigning surgery code 27, 30-80. CRM is not applicable for any other surgery codes for this site.

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-14.

10	Local tumor destruction, NOS
----	------------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

Specimen sent to pathology from surgical events 20-80.

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional biopsy
----	-------------------

Any combination of 20 with 26 - 27 WITH

22	Electrocautery
----	----------------

30	Segmental resection; partial proctectomy, NOS
----	---

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

- Anterior resection
- Hartmann operation
- Low anterior resection (LAR)
- Partial Colectomy, NOS
- Rectosigmoidectomy, NOS

Sigmoidectomy

31	Plus resection of contiguous organ; example: small bowel, bladder
----	---

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

SEER Note: 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

50	Total proctectomy
----	-------------------

SEER Note: Procedures coded 50 include but are not limited to: abdominoperineal resection (A & P resection), anterior/posterior resection (A/P resection)/Mile's operation, Rankin's operation

51	Total colectomy
----	-----------------

SEER Note: Removal of the colon from cecum to rectosigmoid or portion of rectum

55	Total colectomy with ileostomy, NOS
----	--

56	Ileorectal reconstruction
----	---------------------------

57	Total colectomy with other pouch; example: Koch pouch
----	---

- 60 Total proctocolectomy, NOS
SEER Note: Combination of 50 and 51
Note: Removal of the colon from cecum to the rectosigmoid or a portion of the rectum
- 65 Total proctocolectomy **with** ileostomy, NOS
- 66 Total proctocolectomy **with** ileostomy and pouch
- 70 Colectomy or proctocolectomy resection in continuity with other organs; pelvic exenteration
SEER Note: Procedures that may be part of an en bloc resection include, but are not limited to an oophorectomy and a rectal mucosectomy. Code 70 includes any colectomy (partial, hemicolectomy or total) with an en bloc resection of any other organs. The “other organs” may be partially or totally resected. “In continuity with” or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
- 80 Colectomy, NOS; Proctectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

K: RECTUM

For cases diagnosed on or after January 1, 2010

C209

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure of Other Site*.

SEER Note: Code circumferential resection margin (CRM) when assigning surgery code 27, 30-80. CRM is not applicable for any other surgery codes for this site.

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-14.

10	Local tumor destruction, NOS
----	------------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

Specimen sent to pathology from surgical events 20-80.

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional biopsy
----	-------------------

Any combination of 20 with 26 - 27 WITH

22	Electrocautery
----	----------------

28	Curette and fulguration
----	-------------------------

30	Segmental resection; partial proctectomy, NOS
----	---

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

- Anterior resection
- Hartmann operation
- Low anterior resection (LAR)
- Transsacral rectosigmoidectomy

40	Pull through with sphincter preservation (coloanal anastomosis)
----	--

SEER Note: 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

50	Total proctectomy
----	-------------------

Note: Procedure coded 50 includes, but is not limited to, Abdominoperineal resection

SEER Note Also called anterior/posterior (A/P) resection/Mile's operation, Rankin's operation

60	Total proctocolectomy, NOS
----	----------------------------

70	Proctectomy or proctocolectomy with resection in continuity with other organs; pelvic exenteration
----	--

SEER Note: In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen

80	Proctectomy, NOS
----	------------------

90	Surgery, NOS
----	--------------

99 Unknown if surgery performed; death certificate **only**

K: SKIN

For cases diagnosed on or after January 1, 2010

C440-C449

SURGERY OF PRIMARY SITE

Note: See [K.1: SKIN - Coding Guidelines](#)

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-14.

SEER Note: For Photodynamic therapy (PDT): Assign code 11 if there is no pathology specimen. Assign code 21 if there is a pathology specimen. Codes 20-27 include shave and wedge resection

10	Local tumor destruction, NOS
----	------------------------------

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser ablation
----	----------------

Specimen sent to pathology from surgical events 20-60.

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional biopsy
----	-------------------

Any combination of 20 or 26 - 27 WITH

Clarification: The following codes **include** local tumor excision, polypectomy or excisional biopsy

21	Photodynamic therapy (PDT)
----	----------------------------

22	Electrocautery
----	----------------

23	Cryosurgery
----	-------------

24	Laser ablation
----	----------------

25	Laser excision
----	----------------

SEER Note: Codes 30 to 35 include less than a wide excision, and less than or equal to 1-cm margin, or status of margin is unknown. If it is stated to be a **wide excision** or **re-excision**, but the **margins are unknown**, code to 30. Assign a surgery code from the 30-35 range when any margin is less than 1 cm.

Example: Melanoma: with surgical margins greater than 1 cm for length and width but less than 1 cm for depth. Assign a surgery code in the 30-35 range. Since tumor thickness is an important prognostic factor for cutaneous melanoma, the deep margin is of particular importance. Use code 45 when there is a wide excision AND it is known that the margins are greater than 1 cm.

SEER Note: Assign code 35 for a shave biopsy followed by Mohs with a 1cm margin or less. Assign code 36 for a shave biopsy followed by Mohs with a more than 1 cam margin

30	Biopsy of primary tumor followed by a gross excision of the lesion
----	--

Note: Does not have to be 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
SEER Note: Assign code 34 for shave biopsy followed by MOHS surgery for melanoma of the skin
SEER Note: Assign code 34 for Mohs surgery with unknown margins
- 35 Mohs with 1-cm margin or less
- 36 Mohs with more than 1-cm margin

For codes 45-47 - If the excision or re-excision has microscopically negative margins less than 1cm OR the margins are more than 1 cm but are NOT microscopically confirmed, use the appropriate code, 20-36.

- 45 Wide excision or re-excision of lesion or minor (local) amputation with margins more than 1 cm, NOS. **Margins must be microscopically negative**
- 46 **With** margins more than 1 cm and less than or equal to 2 cm
- 47 **With** margins greater than 2 cm
SEER Note: Assign Code 47 for amputation of finger
- 60 Major amputation
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

K.1: SKIN-Coding Guidelines

For cases diagnosed on or after January 1, 2010

C440-C449

CODING GUIDELINES:

When multiple surgical procedures are done for the treatment of melanoma, follow these instructions to assign surgery codes. See [K: SKIN](#) for surgery codes.

NOTE:

- **Code a Biopsy as Surgery When:**
 - Shave, punch bx, incisional biopsy or biopsy NOS are most often diagnostic. **Code as a surgical procedure ONLY if it removes all of the melanoma.** This means when there is no residual tumor present in the re-excision, the biopsy should be coded using surgery codes, **not the Dx/Stg codes.** The re-excision is coded as the 2nd procedure and will become the SUMMARY Surg code.
- The biopsy NOS, shave, punch or incisional biopsy and the gross excision do not have to be done as a single procedure to code 30-33.
- Margins must be taken from the pathology report – following CAP (College of American Pathologists) protocol guidelines.
- To use the codes 45-47, the surgical margins must be >1cm and microscopically negative.
- When there are no margins documented in the pathology report, do not guess/estimate the margin measurements from the specimen size.
- If there are margins for length, width and depth and they are different, code the smallest margin. The smallest margin dictates the surgery code, no matter where it comes from (width, length or depth).

Reference [Appendix M](#) for a list of Q-Tips which may be related to this topic.

Surgery Code Instructions for Melanomas

1st Procedure=Shave/punch/incisional/NOS biopsy & Residual Melanoma @ 2nd Procedure

1st Procedure	Shave or punch biopsy, incisional biopsy or biopsy NOS	02
2nd Procedure	Surg margins equal to or <1cm or NOS=residual melanoma	30-33 (Mohs=34-35)
2nd Procedure	Surg margins >1cm=residual melanoma	
	CoC Note: To use codes 45-47, the surgical margins must be >1cm	45-47 (Mohs=36)

1st Procedure=Exc bx/Excision NOS & Residual Melanoma @ 2nd Procedure

1st Procedure	Excisional biopsy or Excision NOS	27 or 20
2nd Procedure	Surg margins equal to or <1cm or NOS = residual melanoma	30 (Mohs=34-35)
2nd Procedure	Surg margins >1cm=residual melanoma	45-47* (Mohs=36)

No Residual Melanoma @ 2nd Procedure

1st Procedure	Shave or punch biopsy, incisional biopsy, biopsy NOS, excisional bx (all preceding titles code 27) or excision NOS (20) unless surgical margins >1cm, then code in the 40 range)	27 or 20
2nd Procedure	Surg margins equal to or <1cm or margins NOS=no residual. Note: If the 1st procedure was an excisional bx, code the 2nd procedure 30	30 (Mohs=34-35)
2nd Procedure	Surg margins >1cm=no residual	45-47* (Mohs=36)

K: SPLEEN

For cases diagnosed on or after January 1, 2010

Spleen C422

Note: Lymph Nodes surgery codes have been moved to a separate scheme.

SURGERY OF PRIMARY SITE

Code	Description
-------------	--------------------

00	None; no surgery of primary site; autopsy only
----	---

19	Local excision of tumor, NOS
----	------------------------------

Note: Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)

[Specimen sent to pathology for surgical events 21-80.](#)

21	Partial splenectomy
----	---------------------

22	Total splenectomy
----	-------------------

80	Splenectomy, NOS
----	------------------

90	Surgery, NOS
----	--------------

99	Unknown if surgery performed; death certificate only
----	---

K: STOMACH

For cases diagnosed on or after January 1, 2010

C160-C169

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-14.

10	Local tumor destruction, NOS
----	------------------------------

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser
----	-------

Specimen sent to pathology from surgical events 20-80.

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional Biopsy
----	-------------------

Any combination of 20 with 26 - 27 WITH

Clarification: The following codes **include** local tumor excision, polypectomy (NOS, endoscopic or surgical excision) or excisional biopsy

21	Photodynamic therapy (PDT)
----	----------------------------

22	Electrocautery
----	----------------

23	Cryosurgery
----	-------------

24	Laser ablation
----	----------------

25	Laser excision
----	----------------

30	Gastrectomy, NOS (partial, subtotal, hemi-)
----	---

Note: Code 30 includes:

- Partial gastrectomy, including a sleeve resection of the stomach
- Billroth I: anastomosis to duodenum (duodenostomy)

Billroth II: anastomosis to jejunum (jejunostomy)

31	Antrectomy, lower (distal-less than 40% of stomach) ***
----	---

32	Lower (distal) gastrectomy (partial, subtotal, hemi-)
----	---

33	Upper (proximal) gastrectomy (partial, subtotal, hemi-)
----	---

40	Near-total or total gastrectomy, NOS
----	--------------------------------------

Note: A total gastrectomy may follow a previous partial resection of the stomach

41	Near-total gastrectomy
----	------------------------

42	Total gastrectomy
----	-------------------

Codes 50-52 are used for gastrectomy resection when only portions of esophagus are included in procedure.

50	Gastrectomy, NOS with removal of a portion of esophagus
----	--

- 51 Partial or subtotal gastrectomy
- 52 Near total or total gastrectomy

Codes 60-63 are used for gastrectomy resections with organs other than esophagus. Portions of esophagus may or may not be included in the resection.

SEER Note: Codes 60-63 may include omentectomy among the organs/tissues removed. "In continuity with" or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen.

- 60 Gastrectomy with a resection in continuity with the resection of other organs, NOS***
- 61 Partial or subtotal gastrectomy, in continuity with the resection of other organs***
- 62 Near total or total gastrectomy, in continuity with the resection of other organs***
- 63 Radical gastrectomy, in continuity with the resection of other organs***
- 80 Gastrectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate **only**

***Incidental splenectomy **not** included

K: TESTIS

For cases diagnosed on or after January 1, 2010

C620-C629

Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item Hematologic Transplant and Endocrine Procedures.

SURGERY OF PRIMARY SITE

Code

Description

00	None; no surgery of primary site; autopsy only
12	Local excision, destruction of tumor, NOS Note: No specimen sent to pathology from surgical event 12 Specimen sent to pathology for surgical events 20-80.
20	Local or partial excision of testicle
30	Excision of testicle without cord SEER Note: Orchiectomy not including spermatic cord
40	Excision of testicle with cord or cord not mentioned (radical orchiectomy) SEER Note: Orchiectomy with or without spermatic cord
80	Orchiectomy, NOS (unspecified whether partial or total testicle removed)
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: THYROID GLAND

For cases diagnosed on or after January 1, 2010

C739

SURGERY OF PRIMARY SITE

Reference [Appendix M](#) for a list of Q-Tips which may be related to this topic.

Code	Description
-------------	--------------------

00	None; no surgery of primary site; autopsy only
----	---

13	Local tumor destruction, NOS
----	------------------------------

Note: No specimen sent to pathology from surgical event 13

[Specimen sent to pathology from surgical events 25-80.](#)

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 or near total thyroidectomy
----	--------------------------------------

50	Total thyroidectomy
----	---------------------

80	Thyroidectomy, NOS
----	--------------------

90	Surgery, NOS
----	--------------

99	Unknown if surgery performed; death certificate only
----	---

K: OTHER SITES

For cases diagnosed on or after January 1, 2010

C142-C148, C170-C179, C239, C240-C249, C260-C269, C300-C301, C310-C319, C339, C379, C380-C388, C390-C399, C480-C488, C510-C519, C529, C570-C579, C589, C600-C609, C630-C639, C680-C689, C690-C699, C740-C749, C750-C759

SURGERY OF PRIMARY SITE

Code	Description
------	-------------

00	None; no surgery of primary site; autopsy only
----	---

No specimen sent to pathology from surgical events 10-14.

10	Local tumor destruction, NOS
----	------------------------------

11	Photodynamic therapy (PDT)
----	----------------------------

12	Electrocautery; fulguration
----	-----------------------------

Note: Includes use of hot forceps for tumor destruction

13	Cryosurgery
----	-------------

14	Laser
----	-------

SEER Note: Assign code 14 for laser hyperthermia of eye retinoblastoma

Specimen sent to pathology from surgical events 20-60.

20	Local tumor excision, NOS
----	---------------------------

26	Polypectomy
----	-------------

27	Excisional biopsy
----	-------------------

Any combination of 20 with 26 - 27 WITH

[SEER Guideline: the following codes include local tumor excision, polypectomy or excisional biopsy]

21	Photodynamic therapy (PDT)
----	----------------------------

22	Electrocautery
----	----------------

23	Cryosurgery
----	-------------

24	Laser ablation
----	----------------

25	Laser excision
----	----------------

30	Simple/partial surgical removal of primary site
----	---

40	Total surgical removal of primary site; enucleation
----	---

41	Total enucleation (for eye surgery only)
----	--

50	Surgery stated to be "debulking"
----	----------------------------------

60	Radical surgery
----	-----------------

Note: Partial or total removal of the primary site **with** a resection in continuity (partial or total removal) with other organs

SEER Note: In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen

90	Surgery, NOS
----	--------------

99	Unknown if surgery performed; death certificate only
----	---

K: UNKNOWN and ILL DEFINED PRIMARY SITES
For cases diagnosed on or after January 1, 2010

C760-C768, C809

SURGERY OF PRIMARY SITE

Code Description

- 98 All unknown and ill-defined disease sites, **with** or **without** surgical treatment
Note: Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item Surgical Procedure/Other Site or Surgical Procedure/Other Site at This Facility
- 99 Death certificate **only**
SEER Note: 99 Death certificate only