

**APPENDIX D**  
**TWO-DIGIT SITE-SPECIFIC**  
**SURGERY CODES (1983-1997)**

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**ORAL CAVITY**  
C00.0-C14.8

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Cancer-Directed Surgery**

- 10 Electrocautery, or cryosurgery; laser surgery WITHOUT pathology specimen
- 20 Laser surgery WITH pathology specimen; excisional biopsy
- 30 Local surgical excision
- 40 Radical excision
- 50 Local/radical excision WITH (radical) neck dissection
- 70 Radical neck dissection ONLY
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

*NOTE: Codes '10' - '90' have priority over codes '00' - '09.'*

*Codes '10' - '78' have priority over codes '80' - '90.'*

*Surgery of primary not included in any category should be coded '90.'*

*In the range '10' - '78,' the higher code has priority.*

*Codes '01' - '07' have priority over code '09.'*

*In the range '01' - '06,' the higher code has priority.*

*Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'*

*Codes '01' - '06' have priority over code '07.'*

*Second digit is to be coded '8' when reconstructive surgery of the primary site is*

*done as*

*part of the planned first course of therapy.*

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**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**STOMACH**  
C16.0-C16.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Local surgical excision (includes polypectomy, excision of ulcer, other lesions, or stomach tissue with evidence of cancer)
- 20 Partial\*/subtotal/hemigastrectomy: Upper (proximal) portion (may include part of esophagus, i.e., esophagogastrectomy)
- 30 Partial\*/subtotal/hemigastrectomy: Lower (distal) portion (may include part of duodenum, i.e., gastropylorctomy); Billroth I (indicates anastomosis to duodenum); duodenostomy; Billroth II (indicates anastomosis to jejunum); jejunostomy; antrectomy (resection of pyloric antrum of stomach)
- 40 Partial\*/subtotal/hemigastrectomy, NOS; resection of portion of stomach, NOS
- 50 Total/near total\*\* gastrectomy (includes resection with pouch left for anastomosis; total gastrectomy following previous partial resection for another cause)
- 60 Gastrectomy, NOS
- 70 Gastrectomy (partial, total, radical) PLUS partial or total removal of other organs
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

\* Partial gastrectomy includes sleeve resection of stomach.

\*\* Near total gastrectomy means 80 percent or more.

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**STOMACH (cont.)**

*NOTE: Codes 10-70 may include removal of spleen, nodes, omentum, mesentery, or mesocolon.  
Ignore incidental removal of gallbladder, bile ducts, appendix, or vagus nerve.  
Codes '10' - '90' have priority over codes '00' - '09.'  
Codes '10' - '78' have priority over codes '80' - '90.'  
Surgery of primary not included in any category should be coded '90.'  
In the range '10' - '78,' the higher code has priority.  
Codes '01' - '07' have priority over code '09.'  
In the range '01' - '06,' the higher code has priority.  
Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'  
Codes '01' - '06' have priority over code '07.'  
Second digit is to be coded '8' when reconstructive surgery of the primary site is done as  
part of the planned first course of therapy.*

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**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**COLON** (excludes rectosigmoid, rectum)  
C18.0-C18.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Local cancer destruction WITHOUT pathology specimen (includes laser surgery, cryosurgery, electrocautery, or fulguration)
- 20 Local surgical excision WITH pathology specimen (includes polypectomy, snare, or laser surgery)
- 30 Partial/subtotal colectomy, but less than hemicolectomy (includes segmental resection, e.g., cecectomy, appendectomy, sigmoidectomy, partial resection of transverse colon and flexures, ileocollectomy, enterocollectomy, and partial/subtotal colectomy, NOS)
- 40 Hemicolectomy or greater (but less than total); right/left colectomy (all of right or left colon and a portion of transverse)
- 50 Total colectomy (beginning with cecum and ending with sigmoid/rectum or part of rectum)
- 60 Colectomy, NOS
- 70 Colectomy (subtotal, hemicolectomy or total) PLUS partial or total removal of other organs
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

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**COLON** (excludes rectosigmoid, rectum) (cont.)

*NOTE: Codes 30-70 may include removal of lymph nodes, mesentery, mesocolon, peritoneum, a portion of terminal ileum, or omentum.*

*Ignore incidental removal of appendix, gallbladder, bile ducts, or spleen.*

*Codes '10' - '90' have priority over codes '00' - '09.'*

*Codes '10' - '78' have priority over codes '80' - '90.'*

*Surgery of primary not included in any category should be coded '90.'*

*In the range '10' - '78,' the higher code has priority.*

*Codes '01' - '07' have priority over code '09.'*

*In the range '01' - '06,' the higher code has priority.*

*Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'*

*Codes '01' - '06' have priority over code '07.'*

*Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

*If not clear from either the operative or pathology report what was removed, but the title of the operative report is hemicolectomy, code as hemicolectomy.*

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**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**RECTOSIGMOID, RECTUM**  
C19.9, C20.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Local cancer destruction WITHOUT pathology specimen (includes laser surgery, cryosurgery, electrocautery, or fulguration)
- 20 Local surgical excision WITH pathology specimen (includes polypectomy, snare, or laser surgery)
- 30 Anterior/posterior resection, wedge or segmental resection, transsacral rectosigmoidectomy, Hartmann's operation, partial proctectomy, rectal resection, NOS
- 40 Pull-through resection WITH sphincter preservation (e.g., Turnbull's and Swenson's operations, Soave's submucosal resection, Altemeier's operation, and Duhamel's operation)
- 50 Abdominoperineal resection (e.g., Miles' and Rankin's operations), complete proctectomy
- 60 Any of codes 30-50 PLUS partial or total removal of other organs
- 70 Pelvic Exenteration (partial or total)
  - Posterior exenteration (includes rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes)
  - Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes)
  - Extended exenteration (includes pelvic blood vessels or bony pelvis)
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

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**RECTOSIGMOID, RECTUM (cont.)**

*NOTE: Codes 30-70 may include removal of lymph nodes and/or removal of section of colon.  
Ignore incidental removal of gallbladder, bile ducts, or appendix.  
Codes '10' - '90' have priority over codes '00' - '09.'  
Codes '10' - '78' have priority over codes '80' - '90.'  
Surgery of primary not included in any category should be coded '90.'  
In the range '10' - '78,' the higher code has priority.  
Codes '01' - '07' have priority over code '09.'  
In the range '01' - '06,' the higher code has priority.  
Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'  
Codes '01' - '06' have priority over code '07.'  
Second digit is to be coded '8' when reconstructive surgery of the primary site is done as  
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**PANCREAS**  
C25.0-C25.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Local or partial surgical excision of pancreas
- 20 Total pancreatectomy WITH/WITHOUT splenectomy
- 30 Subtotal gastrectomy, duodenectomy with complete or partial pancreatectomy WITH/WITHOUT splenectomy (Whipple's operation)
- 40 Radical regional (partial) pancreatectomy with lymph node dissection and adjacent soft tissue resection
- 50 Pancreatectomy, NOS
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

*NOTE: Codes '10' - '90' have priority over codes '00' - '09.'*  
*Codes '10' - '78' have priority over codes '80' - '90.'*  
*Surgery of primary not included in any category should be coded '90.'*  
*In the range '10' - '78,' the higher code has priority.*  
*Codes '01' - '07' have priority over code '09.'*  
*In the range '01' - '06,' the higher code has priority.*  
*Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'*  
*Codes '01' - '06' have priority over code '07.'*  
*Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

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**LARYNX**  
C32.0-C32.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Laser surgery WITHOUT pathology specimen
- 20 Local surgical excision or destruction of lesion; laser surgery WITH pathology specimen; stripping
- 30 Partial laryngectomy WITH/WITHOUT node dissection
- 40 Total laryngectomy WITHOUT dissection of lymph nodes; total laryngectomy, NOS
- 50 Total laryngectomy WITH dissection of lymph nodes; radical laryngectomy
- 60 Laryngectomy, NOS
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

*NOTE: Codes '10' - '90' have priority over codes '00' - '09.'*  
*Codes '10' - '78' have priority over codes '80' - '90.'*  
*Surgery of primary not included in any category should be coded '90.'*  
*In the range '10' - '78,' the higher code has priority.*  
*Codes '01' - '07' have priority over code '09.'*  
*In the range '01' - '06,' the higher code has priority.*  
*Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'*  
*Codes '01' - '06' have priority over code '07.'*  
*Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

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**BRONCHUS AND LUNG**  
C34.0-C34.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Local surgical excision or destruction of lesion
- 20 Partial/wedge/segmental resection, lingulectomy, partial lobectomy, sleeve resection (bronchus only)
- 30 Lobectomy/bilobectomy (includes lobectomy plus segmental/sleeve resection, radical lobectomy, partial pneumonectomy) WITHOUT dissection of lymph nodes
- 40 Lobectomy/bilobectomy (includes lobectomy plus segmental/sleeve resection, radical lobectomy, partial pneumonectomy) WITH dissection of lymph nodes
- 50 Complete/total/standard pneumonectomy (includes hilar and parabranchial lymph nodes); pneumonectomy, NOS
- 60 Radical pneumonectomy (complete pneumonectomy PLUS dissection of mediastinal lymph nodes)
- 70 Extended radical pneumonectomy (includes parietal pleura, pericardium and/or chest wall (with diaphragm) plus lymph nodes)
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY (includes removal of mediastinal mass ONLY)
- 90 Resection of lung, NOS; surgery, NOS

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**BRONCHUS AND LUNG (cont.)**

*NOTE: Ignore incidental removal of rib(s) (operative approach).  
Codes '10' - '90' have priority over codes '00' - '09.'  
Codes '10' - '78' have priority over codes '80' - '90.'  
Surgery of primary not included in any category should be coded '90.'  
In the range '10' - '78,' the higher code has priority.  
Codes '01' - '07' have priority over code '09.'  
In the range '01' - '06,' the higher code has priority.  
Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'  
Codes '01' - '06' have priority over code '07.'  
Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

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**BONE, PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM,  
CONNECTIVE AND OTHER SOFT TISSUE**  
C40.0-C41.9, C47.0-C47.9, C49.0-C49.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Local or wide excision of lesion
- 20 Resection, partial  
Internal hemipelvectomy (pelvis)
- 30 Radical excision/resection  
Limb salvage (arm or leg)
- 40 Amputation, partial/total of limb
- 50 Amputation, forequarter (incl. scapula)  
Amputation, hindquarter (incl. ilium/hip bone)  
Hemipelvectomy
- 60 Excision/resection, NOS
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

**APPENDIX D**  
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**BONE, PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM,  
CONNECTIVE AND OTHER SOFT TISSUE (cont.)**

*NOTE: Codes '10' - '90' have priority over codes '00' - '09.'*  
*Codes '10' - '78' have priority over codes '80' - '90.'*  
*Surgery of primary not included in any category should be coded '90.'*  
*In the range '10' - '78,' the higher code has priority.*  
*Codes '01' - '07' have priority over code '09.'*  
*In the range '01' - '06,' the higher code has priority.*  
*Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'*  
*Codes '01' - '06' have priority over code '07.'*  
*Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**SKIN**  
C44.0-C44.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Local cancer destruction WITHOUT pathology specimen (includes laser surgery, cryosurgery, fulguration, or electrocauterization)
- 20 Simple excision/excisional biopsy; shave/punch biopsy; local surgical excision; wedge resection; laser surgery WITH pathology specimen; excision, NOS
- 30 Shave/punch biopsy/biopsy, NOS followed by excision of lesion (not a wide excision)
- 40 Wide/re-excision or minor (local) amputation (includes digits, ear, eyelid, lip, nose) WITHOUT lymph node dissection
- 45 Radical excision WITHOUT lymph node dissection
- 50 Codes 10-45 WITH lymph node dissection
- 60 Amputation (other than code 40) WITHOUT lymph node dissection; amputation, NOS
- 70 Amputation (other than in code 40) WITH lymph node dissection
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**SKIN (cont.)**

*NOTE: Codes '10' - '90' have priority over codes '00' - '09.'*  
*Codes '10' - '78' have priority over codes '80' - '90.'*  
*Surgery of primary not included in any category should be coded '90.'*  
*In the range '10' - '78,' the higher code has priority.*  
*Codes '01' - '07' have priority over code '09.'*  
*In the range '01' - '06,' the higher code has priority.*  
*Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'*  
*Codes '01' - '06' have priority over code '07.'*  
*Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**BREAST**  
C50.0-C50.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Partial/less than total mastectomy (includes segmental mastectomy, lumpectomy, quadrantectomy, tylectomy, wedge resection, nipple resection, excisional biopsy, or partial mastectomy, NOS) WITHOUT dissection of axillary lymph nodes
- 20 Partial/less than total mastectomy WITH dissection of axillary lymph nodes
- 30 Subcutaneous mastectomy WITH/WITHOUT dissection of axillary nodes
- 40 Total (simple) mastectomy (breast only) WITHOUT dissection of axillary lymph nodes
- 50 Modified radical/total (simple) mastectomy (may include portion of pectoralis major) WITH dissection of axillary lymph nodes
- 60 Radical mastectomy WITH dissection of majority of pectoralis major WITH dissection of axillary lymph nodes
- 70 Extended radical mastectomy (code 60 PLUS internal mammary node dissection; may include chest wall and ribs)
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Mastectomy, NOS; Surgery, NOS

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**BREAST (cont.)**

*NOTE: Codes '10' - '78' apply to unilateral resection of primary cancer.  
Ignore removal of fragments or tags of muscle; removal of pectoralis minor; resection of pectoralis muscles, NOS; and resection of fascia with no mention of muscle.  
Oophorectomy, adrenalectomy, and hypophysectomy will be coded as Endocrine (Hormone/Steroid) Therapy.  
Codes '10' - '90' have priority over codes '00' - '09.'  
Codes '10' - '78' have priority over codes '80' - '90.'  
Surgery of primary not included in any category should be coded '90.'  
In the range '10' - '78,' the higher code has priority.  
Codes '01' - '07' have priority over code '09.'  
In the range '01' - '06,' the higher code has priority.  
Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'  
Codes '01' - '06' have priority over code '07.'  
Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**CERVIX UTERI**  
C53.0-C53.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Cryosurgery; laser surgery WITHOUT pathology specimen
- 15 Dilatation and curettage (in situ ONLY); endocervical curettage (in situ ONLY)
- 17<sup>1</sup> 10 + 15 (in situ ONLY)
- 20 Local surgical excision; excisional biopsy; trachelectomy; amputation of cervix or cervical stump; laser surgery WITH pathology specimen; conization
- 30 Total/pan/simple hysterectomy (includes both corpus and cervix uteri) WITHOUT removal of tubes and ovaries WITHOUT dissection of lymph nodes
- 35<sup>2</sup> Total/pan/simple hysterectomy (includes both corpus and cervix uteri) WITHOUT removal of tubes and ovaries WITH dissection of lymph nodes
- 40 Total/pan/simple hysterectomy WITH removal of tube(s) and ovary(ies) WITHOUT dissection of lymph nodes
- 50 Modified radical/extended hysterectomy (includes uterus, tube(s), ovary(ies), and para-aortic and pelvic lymph nodes, and may include vaginal cuff); radical hysterectomy (includes uterus, tube(s), ovary(ies), vagina, all parametrial and paravaginal tissue, and para-aortic and pelvic lymph nodes); Wertheim's operation
- 60 Hysterectomy, NOS

<sup>1</sup> Effective date January 1, 1991 diagnoses

<sup>2</sup> Effective date January 1, 1990 diagnoses

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**CERVIX UTERI (cont.)**

Code

- 70 Pelvic Exenteration (partial or total)  
Anterior exenteration (includes bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes)  
Posterior exenteration (includes rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes)  
Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes)  
Extended exenteration (includes pelvic blood vessels or bony pelvis)
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

*NOTE: Codes 30, 35 and 40 may include a portion of vaginal cuff.  
Ignore incidental removal of appendix.  
Ignore omentectomy if it was the only surgery performed in addition to hysterectomy.  
Ignore surgical approach, i.e., abdominal or vaginal.  
For invasive cancers only, dilatation and curettage is to be coded as an incisional biopsy.  
Codes '10' - '90' have priority over codes '00' - '09.'  
Codes '10' - '78' have priority over codes '80' - '90.'  
Surgery of primary not included in any category should be coded '90.'  
In the range '10' - '78,' the higher code has priority.  
Codes '01' - '07' have priority over code '09.'  
In the range '01' - '06,' the higher code has priority.  
Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'  
Codes '01' - '06' have priority over code '07.'  
Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**CORPUS UTERI**  
C54.0-C54.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Polypectomy; myomectomy (simple excision); simple excision, NOS
- 20 Subtotal hysterectomy; supracervical hysterectomy; fundectomy (cervix left in place WITH/WITHOUT removal of tubes and ovaries)
- 30 Total/pan/simple hysterectomy (includes both corpus and cervix uteri) WITHOUT removal of tubes and ovaries WITHOUT dissection of lymph nodes
- 35<sup>1</sup> Total/pan/simple hysterectomy (includes both corpus and cervix uteri) WITHOUT removal of tubes and ovaries WITH dissection of lymph nodes
- 40 Total/pan/simple hysterectomy WITH removal of tube(s) and ovary(ies) WITHOUT dissection of lymph nodes
- 50 Modified radical/extended hysterectomy (includes uterus, tube(s), ovary(ies), and para-aortic and pelvic lymph nodes, and may include vaginal cuff); radical hysterectomy (includes uterus, tube(s), ovary(ies), vagina, and all parametrial and paravaginal tissue, and para-aortic and pelvic lymph nodes); Wertheim's operation
- 60 Hysterectomy, NOS
- 70 Pelvic Exenteration (partial or total)
  - Anterior exenteration (includes bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes)
  - Posterior exenteration (includes rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes)
  - Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes)
  - Extended exenteration (includes pelvic blood vessels or bony pelvis)

<sup>1</sup> Effective date January 1, 1990 diagnoses

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**CORPUS UTERI (cont.)**

Code

80 Surgery of regional and/or distant site(s)/node(s) ONLY

90 Surgery, NOS

*NOTE: Codes 30, 35 and 40 may include a portion of vaginal cuff.  
Ignore incidental removal of appendix.  
Ignore omentectomy if it is the only surgery performed in addition to hysterectomy.  
Ignore surgical approach, i.e., abdominal or vaginal.  
For invasive and in situ cancers, dilatation and curettage is to be coded as an incisional biopsy.  
Codes '10' - '90' have priority over codes '00' - '09.'  
Codes '10' - '78' have priority over codes '80' - '90.'  
Surgery of primary not included in any category should be coded '90.'  
In the range '10' - '78,' the higher code has priority.  
Codes '01' - '07' have priority over code '09.'  
In the range '01' - '06,' the higher code has priority.  
Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'  
Codes '01' - '06' have priority over code '07.'  
Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**OVARY**  
C56.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Subtotal/partial or unilateral (salpingo)-oophorectomy; wedge resection WITHOUT hysterectomy
- 20 Subtotal/partial or unilateral (salpingo)-oophorectomy WITH hysterectomy
- 30 Bilateral (salpingo)-oophorectomy WITHOUT hysterectomy; (salpingo)-oophorectomy, NOS
- 40 Bilateral (salpingo)-oophorectomy WITH hysterectomy
- 50 Omentectomy (partial, total, or NOS) with unilateral or bilateral (salpingo)-oophorectomy, unknown if hysterectomy done
- 51 Omentectomy (partial, total, or NOS) with unilateral or bilateral (salpingo)-oophorectomy, WITHOUT hysterectomy
- 52 Omentectomy (partial, total, or NOS) with unilateral or bilateral (salpingo)-oophorectomy, WITH hysterectomy
- 60 Debulking\* of ovarian cancer mass (may include ovarian tissue)
- 70 Pelvic Exenteration (partial or total)
  - Anterior exenteration (includes bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes)
  - Posterior exenteration (includes rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes)
  - Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes)
  - Extended exenteration (includes pelvic blood vessels or bony pelvis)

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**OVARY (cont.)**

Code

80 Surgery of regional and/or distant site(s)/node(s) ONLY

90 Surgery, NOS

- \* Debulking: Partial removal of cancer to reduce cancer volume to levels that can be handled by the host's immune system and is usually followed by other treatment modalities

*NOTE: Ignore incidental removal of appendix.*

*Codes '10' - '90' have priority over codes '00' - '09.'*

*Codes '10' - '78' have priority over codes '80' - '90.'*

*Surgery of primary not included in any category should be coded '90.'*

*In the range '10' - '78,' the higher code has priority.*

*Codes '01' - '07' have priority over code '09.'*

*In the range '01' - '06,' the higher code has priority.*

*Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'*

*Codes '01' - '06' have priority over code '07.'*

*Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**PROSTATE**  
C61.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Transurethral resection of prostate (TURP); cryoprostatectomy; local surgical excision of lesion WITHOUT lymph node dissection
- 20 Transurethral resection of prostate (TURP); cryoprostatectomy; local surgical excision of lesion WITH lymph node dissection
- 30 Subtotal/simple prostatectomy (segmental resection or enucleation leaving capsule intact) WITHOUT dissection of lymph nodes
- 40 Subtotal/simple prostatectomy (segmental resection or enucleation) WITH dissection of lymph nodes
- 50 Radical/total prostatectomy (excised prostate, ejaculatory ducts (ductus deferens), and seminal vesicles) WITHOUT dissection of lymph nodes
- 60 Radical/total prostatectomy (excised prostate, ejaculatory ducts (ductus deferens), and seminal vesicles) WITH dissection of lymph nodes
- 70 Cystoprostatectomy, radical cystectomy, pelvic exenteration WITH/WITHOUT dissection of lymph nodes
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Prostatectomy, NOS; Surgery, NOS

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**PROSTATE (cont.)**

*NOTE: Orchiectomy will be coded as Endocrine (Hormone/Steroid) Therapy.  
Ignore surgical approach, i.e., suprapubic, retropubic, or perineal.  
Codes '10' - '90' have priority over codes '00' - '09.'  
Codes '10' - '78' have priority over codes '80' - '90.'  
Surgery of primary not included in any category should be coded '90.'  
In the range '10' - '78,' the higher code has priority.  
Codes '01' - '07' have priority over code '09.'  
In the range '01' - '06,' the higher code has priority.  
Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'  
Codes '01' - '06' have priority over code '07.'  
Second digit is to be coded '8' when reconstructive surgery of the primary site is done as  
part of the planned first course of therapy.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**TESTIS**  
C62.0-C62.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Local surgical excision or partial resection of testicle
- 20 Excision of testicle WITHOUT cord
- 30 Excision of testicle WITH cord (or cord not mentioned)
- 40 Excision of testicle WITH unilateral lymph node dissection
- 50 Excision of testicle WITH bilateral lymph node dissection, or lymph node dissection, NOS
- 60 Orchiectomy, NOS
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

*NOTE: Codes '10' - '59' take priority over codes '60' - '99.'*  
*Codes '10' - '99' take priority over codes '00' - '09.'*  
*In the range '10' - '58,' the higher code has priority.*  
*Codes '01' - '07' take priority over code '09.'*  
*In the range '01' - '06,' the higher code has priority.*  
*Surgery of primary not included in any category should be coded '90.'*  
*Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'*  
*Codes '01' - '06' have priority over code '07.'*  
*Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**KIDNEY, RENAL PELVIS, AND URETER**  
C64.9, C65.9, C66.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Partial/subtotal nephrectomy (includes local excision, wedge resection, and segmental resection);  
Partial ureterectomy
- 20 Complete/total/simple nephrectomy – for kidney parenchyma  
Nephroureterectomy (includes bladder cuff) – for renal pelvis or ureter  
WITHOUT dissection of lymph nodes
- 30 Complete/total/simple nephrectomy – for kidney parenchyma  
Nephroureterectomy (includes bladder cuff) – for renal pelvis or ureter  
WITH dissection of lymph nodes
- 40 Radical nephrectomy (includes removal of vena cava, adrenal gland(s), Gerota's fascia, perinephric fat, or partial ureter) WITHOUT dissection of lymph nodes
- 50 Radical nephrectomy (includes removal of vena cava, adrenal gland(s), Gerota's fascia, perinephric fat, or partial ureter) WITH dissection of lymph nodes
- 60 Nephrectomy, NOS  
Ureterectomy, NOS
- 70 Codes 20-60 PLUS other organs (e.g., bladder, colon)
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**KIDNEY, RENAL PELVIS, AND URETER (cont.)**

*NOTE: Ignore incidental removal of rib(s).  
Codes '10' - '90' have priority over codes '00' - '09.'  
Codes '10' - '78' have priority over codes '80' - '90.'  
Surgery of primary not included in any category should be coded '90.'  
In the range '10' - '78,' the higher code has priority.  
Codes '01' - '07' have priority over code '09.'  
In the range '01' - '06,' the higher code has priority.  
Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'  
Codes '01' - '06' have priority over code '07.'  
Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**BLADDER**  
C67.0-C67.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Transurethral resection of bladder (TURB); local destruction (electrocoagulation, fulguration, cryosurgery); excisional biopsy
  
- 20 Partial/subtotal cystectomy (includes segmental resection) WITHOUT dissection of pelvic lymph nodes
  
- 30 Partial/subtotal cystectomy (includes segmental resection) WITH dissection of pelvic lymph nodes
  
- 40 Complete/total/simple cystectomy WITHOUT dissection of lymph nodes
  
- 50 Complete/total/simple cystectomy WITH dissection of lymph nodes
  
- 60 Cystectomy, NOS
  
- 70 Radical cystectomy (in men: removal of bladder, prostate, seminal vesicles, surrounding perivesical tissues and distal ureters; in women: removal of bladder, uterus, ovaries, fallopian tubes, surrounding peritoneum, and sometimes urethra and vaginal wall)  
Pelvic Exenteration (partial, total, or extended)  
Anterior exenteration (includes bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes)  
Posterior exenteration (includes rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes)  
Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes)  
Extended exenteration (includes pelvic blood vessels or bony pelvis)
  
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
  
- 90 Surgery, NOS

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**BLADDER (cont.)**

*NOTE: Ignore partial removal of ureter in coding cystectomy.  
Codes '10' - '90' have priority over codes '00' - '09.'  
Codes '10' - '78' have priority over codes '80' - '90.'  
Surgery of primary not included in any category should be coded '90.'  
In the range '10' - '78,' the higher code has priority.  
Codes '01' - '07' have priority over code '09.'  
In the range '01' - '06,' the higher code has priority.  
Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'  
Codes '01' - '06' have priority over code '07.'  
Second digit is to be coded '8' when reconstructive surgery of the primary site is done as  
part of the planned first course of therapy.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM<sup>1</sup>**  
C70.0-C70.9, C71.0-C71.9, C72.0-C72.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Local tumor destruction
- 20 Subtotal/partial resection/excision of tumor/lesion/mass (including debulking of tumor)
- 30 (Gross) total resection/excision of tumor/lesion/mass (or resection/excision, NOS); removal of tumor, NOS; excisional biopsy
- 40 Partial resection of primary site (part of lobe, meninges, or nerves)
- 50 (Gross) total resection of primary site (lobectomy of brain)
- 60 Radical resection (primary site plus partial or total removal of surrounding organs/tissue)
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

<sup>1</sup> Effective date January 1, 1992 diagnoses

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM<sup>1</sup> (cont.)**  
C70.0-C70.9, C71.0-C71.9, C72.0-C72.9

*NOTE: Codes '10' - '90' have priority over codes '00' - '09.'*  
*Codes '10' - '78' have priority over codes '80' - '90.'*  
*Surgery of primary not included in any category should be coded '90.'*  
*In the range '10' - '78,' the higher code has priority.*  
*Codes '01' - '07' have priority over code '09.'*  
*In the range '01' - '06,' the higher code has priority.*  
*Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'*  
*Codes '01' - '06' have priority over code '07.'*  
*Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*  
*If there is a tissue diagnosis and the only surgery is craniotomy, NOS, or laminectomy, NOS, code as a biopsy of primary site (^02').*  
*For spinal cord primaries, ignore laminectomy; code only the surgery done to the spinal cord.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**THYROID**  
C73.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Local surgical excision or partial removal of lobe
- 20 Lobectomy WITH/WITHOUT isthmectomy, WITH/WITHOUT dissection of lymph nodes
- 30 Lobectomy, isthmectomy and partial removal of contralateral lobe (near total thyroidectomy) WITH/WITHOUT dissection of lymph nodes
- 40 Total thyroidectomy WITHOUT dissection of lymph nodes
- 50 Total thyroidectomy WITH limited lymph node dissection (nodal sampling or “berry picking”) or lymph node dissection, NOS
- 60 Total thyroidectomy WITH radical/modified lymph node dissection
- 70 Thyroidectomy, NOS
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**THYROID** (cont.)

*NOTE: Codes '10' - '90' have priority over codes '00' - '09.'*  
*Codes '10' - '78' have priority over codes '80' - '90.'*  
*Surgery of primary not included in any category should be coded '90.'*  
*In the range '10' - '78,' the higher code has priority.*  
*Codes '01' - '07' have priority over code '09.'*  
*In the range '01' - '06,' the higher code has priority.*  
*Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'*  
*Codes '01' - '06' have priority over code '07.'*  
*Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**LYMPH NODES AND SPLEEN**  
C42.2, C77.0-C77.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Excision of localized tumor mass
- 20 Splenectomy (partial, total, or NOS)
- 30 Lymph node dissection, one chain
- 31 Lymph node dissection, one chain PLUS splenectomy
- 40 Lymph node dissection, 2+ chains and/or adjacent organ(s)
- 41 Lymph node dissection, 2+ chains and/or adjacent organ(s) PLUS splenectomy
- 50 Lymph node dissection, NOS
- 51 Lymph node dissection, NOS PLUS splenectomy
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**LYMPH NODES AND SPLEEN (cont.)**

*NOTE: Codes '10' - '90' have priority over codes '00' - '09.'*  
*Codes '10' - '78' have priority over codes '80' - '90.'*  
*Surgery of primary not included in any category should be coded '90.'*  
*In the range '10' - '78,' the higher code has priority.*  
*Codes '01' - '07' have priority over code '09.'*  
*In the range '01' - '06,' the higher code has priority.*  
*Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'*  
*Codes '01' - '06' have priority over code '07.'*  
*Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**ALL OTHER SITES<sup>1</sup>**

C15.0-C15.9, C17.0-C17.9, C21.0-C24.9, C26.0-C26.9, C30.0-C31.9, C33.9,  
C37.9-C39.9, C42.0-C42.1, C42.3-C42.4, C48.0-C48.8, C51.0-C52.9, C55.9,  
C57.0-C57.9, C58.9, C60.0-C60.9, C63.0-C63.9, C68.0-C69.9, C74.0-C76.8, C80.9

**No Cancer-Directed Surgery/Unknown**

Code

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

**Type of Cancer-Directed Surgery**

- 10 Cryosurgery
- 20 Cautery, fulguration, laser surgery WITHOUT pathology specimen
- 30 Laser surgery WITH pathology specimen
- 35 Excisional biopsy; polypectomy; excision of lesion
- 40 Partial/simple removal of primary site WITHOUT dissection of lymph nodes
- 50 Partial/simple removal of primary site WITH dissection of lymph nodes
- 55 Stated as "Debulking" WITH or WITHOUT dissection of lymph nodes
- 60 Radical surgery (partial/total removal of primary site plus partial or total removal of other organs)
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

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<sup>1</sup> For cases diagnosed prior to January 1, 1992, this scheme is also used for brain and other parts of central nervous system (C70.\_, C71.\_, C72.\_).

**APPENDIX D**  
**2-DIGIT SITE-SPECIFIC SURGERY CODES (1983-1997)**

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**ALL OTHER SITES (cont.)**

*NOTE: Codes '10' - '90' have priority over codes '00' - '09.'*  
*Codes '10' - '78' have priority over codes '80' - '90.'*  
*Surgery of primary not included in any category should be coded '90.'*  
*In the range '10' - '78,' the higher code has priority.*  
*Codes '01' - '07' have priority over code '09.'*  
*In the range '01' - '06,' the higher code has priority.*  
*Codes '01' - '07' and '09' cannot be used in combination with codes '10' - '90.'*  
*Codes '01' - '06' have priority over code '07.'*  
*Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*  
*Tumor excisions involving primary sites such as the mediastinal area or the retroperitoneal space should be coded '35' unless debulking is mentioned. If any organ is removed with the tumor mass, code '60.'*

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