

Surgery Codes

Breast C500–C509

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction, NOS

No specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003)

A200 Partial mastectomy, NOS; less than total mastectomy, NOS

A210 Partial mastectomy WITH nipple resection

A220 Lumpectomy or excisional biopsy

A230 Reexcision of the biopsy site for gross or microscopic residual disease

A240 Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)

Procedures coded A200–A240 remove the gross primary tumor and some of the breast tissue (breast-conserving or -preserving surgery). There may be microscopic residual tumor.

[**SEER Note:** When a patient has a procedure coded to A200-A240 (e.g., lumpectomy) with reconstruction, code only the procedure (e.g., lumpectomy, code A220) as the surgery.]

[**SEER Note:** Assign code A220 when a patient has a lumpectomy and an additional margin excision during the same procedure.]

According to the Commission on Cancer, re-excision of the margins intraoperatively during same surgical event does not require additional resources; it is still A220. Subsequent re-excision of lumpectomy margins during separate surgical event requires additional resources: anesthesia, op room, and surgical staff; it qualifies for code A230.]

A300 Subcutaneous mastectomy

A subcutaneous mastectomy, also called 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 A300 may be considered to have undergone breast reconstruction.

[**SEER Note:** Code Goldilocks mastectomy in *Surgery of Primary Site 2023* (NAACCR #1291). Breast surgery code A300 seems to be the best available choice for "Goldilocks" mastectomy. It is essentially a skin-sparing mastectomy with breast reconstruction. The choice between code A300 and codes in the A400-A490 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.]

A400 Total (simple) mastectomy, NOS

A410 WITHOUT removal of uninvolved contralateral breast

A430 Reconstruction, NOS

A440 Tissue

A450 Implant

- A460 Combined (tissue and implant)
- A420 WITH removal of uninvolved contralateral breast
 - A470 Reconstruction, NOS
 - A480 Tissue
 - A490 Implant
 - A750 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 A430 for a simple mastectomy with tissue expanders and acellular dermal matrix/AlloDerm. The tissue expander indicates preparation for reconstruction. The acellular dermal matrix/AlloDerm is not coded because, while they often accompany an 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 the areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.

For **single** primaries involving both breasts, use code A760.

[**SEER Note:** Example of single primary with removal of involved contralateral breast--Inflammatory carcinoma involving both breasts. Bilateral simple mastectomies. Code *Surgery of Primary Site 2023* (NAACCR #1291) as A760.]

If **contralateral breast** reveals a **second primary**, each breast is abstracted separately. The surgical procedure is coded A410 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 A430-A490 or A750, regardless of whether it is done at the time of mastectomy or later.

[**SEER Note:** Reconstruction may be done at the same time as the mastectomy or may be done later. Code A430-A490, or A750 if the operative report or medical record states reconstruction will be done later, or if a tissue expander is inserted during the mastectomy procedure. Tissue expander insertion precedes reconstruction.]

A760 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma

[**SEER Note:** Assign code A760 for a more extensive bilateral mastectomy. Assign code 0 in *Surgical Procedure of Other Site* (NAACCR #1294).

For a simple bilateral mastectomy, assign code A410 with code 1 in *Surgical Procedure of Other Site* (NAACCR #1294).]

- A500 Modified radical mastectomy
 - A510 WITHOUT removal of uninvolved contralateral breast
 - A530 Reconstruction, NOS
 - A540 Tissue
 - A550 Implant
 - A560 Combined (tissue and implant)
 - A520 WITH removal of uninvolved contralateral breast
 - A570 Reconstruction, NOS
 - A580 Tissue
 - A590 Implant
 - A630 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 *Surgery of Primary Site 2023* (NAACCR #1291).

Assign code A510 or A520 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**, each breast is abstracted separately. The surgical procedure is coded A510 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

- A600 Radical mastectomy, NOS
 - A610 WITHOUT removal of uninvolved contralateral breast
 - A640 Reconstruction, NOS
 - A650 Tissue
 - A660 Implant
 - A670 Combined (tissue and implant)
 - A620 WITH removal of uninvolved contralateral breast
 - A680 Reconstruction, NOS
 - A690 Tissue
 - A730 Implant
 - A740 Combined (tissue and implant)

[**SEER Note:** Involves removal of breast tissue, nipple, areolar complex, variable amount of skin, pectoralis minor, and/or pectoralis major, as well as en bloc axillary dissection. “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.]

A700 Extended radical mastectomy

A710 WITHOUT removal of uninvolved contralateral breast

A720 WITH removal of uninvolved contralateral breast

[**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.]

A800 Mastectomy, NOS

Specimen sent to pathology for surgical events coded A200-A800

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY