APPENDIX C

SITE-SPECIFIC SURGERY CODES
APPENDIX C
SITE-SPECIFIC SURGERY CODES

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

SURGERY OF PRIMARY SITE

Codes

00  None; no cancer-directed surgery of primary site

10  Local tumor destruction, NOS (WITHOUT PATHOLOGY SPECIMEN)
    11  Photodynamic therapy (PDT)
    12  Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
    13  Cryosurgery
    14  Laser

No specimen sent to pathology from this surgical event.

Procedures in codes 20-27 include, but are not limited to:

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shave</td>
</tr>
<tr>
<td>Wedge resection</td>
</tr>
</tbody>
</table>

20  Local tumor excision, NOS  (WITH PATHOLOGY SPECIMEN)
    21  Photodynamic therapy (PDT)
    22  Electrocautery
    23  Cryosurgery
    24  Laser ablation
    25  Laser excision
    26  Polypectomy
    27  Excisional biopsy

Specimen sent to pathology from this surgical event.

Procedures in code 30 include, but are not limited to:

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemiglossectomy</td>
</tr>
<tr>
<td>Partial glossectomy</td>
</tr>
</tbody>
</table>

30  Wide excision, NOS
APPENDIX C
SITE-SPECIFIC SURGERY CODES

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

SURGERY OF PRIMARY SITE, continued

<table>
<thead>
<tr>
<th>Procedures in codes 40-43 include, but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radical glossectomy</td>
</tr>
</tbody>
</table>

40 Radical excision of tumor, NOS
41 Radical excision of tumor ONLY
42 Combination of 41 WITH en bloc mandibulectomy (marginal, segmental, hemi-, or total)
43 Combination of 41 WITH en bloc maxillectomy (partial, subtotal, total)

90 Surgery, NOS
99 Unknown if cancer-directed surgery performed; death certificate ONLY

SCOPE OF REGIONAL LYMPH NODE SURGERY

<table>
<thead>
<tr>
<th>Regional cervical lymph nodes are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caudal jugular (deep cervical)</td>
</tr>
<tr>
<td>Caudal jugular (deep cervical)</td>
</tr>
<tr>
<td>Dorsal cervical (superficial cervical)</td>
</tr>
<tr>
<td>Medial jugular (deep cervical)</td>
</tr>
<tr>
<td>Occipital</td>
</tr>
<tr>
<td>Paratracheal (anterior cervical)</td>
</tr>
<tr>
<td>Prelaryngeal (anterior cervical)</td>
</tr>
<tr>
<td>Retroauricular (mastoid, posterior auricular)</td>
</tr>
<tr>
<td>Submandibular (submaxillary)</td>
</tr>
<tr>
<td>Submental</td>
</tr>
<tr>
<td>Supraclavicular</td>
</tr>
</tbody>
</table>

codes continue on next page
ORAL CAVITY
Lip C00.0-C00.9, Base of Tongue C01.9, Other Parts of Tongue C02.0-C02.9,
Gum C03.0-C03.9, Floor of Mouth C04.0-C04.9, Palate C05.0-C05.9,
Other Parts of Mouth C06.0-C06.9

SCOPE OF REGIONAL LYMPH NODE SURGERY, continued

Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No regional lymph nodes removed</td>
</tr>
<tr>
<td>1</td>
<td>Regional lymph node(s) removed, NOS</td>
</tr>
<tr>
<td>2</td>
<td>Neck dissection, NOS</td>
</tr>
<tr>
<td>3</td>
<td>Selective, limited; nodal sampling; “berry picking”</td>
</tr>
<tr>
<td>4</td>
<td>Modified/modified radical</td>
</tr>
<tr>
<td>5</td>
<td>Radical</td>
</tr>
<tr>
<td>9</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>

Terminology of neck dissection (Robbins et al. 1991):

A radical neck dissection includes the removal of all ipsilateral cervical lymph node groups, i.e., lymph nodes from levels I through V (submental, submandibular, cranial jugular, medial jugular, caudal jugular, dorsal cervical nodes along the accessory nerve, and supraclavicular), and removal of the spinal accessory nerve, internal jugular vein and sternocleidomastoid muscle.

In a modified radical neck dissection the same lymph nodes are removed as in a radical neck dissection; however, one or more non-lymphatic structures are preserved.

A selective neck dissection is a neck dissection with preservation of one or more lymph node groups routinely removed in radical neck dissection.
APPENDIX C
SITE-SPECIFIC SURGERY CODES

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

NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

00  No regional lymph nodes examined
01  One regional lymph node examined
02  Two regional lymph nodes examined
...
90  Ninety or more regional lymph nodes examined
95  No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96  Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97  Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98  Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99  Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes

0  None; no surgery to other regional or distant sites
1  Surgery to other site(s) or node(s), NOS; unknown if regional or distant
2  Other regional site(s)
   3  Mandibulectomy (marginal, segmental, hemi-, or total)
   4  Maxillectomy (partial, subtotal, or total)

[Code a mandibulectomy or a maxillectomy in this field only if the procedure is NOT a part of an en bloc resection of the primary tumor. If the mandibulectomy or maxillectomy IS a part of an en bloc resection of the primary tumor, code under “Surgery of Primary Site.”]

5  Distant lymph node(s)
6  Distant site(s)
7  Combination of 6 WITH 2, 3, 4, or 5
9  Unknown; not stated; death certificate ONLY
### APPENDIX C
SITE-SPECIFIC SURGERY CODES

**PAROTID AND OTHER UNSPECIFIED GLANDS**
Parotid Gland C07.9, Major Salivary Glands C08.0-C08.9

**SURGERY OF PRIMARY SITE**

**Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None; no cancer-directed surgery of primary site</td>
</tr>
<tr>
<td>10</td>
<td>Local tumor destruction, NOS <em>(WITHOUT PATHOLOGY SPECIMEN)</em></td>
</tr>
<tr>
<td>11</td>
<td>Photodynamic therapy (PDT)</td>
</tr>
<tr>
<td>12</td>
<td>Electrocautery; fulguration (includes use of hot forceps for tumor destruction)</td>
</tr>
<tr>
<td>13</td>
<td>Cryosurgery</td>
</tr>
<tr>
<td>14</td>
<td>Laser</td>
</tr>
<tr>
<td></td>
<td><strong>No specimen sent to pathology from this surgical event.</strong></td>
</tr>
<tr>
<td>20</td>
<td>Local tumor excision, NOS <em>(WITH PATHOLOGY SPECIMEN)</em></td>
</tr>
<tr>
<td>21</td>
<td>Photodynamic therapy (PDT)</td>
</tr>
<tr>
<td>22</td>
<td>Electrocautery</td>
</tr>
<tr>
<td>23</td>
<td>Cryosurgery</td>
</tr>
<tr>
<td>24</td>
<td>Laser ablation</td>
</tr>
<tr>
<td>25</td>
<td>Laser excision</td>
</tr>
<tr>
<td>26</td>
<td>Polypectomy</td>
</tr>
<tr>
<td>27</td>
<td>Excisional biopsy</td>
</tr>
<tr>
<td></td>
<td><strong>Specimen sent to pathology from this surgical event.</strong></td>
</tr>
<tr>
<td>30</td>
<td>Less than total parotidectomy, NOS</td>
</tr>
<tr>
<td>31</td>
<td>Facial nerve spared</td>
</tr>
<tr>
<td>32</td>
<td>Facial nerve sacrificed</td>
</tr>
<tr>
<td>33</td>
<td>Superficial lobe ONLY</td>
</tr>
<tr>
<td>34</td>
<td>Facial nerve spared</td>
</tr>
<tr>
<td>35</td>
<td>Facial nerve sacrificed</td>
</tr>
<tr>
<td>36</td>
<td>Deep lobe <em>(WITH or WITHOUT superficial lobe)</em></td>
</tr>
<tr>
<td>37</td>
<td>Facial nerve spared</td>
</tr>
<tr>
<td>38</td>
<td>Facial nerve sacrificed</td>
</tr>
<tr>
<td>40</td>
<td>Total parotidectomy, NOS</td>
</tr>
<tr>
<td>41</td>
<td>Facial nerve spared</td>
</tr>
<tr>
<td>42</td>
<td>Facial nerve sacrificed</td>
</tr>
<tr>
<td>50</td>
<td>Radical parotidectomy, NOS</td>
</tr>
<tr>
<td>51</td>
<td>WITHOUT removal of temporal bone</td>
</tr>
<tr>
<td>52</td>
<td>WITH removal of temporal bone</td>
</tr>
<tr>
<td>80</td>
<td>Parotidectomy, NOS</td>
</tr>
<tr>
<td>90</td>
<td>Surgery, NOS</td>
</tr>
<tr>
<td>99</td>
<td>Unknown if cancer-directed surgery performed; death certificate ONLY</td>
</tr>
</tbody>
</table>
### APPENDIX C
SITE-SPECIFIC SURGERY CODES

PAROTID AND OTHER UNSPECIFIED GLANDS
Parotid Gland C07.9, Major Salivary Glands C08.0-C08.9

SCOPE OF REGIONAL LYMPH NODE SURGERY

<table>
<thead>
<tr>
<th>Regional cervical lymph nodes are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buccal (facial)</td>
</tr>
<tr>
<td>Caudal jugular (deep cervical)</td>
</tr>
<tr>
<td>Cranial jugular (deep cervical)</td>
</tr>
<tr>
<td>Dorsal cervical (superficial cervical)</td>
</tr>
<tr>
<td>Medial jugular (deep cervical)</td>
</tr>
<tr>
<td>Occipital</td>
</tr>
<tr>
<td>Paratracheal (anterior cervical)</td>
</tr>
<tr>
<td>Parotid</td>
</tr>
<tr>
<td>Prelaryngeal (anterior cervical)</td>
</tr>
<tr>
<td>Retroauricular (mastoid, posterior auricular)</td>
</tr>
<tr>
<td>Retropharyngeal</td>
</tr>
<tr>
<td>Submandibular (submaxillary)</td>
</tr>
<tr>
<td>Submental</td>
</tr>
<tr>
<td>Supraclavicular</td>
</tr>
</tbody>
</table>

**Codes**

0  No regional lymph nodes removed

1  Regional lymph node(s) removed, NOS

2  Neck dissection, NOS

3  Selective, limited; nodal sampling; “berry picking”

4  Modified/modified radical

5  Radical

9  Unknown; not stated; death certificate ONLY

**Terminology of neck dissection (Robbins et al. 1991):**

A radical neck dissection includes the removal of all ipsilateral cervical lymph node groups, i.e., lymph nodes from levels I through V (submental, submandibular, cranial jugular, medial jugular, caudal jugular, dorsal cervical nodes along the accessory nerve, and supraclavicular), and removal of the spinal accessory nerve, internal jugular vein and sternocleidomastoid muscle.

In a modified radical neck dissection, the same lymph nodes are removed as in a radical neck dissection; however, one or more non-lymphatic structures are preserved.

A selective neck dissection is a neck dissection with preservation of one or more lymph node groups routinely removed in radical neck dissection.
APPENDIX C
SITE-SPECIFIC SURGERY CODES

PAROTID AND OTHER UNSPECIFIED GLANDS
Parotid Gland C07.9, Major Salivary Glands C08.0-C08.9

NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>No regional lymph nodes examined</td>
</tr>
<tr>
<td>01</td>
<td>One regional lymph node examined</td>
</tr>
<tr>
<td>02</td>
<td>Two regional lymph nodes examined</td>
</tr>
<tr>
<td>..</td>
<td>Ninety or more regional lymph nodes examined</td>
</tr>
<tr>
<td>95</td>
<td>No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed</td>
</tr>
<tr>
<td>96</td>
<td>Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated</td>
</tr>
<tr>
<td>97</td>
<td>Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated</td>
</tr>
<tr>
<td>98</td>
<td>Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection</td>
</tr>
<tr>
<td>99</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None; no surgery to other regional or distant sites</td>
</tr>
<tr>
<td>1</td>
<td>Surgery to other site(s) or node(s), NOS; unknown if regional or distant</td>
</tr>
<tr>
<td>2</td>
<td>Other regional sites</td>
</tr>
<tr>
<td>3</td>
<td>Distant lymph node(s)</td>
</tr>
<tr>
<td>4</td>
<td>Distant site(s)</td>
</tr>
<tr>
<td>5</td>
<td>Combination of 4 WITH 2 or 3</td>
</tr>
<tr>
<td>9</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>
APPENDIX C
SITE-SPECIFIC SURGERY CODES

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

SURGERY OF PRIMARY SITE

Codes

00 None; no cancer-directed surgery of primary site

10 Local tumor destruction, NOS (WITHOUT PATHOLOGY SPECIMEN)
11 Photodynamic therapy (PDT)
12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
13 Cryosurgery
14 Laser
15 Stripping

No specimen sent to pathology from this surgical event.

20 Local tumor excision, NOS (WITH PATHOLOGY SPECIMEN)
21 Photodynamic therapy (PDT)
22 Electrocautery
23 Cryosurgery
24 Laser ablation
25 Laser excision
26 Polypectomy
27 Excisional biopsy

Specimen sent to pathology from this surgical event.

30 Pharyngectomy, NOS
31 Limited/partial pharyngectomy
32 Total pharyngectomy

40 Pharyngectomy WITH mandibulectomy (marginal, segmental, hemi-, and/or laryngectomy), NOS
41 WITH laryngectomy (laryngopharyngectomy)
42 WITH mandibulectomy
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 cancer-directed surgery performed; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

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

SCOPE OF REGIONAL LYMPH NODE SURGERY

<table>
<thead>
<tr>
<th>Regional cervical lymph nodes are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buccal (facial)</td>
</tr>
<tr>
<td>Caudal jugular (deep cervical)</td>
</tr>
<tr>
<td>Cranial jugular (deep cervical)</td>
</tr>
<tr>
<td>Dorsal cervical (superficial cervical)</td>
</tr>
<tr>
<td>Medial jugular (deep cervical)</td>
</tr>
<tr>
<td>Occipital</td>
</tr>
<tr>
<td>Paratracheal (anterior cervical)</td>
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<tr>
<td>Parotid</td>
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<tr>
<td>Prelaryngeal (anterior cervical)</td>
</tr>
<tr>
<td>Retroauricular (mastoid, posterior auricular)</td>
</tr>
<tr>
<td>Retropharyngeal</td>
</tr>
<tr>
<td>Submandibular (submaxillary)</td>
</tr>
<tr>
<td>Submental</td>
</tr>
<tr>
<td>Supraclavicular</td>
</tr>
</tbody>
</table>

Codes

0  No regional lymph nodes removed
1  Regional lymph node(s) removed, NOS
   2  Neck dissection, NOS
      3  Selective, limited; nodal sampling; “berry picking”
      4  Modified/modified radical
      5  Radical
9  Unknown; not stated; death certificate ONLY
APPENDIX C  
SITE-SPECIFIC SURGERY CODES

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

NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

00 No regional lymph nodes examined
01 One regional lymph node examined
02 Two regional lymph nodes examined
..  Ninety or more regional lymph nodes examined
95 No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97 Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98 Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes

0 None; no surgery to other regional or distant sites
1 Surgery to other site(s) or node(s), NOS; unknown if regional or distant
  2 Laryngectomy ONLY
  3 Mandibulectomy ONLY (marginal, segmental, or hemi-)
  4 Combination of 2 and 3
  5 Removal of other regional sites
  6 Combination of 5 with 2-4
  7 Removal of other distant site(s) or distant lymph node(s)
  8 Combination of 7 WITH any of 2-6
  9 Unknown; not stated; death certificate ONLY
Page intentionally blank.
## ESOPHAGUS
### C15.0-C15.9

## SURGERY OF PRIMARY SITE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None; no cancer-directed surgery of primary site</td>
</tr>
<tr>
<td>10</td>
<td>Local tumor destruction, NOS <strong>(WITHOUT PATHOLOGY SPECIMEN)</strong></td>
</tr>
<tr>
<td>11</td>
<td>Photodynamic therapy (PDT)</td>
</tr>
<tr>
<td>12</td>
<td>Electrocautery; fulguration (includes use of hot forceps for tumor destruction)</td>
</tr>
<tr>
<td>13</td>
<td>Cryosurgery</td>
</tr>
<tr>
<td>14</td>
<td>Laser</td>
</tr>
<tr>
<td></td>
<td><strong>No specimen sent to pathology from this surgical event.</strong></td>
</tr>
<tr>
<td>20</td>
<td>Local tumor excision, NOS <strong>(WITH PATHOLOGY SPECIMEN)</strong></td>
</tr>
<tr>
<td>21</td>
<td>Photodynamic therapy (PDT)</td>
</tr>
<tr>
<td>22</td>
<td>Electrocautery</td>
</tr>
<tr>
<td>23</td>
<td>Cryosurgery</td>
</tr>
<tr>
<td>24</td>
<td>Laser ablation</td>
</tr>
<tr>
<td>25</td>
<td>Laser excision</td>
</tr>
<tr>
<td>26</td>
<td>Polypectomy</td>
</tr>
<tr>
<td>27</td>
<td>Excisional biopsy</td>
</tr>
<tr>
<td></td>
<td><strong>Specimen sent to pathology from this surgical event.</strong></td>
</tr>
<tr>
<td>30</td>
<td>Partial esophagectomy</td>
</tr>
<tr>
<td>40</td>
<td>Total esophagectomy</td>
</tr>
<tr>
<td>50</td>
<td>Partial esophagectomy WITH laryngectomy and/or gastrectomy, NOS</td>
</tr>
<tr>
<td>51</td>
<td>WITH laryngectomy</td>
</tr>
<tr>
<td>52</td>
<td>WITH gastrectomy, NOS</td>
</tr>
<tr>
<td>53</td>
<td>Partial gastrectomy</td>
</tr>
<tr>
<td>54</td>
<td>Total gastrectomy</td>
</tr>
<tr>
<td>55</td>
<td>Combination of 51 WITH any of 52-54</td>
</tr>
<tr>
<td>60</td>
<td>Total esophagectomy, NOS WITH laryngectomy and/or gastrectomy, NOS</td>
</tr>
<tr>
<td>61</td>
<td>WITH laryngectomy</td>
</tr>
<tr>
<td>62</td>
<td>WITH gastrectomy, NOS</td>
</tr>
<tr>
<td>63</td>
<td>Partial gastrectomy</td>
</tr>
<tr>
<td>64</td>
<td>Total gastrectomy</td>
</tr>
<tr>
<td>65</td>
<td>Combination of 61 WITH any of 62-64</td>
</tr>
<tr>
<td>70</td>
<td>Esophagectomy, NOS WITH pharyngecctomy and laryngectomy</td>
</tr>
</tbody>
</table>
SURGERY OF PRIMARY SITE, continued

80  Esophagectomy, NOS
90  Surgery, NOS
99  Unknown if cancer-directed surgery performed; death certificate ONLY

SCOPE OF REGIONAL LYMPH NODE SURGERY

Regional lymph nodes are different for each anatomical subsite. The following list identifies nodes classified as regional for each subsite:

<table>
<thead>
<tr>
<th>Cervical esophagus:</th>
<th>Cervical, NOS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Internal jugular</td>
</tr>
<tr>
<td></td>
<td>Periesophageal</td>
</tr>
<tr>
<td></td>
<td>Scalene</td>
</tr>
<tr>
<td></td>
<td>Supraclavicular</td>
</tr>
<tr>
<td></td>
<td>Upper cervical</td>
</tr>
</tbody>
</table>

| Intrathoracic esophagus (upper, middle, lower): | Carinal               |
|                                               | Hilar (pulmonary roots)  |
|                                               | Internal jugular        |
|                                               | Mediastinal, NOS        |
|                                               | Paracardial             |
|                                               | Periesophageal          |
|                                               | Perigastric             |
|                                               | Peritracheal            |
|                                               | Superior mediastinal    |
|                                               | Tracheobronchial        |

Codes

0  No regional lymph nodes removed
1  Regional lymph node(s) removed, NOS
9  Unknown; not stated; death certificate ONLY

Celiac nodes are distant for intrathoracic esophagus. Code removal of celiac nodes in the data item “Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”
### APPENDIX C
SITE-SPECIFIC SURGERY CODES

ESOPHAGUS  
C15.0-C15.9

**NUMBER OF REGIONAL LYMPH NODES EXAMINED**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>No regional lymph nodes examined</td>
</tr>
<tr>
<td>01</td>
<td>One regional lymph node examined</td>
</tr>
<tr>
<td>02</td>
<td>Two regional lymph nodes examined</td>
</tr>
<tr>
<td>..</td>
<td>Ninety or more regional lymph nodes examined</td>
</tr>
<tr>
<td>90</td>
<td>No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed</td>
</tr>
<tr>
<td>95</td>
<td>Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated</td>
</tr>
<tr>
<td>96</td>
<td>Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated</td>
</tr>
<tr>
<td>97</td>
<td>Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection</td>
</tr>
<tr>
<td>98</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>

**SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None; no surgery to other regional or distant sites</td>
</tr>
<tr>
<td>1</td>
<td>Surgery to other site(s) or node(s), NOS; unknown if regional or distant</td>
</tr>
<tr>
<td>2</td>
<td>Other regional sites</td>
</tr>
<tr>
<td>3</td>
<td>Distant lymph node(s)</td>
</tr>
<tr>
<td>4</td>
<td>Distant site(s)</td>
</tr>
<tr>
<td>5</td>
<td>Combination of 4 WITH 2 or 3</td>
</tr>
<tr>
<td>9</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>
Page intentionally blank.
APPENDIX C
SITE-SPECIFIC SURGERY CODES

STOMACH
C16.0-C16.9

SURGERY OF PRIMARY SITE

CODE

00 None; no cancer-directed surgery of primary site

10 Local tumor destruction, NOS (WITHOUT PATHOLOGY SPECIMEN)
   11 Photodynamic therapy (PDT)
   12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
   13 Cryosurgery
   14 Laser
   
   No specimen sent to pathology from this surgical event.

20 Local tumor excision, NOS (WITH PATHOLOGY SPECIMEN)
   21 Photodynamic therapy (PDT)
   22 Electrocautery
   23 Cryosurgery
   24 Laser ablation
   25 Laser excision
   26 Polypectomy
   27 Excisional biopsy
   
   Specimen sent to pathology from this surgical event.

Code 30, partial gastrectomy, includes a sleeve resection of the stomach
Billroth I: anastomosis to duodenum (duodenostomy)
Billroth II: anastomosis to jejunum (jejunostomy)

30 Gastrectomy, NOS (partial, subtotal, hemi-)
   31 Antrectomy, lower (distal)
   
   Resection of 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
   
   A total gastrectomy may follow a previous partial resection of the stomach.

50 Gastrectomy, NOS WITH removal of a portion of esophagus
   51 Partial or subtotal gastrectomy
   52 Near total or total gastrectomy
APPENDIX C
SITE-SPECIFIC SURGERY CODES

STOMACH
C16.0-C16.9

SURGERY OF PRIMARY SITE, continued

60 Gastrectomy WITH en bloc resection of other organs, NOS
61 Partial or subtotal gastrectomy WITH en bloc resection
62 Near total or total gastrectomy WITH en bloc resection
63 Radical gastrectomy WITH en bloc resection

**EN BLOC RESECTION** is the removal of organs in one piece at one time and may include an omentectomy.

80 Gastrectomy, NOS
90 Surgery, NOS
99 Unknown if cancer-directed surgery performed; death certificate ONLY

SCOPE OF REGIONAL LYMPH NODE SURGERY

<table>
<thead>
<tr>
<th>The regional lymph nodes are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Curvature of Stomach</td>
</tr>
<tr>
<td>Gastroduodenal</td>
</tr>
<tr>
<td>Gastroepiploic, left</td>
</tr>
<tr>
<td>Gastroepiploic, right or NOS</td>
</tr>
<tr>
<td>Greater omental</td>
</tr>
<tr>
<td>Greater curvature</td>
</tr>
<tr>
<td>Pancreaticoduodenal (anteriorly along the first part of duodenum)</td>
</tr>
<tr>
<td>Pyloric, including subpyloric and infrapyloric</td>
</tr>
<tr>
<td>Pancreatic and Splenic Area:</td>
</tr>
<tr>
<td>Pancreaticocolienal</td>
</tr>
<tr>
<td>Peripancreatic</td>
</tr>
<tr>
<td>Splenic hilum</td>
</tr>
<tr>
<td>Lesser Curvature of Stomach:</td>
</tr>
<tr>
<td>Cardioesophageal</td>
</tr>
<tr>
<td>Celiac</td>
</tr>
<tr>
<td>Common hepatic</td>
</tr>
<tr>
<td>Hepatoduodenal</td>
</tr>
<tr>
<td>Left gastric</td>
</tr>
<tr>
<td>Lesser omental</td>
</tr>
<tr>
<td>Lesser curvature</td>
</tr>
<tr>
<td>Paracardial; cardial</td>
</tr>
<tr>
<td>Perigastric, NOS</td>
</tr>
</tbody>
</table>
### SCOPE OF REGIONAL LYMPH NODE SURGERY, continued

#### Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No regional lymph nodes removed</td>
</tr>
<tr>
<td>1</td>
<td>Regional lymph node(s) removed, NOS</td>
</tr>
<tr>
<td>9</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>

#### NUMBER OF REGIONAL LYMPH NODES EXAMINED

#### Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>No regional lymph nodes examined</td>
</tr>
<tr>
<td>01</td>
<td>One regional lymph node examined</td>
</tr>
<tr>
<td>02</td>
<td>Two regional lymph nodes examined</td>
</tr>
<tr>
<td>..</td>
<td>Ninety or more regional lymph nodes examined</td>
</tr>
<tr>
<td>95</td>
<td>No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed</td>
</tr>
<tr>
<td>96</td>
<td>Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated</td>
</tr>
<tr>
<td>97</td>
<td>Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated</td>
</tr>
<tr>
<td>98</td>
<td>Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection</td>
</tr>
<tr>
<td>99</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>
APPENDIX C
SITE-SPECIFIC SURGERY CODES

STOMACH
C16.0-C16.9

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

DO NOT CODE the incidental removal of gallbladder, bile ducts, appendix, or vagus nerve. Incidental removal is when an organ is removed for a reason unrelated to the malignancy (gallbladder removed for obvious cholelithiasis).

Codes

0 None; no surgery to other regional or distant sites
1 Surgery to other site(s) or node(s), NOS; unknown if regional or distant
  2 Removal of other regional sites, ONLY
  3 Removal of distant node(s)
  4 Removal of distant site
  5 Combination of 2 WITH 3 and/or 4
9 Unknown; not stated; death certificate ONLY
SURGERY OF PRIMARY SITE

Code removal/surgical ablation of single or multiple liver metastases under the data item "Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s)."

Codes

00 None; no cancer-directed surgery of primary site
10 Local tumor destruction, NOS (WITHOUT PATHOLOGY SPECIMEN)
   11 Photodynamic therapy (PDT)
   12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
   13 Cryosurgery
   14 Laser

No specimen sent to pathology from this surgical event.

20 Local tumor excision, NOS (WITH PATHOLOGY SPECIMEN)
   21 Photodynamic therapy (PDT)
   22 Electrocautery
   23 Cryosurgery
   24 Laser ablation
   25 Laser excision
   26 Polypectomy
   27 Excisional biopsy

Specimen sent to pathology from this surgical event.

<table>
<thead>
<tr>
<th>Procedures coded 30-31 include, but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendectomy (for an appendix primary only)</td>
</tr>
<tr>
<td>Enterectomy</td>
</tr>
<tr>
<td>Ileectomy</td>
</tr>
<tr>
<td>Partial colectomy, NOS</td>
</tr>
<tr>
<td>Partial resection of transverse colon and flexures</td>
</tr>
<tr>
<td>Segmental resection, e.g., cecectomy</td>
</tr>
<tr>
<td>Sigmoidectomy</td>
</tr>
<tr>
<td>30 Partial colectomy, but less than hemicolecotomy</td>
</tr>
<tr>
<td>31 Partial colectomy WITH permanent colostomy (Hartmann’s operation)</td>
</tr>
</tbody>
</table>
SURGERY OF PRIMARY SITE, continued

40  Hemicolecotomy or greater (but less than total); right or left colectomy
    A hemicolecotomy is the removal of total right or left colon and a portion of transverse colon

50  Total colectomy
    Removal of colon from cecum to the rectosigmoid or a portion of the rectum

60  Total proctocolectomy
    Commonly used for familial polyposis or polyposis coli.

70  Colectomy or coloproctectomy WITH an en bloc resection of other organs; pelvic exenteration
    CODE 70 includes any colectomy (partial, hemicolecotomy, or total) WITH an en bloc resection of any other organs. The other organs may be partially or totally removed. Procedures that may be a PART OF AN EN BLOC RÉSECTION include, but are not limited to: oophorectomy, partial proctectomy, rectal mucosectomy
    EN BLOC resection is the removal of organs in one piece at one time.

80  Colectomy, NOS

90  Surgery, NOS

99  Unknown if cancer-directed surgery performed; death certificate ONLY
SCOPE OF REGIONAL LYMPH NODE SURGERY

The pathology report often describes regional lymph nodes by their anatomic location: colic nodes; mesenteric nodes; peri-epi-para-colic. Regional lymph nodes differ for each anatomical subsite. The following list identifies the regional lymph nodes for each subsite of the colon:

<table>
<thead>
<tr>
<th>Subsite</th>
<th>Lymph Nodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cecum and appendix</td>
<td>Anterior cecal</td>
</tr>
<tr>
<td></td>
<td>Ileocolic</td>
</tr>
<tr>
<td></td>
<td>Posterior cecal</td>
</tr>
<tr>
<td></td>
<td>Right colic</td>
</tr>
<tr>
<td>Ascending colon</td>
<td>Ileocolic</td>
</tr>
<tr>
<td></td>
<td>Middle colic</td>
</tr>
<tr>
<td></td>
<td>Right colic</td>
</tr>
<tr>
<td>Hepatic flexure</td>
<td>Middle colic</td>
</tr>
<tr>
<td></td>
<td>Right colic</td>
</tr>
<tr>
<td>Transverse colon</td>
<td>Middle colic</td>
</tr>
<tr>
<td>Splenic flexure</td>
<td>Inferior mesenteric</td>
</tr>
<tr>
<td></td>
<td>Middle colic</td>
</tr>
<tr>
<td></td>
<td>Left colic</td>
</tr>
<tr>
<td>Descending colon</td>
<td>Inferior mesenteric</td>
</tr>
<tr>
<td></td>
<td>Left colic</td>
</tr>
<tr>
<td></td>
<td>Sigmoid</td>
</tr>
<tr>
<td>Sigmoid colon</td>
<td>Inferior mesenteric</td>
</tr>
<tr>
<td></td>
<td>Sigmoid mesenteric</td>
</tr>
<tr>
<td></td>
<td>Sigmoidal</td>
</tr>
<tr>
<td></td>
<td>Superior rectal (hemorrhoidal)</td>
</tr>
</tbody>
</table>

Superior mesenteric, external iliac and common iliac nodes are distant lymph nodes. Code the removal of any of these nodes in the data item “Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s).”

Codes

0  No regional lymph nodes removed

1  Regional lymph node(s) removed, NOS

9  Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

COLON
C18.0 - C18.9

NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

00 No regional lymph nodes examined
01 One regional lymph node examined
02 Two regional lymph nodes examined
..  Ninety or more regional lymph nodes examined
95 No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97 Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98 Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S), OR DISTANT LYMPH NODE(S)

DO NOT CODE the incidental removal of appendix, gallbladder, bile ducts, or spleen. Incidental removal is when an organ is removed for a reason unrelated to the malignancy (gallbladder removed for obvious cholelithiasis).

Codes

0 None; no surgery to other regional or distant sites
1 Surgery to other site(s) or node(s), NOS; unknown if regional or distant
2 Removal of other regional site(s), ONLY
3 Removal/surgical ablation of single liver metastasis
4 Removal/surgical ablation of multiple liver metastases
5 Combination of codes 2 WITH 3 or 4
6 Removal of other distant site(s) or distant lymph node(s), ONLY
7 Combination of code 6 WITH 3 or 5
8 Combination of code 6 WITH 4
9 Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

RECTOSIGMOID
C19.9

SURGERY OF PRIMARY SITE

**CODE** removal/surgical ablation of single or multiple liver metastases under the data item "Surgery of Other Regional Site(s), Distant Site(s) or Distant Node(s)."

**Codes**

- **00** None; no cancer-directed surgery of primary site
- **10** Local tumor destruction, NOS *(WITHOUT PATHOLOGY SPECIMEN)*
  - 11 Photodynamic therapy (PDT)
  - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
  - 13 Cryosurgery
  - 14 Laser ablation
  
  **No specimen sent to pathology from this surgical event.**

- **20** Local tumor excision, NOS *(WITH PATHOLOGY SPECIMEN)*
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
  - 25 Laser excision
  - 26 Polypectomy
  - 27 Excisional biopsy
  
  **Specimen sent to pathology from this surgical event.**

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

- Anterior resection
- Hartmann’s operation
- Low anterior resection (LAR)
- Partial colectomy, NOS
- Rectosigmoidectomy, NOS
- Sigmoidectomy

- **30** Wedge or segmental resection; partial proctosigmoidectomy, NOS
APPENDIX C
SITE-SPECIFIC SURGERY CODES

RECTOSIGMOID
C19.9

SURGERY OF PRIMARY SITE, continued

<table>
<thead>
<tr>
<th>Procedures coded 40 include but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altemeier’s operation</td>
</tr>
<tr>
<td>Duhamel’s operation</td>
</tr>
<tr>
<td>Soave’s submucosal resection</td>
</tr>
<tr>
<td>Swenson’s operation</td>
</tr>
<tr>
<td>Turnbull’s operation</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Procedures coded 50 include but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominoperineal resection (A &amp; P resection)</td>
</tr>
<tr>
<td>Anterior/posterior resection (A/P resection)/Miles’ operation</td>
</tr>
<tr>
<td>Rankin’s operation</td>
</tr>
</tbody>
</table>

50 Total proctectomy
51 Total colectomy

Removal of the colon from cecum to the rectosigmoid or a portion of the rectum

60 Combination of 50 and 51

70 Colectomy or proctocolectomy WITH an en bloc resection of other organs; pelvic exenteration

**EN BLOC RESECTION** is the removal of organs in one piece at one time. Procedures that may be a part of an en bloc resection include, but are not limited to: an oophorectomy and a rectal mucosectomy.

Code 70 includes any colectomy (partial, hemicolecctiony, or total) WITH an en bloc resection of any other organs. There may be partial or total removal of other organs in continuity with the primary.

80 Colectomy, NOS; Proctectomy, NOS
90 Surgery, NOS
99 Unknown if cancer-directed surgery performed; death certificate ONLY
SCOPE OF REGIONAL LYMPH NODE SURGERY

The pathology report often identifies regional lymph nodes by their anatomic location: colic; mesenteric; peri-/para-/ colic; perirectal; rectal.

The specific regional lymph nodes are:

<table>
<thead>
<tr>
<th>Node Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inferior mesenteric</td>
</tr>
<tr>
<td>Left colic</td>
</tr>
<tr>
<td>Middle rectal (hemorrhoidal)</td>
</tr>
<tr>
<td>Perirectal</td>
</tr>
<tr>
<td>Sigmoid mesenteric</td>
</tr>
<tr>
<td>Sigmoidal</td>
</tr>
<tr>
<td>Superior rectal (superior hemorrhoidal)</td>
</tr>
</tbody>
</table>

Superior mesenteric, external iliac and common iliac nodes are distant nodes. Code removal of these nodes under the data item “Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s).”

Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No regional lymph nodes removed</td>
</tr>
<tr>
<td>1</td>
<td>Regional lymph node(s) removed, NOS</td>
</tr>
<tr>
<td>9</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>
NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

00 No regional lymph nodes examined
01 One regional lymph node examined
02 Two regional lymph nodes examined

..  Ninety or more regional lymph nodes examined
95 No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97 Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98 Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S), OR DISTANT LYMPH NODE(S)

DO NOT CODE the incidental removal of appendix, gallbladder, or bile ducts. Incidental removal is when an organ is removed for a reason unrelated to the malignancy (gallbladder removed for obvious cholelithiasis).

Codes

0 None; no surgery to other regional or distant sites
1 Surgery to other site(s) or node(s), NOS; unknown if regional or distant

2 Removal of other regional site(s), ONLY
3 Removal/surgical ablation of single liver metastasis
4 Removal/surgical ablation of multiple liver metastases
5 Combination of codes 2 and 3 or 4
6 Removal of other distant site(s) or distant lymph node(s), ONLY
7 Combination of code 6 WITH 3, 4 or 5
8 Combination of code 6 WITH 3 or 5
9 Unknown; death certificate ONLY
SURGERY OF PRIMARY SITE

**CODE** removal/surgical ablation of single or multiple liver metastases under the data item "Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s)."

**Codes**

00 None; no cancer-directed surgery of primary site

10 Local tumor destruction, NOS (WITHOUT PATHOLOGY SPECIMEN)
   11 Photodynamic therapy (PDT)
   12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
   13 Cryosurgery
   14 Laser

   **No specimen sent to pathology from this surgical event.**

20 Local tumor excision, NOS (WITH PATHOLOGY SPECIMEN)
   21 Photodynamic therapy (PDT)
   22 Electrocautery
   23 Cryosurgery
   24 Laser ablation
   25 Laser excision
   26 Polypectomy
   27 Excisional biopsy
   28 Curette and fulguration

   **Specimen sent to pathology from this surgical event.**

<table>
<thead>
<tr>
<th>Procedures coded 30 include, but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior resection</td>
</tr>
<tr>
<td>Hartmann’s operation</td>
</tr>
<tr>
<td>Low anterior resection (LAR)</td>
</tr>
<tr>
<td>Trans-sacral rectosigmoidectomy</td>
</tr>
</tbody>
</table>

30 Wedge or segmental resection; partial proctectomy, NOS
SURGERY OF PRIMARY SITE, continued

Procedures coded 40 include but are not limited to:

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

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

Procedures coded 50 include but are not limited to:

- Abdominoperineal resection (A & P resection)
- Anterior/Posterior (A/P) resection/Miles’ operation
- Rankin’s operation

50 Total proctectomy

60 Total proctocolectomy, NOS

70 Proctectomy or proctocolectomy WITH an en bloc resection of other organs; pelvic exenteration

EN BLOC RESECTION is the removal of organs in one piece at one time.

80 Proctectomy, NOS

90 Surgery, NOS

99 Unknown if cancer-directed surgery performed; death certificate ONLY
SCOPE OF REGIONAL LYMPH NODE SURGERY

The pathology report often identifies regional lymph nodes by their anatomic location: mesenteric nodes; perirectal nodes; rectal nodes.

The specific regional lymph nodes are:

- Inferior rectal (hemorrhoidal)
- Inferior mesenteric
- Internal iliac
- Lateral sacral
- Middle rectal (hemorrhoidal)
- Perirectal
- Presacral
- Sacral promontory (Gerota’s)
- Sigmoid mesenteric
- Superior rectal (hemorrhoidal)

Superior mesenteric, external iliac and common iliac nodes are classified as distant lymph nodes. Code removal of these nodes under the data item “Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s).”

Codes

- 0 No regional lymph nodes removed
- 1 Regional lymph node(s) removed, NOS
- 9 Unknown; not stated; death certificate ONLY
NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

00 No regional lymph nodes examined
01 One regional lymph node examined
02 Two regional lymph nodes examined
...
90 Ninety or more regional lymph nodes examined
95 No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97 Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98 Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S), OR DISTANT LYMPH NODE(S)

DO NOT CODE the incidental removal of appendix, gallbladder, bile ducts, or spleen. Incidental removal is when an organ is removed for a reason unrelated to the malignancy (gallbladder removed for obvious cholelithiasis).

Codes

0 None; no surgery to other regional or distant sites
1 Surgery to other site(s) or node(s), NOS; unknown if regional or distant
  2 Removal of other regional site(s), ONLY
  3 Removal/surgical ablation of single liver metastasis
  4 Removal/surgical ablation of multiple liver metastases
  5 Combination of codes 2 with 3 or 4
  6 Removal of other distant site(s) or distant lymph node(s), ONLY
  7 Combination of code 6 WITH 3, 4 or 5
  8 Combination of code 6 WITH 3 or 5
  9 Unknown; death certificate ONLY
SURGERY OF PRIMARY SITE

Codes

00 None; no cancer-directed surgery of primary site

<table>
<thead>
<tr>
<th>Procedures for codes 10-14 include, but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cryosurgery</td>
</tr>
<tr>
<td>Electrocautery</td>
</tr>
<tr>
<td>Excisional biopsy</td>
</tr>
<tr>
<td>Laser</td>
</tr>
<tr>
<td>Thermal ablation</td>
</tr>
</tbody>
</table>

10 Local tumor destruction, NOS (WITHOUT PATHOLOGY SPECIMEN)
11 Photodynamic therapy (PDT)
12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
13 Cryosurgery
14 Laser

No specimen sent to pathology from this surgical event.

20 Local tumor excision, NOS (WITH PATHOLOGY SPECIMEN)
21 Photodynamic therapy (PDT)
22 Electrocautery
23 Cryosurgery
24 Laser ablation
25 Laser excision
26 Polypectomy
27 Excisional biopsy

Specimen sent to pathology from this surgical event.
Margins of resection may have microscopic involvement.

60 Abdominal perineal resection, NOS

90 Surgery, NOS

99 Unknown if cancer-directed surgery performed; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

ANUS
C21.0-C21.8

SCOPE OF REGIONAL LYMPH NODE SURGERY

Codes
0 No regional lymph nodes removed
1 Regional lymph node(s) removed, NOS
   2 Perirectal, anorectal lymph nodes
   3 Internal iliac lymph nodes (hypogastric), unilateral
   4 Inguinal lymph nodes, unilateral
   5 Combination of 2 and 4
   6 Bilateral internal iliac and/or bilateral inguinal lymph nodes
9 Unknown; not stated; death certificate ONLY

NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes
00 No regional lymph nodes examined
01 One regional lymph node examined
02 Two regional lymph nodes examined
.. 90 90 or more regional lymph nodes examined
95 No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97 Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98 Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

ANUS
C21.0-C21.8

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes

0  None; no surgery to other regional or distant sites
1  Surgery to other site(s) or node(s), NOS; unknown if regional or distant
   2  Other regional sites
   3  Distant lymph node(s)
   4  Distant site(s)
   5  Combination of 4 WITH 2 or 3
9  Unknown; not stated; death certificate ONLY
Page intentionally blank.
SURGERY OF PRIMARY SITE

Codes

00 None; no cancer-directed surgery of primary site

10 Local tumor destruction, NOS
   11 Photodynamic therapy (PDT)
   12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
   13 Cryosurgery
   14 Laser
   15 Alcohol (PEI)
   16 Heat
   17 Other (ultrasound, acetic acid)

20 Wedge resection, NOS; segmental resection

30 Lobectomy, NOS
   31 Simple
   32 Extended
   Extended lobectomy: resection of a single lobe plus a segment of another lobe.

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

70 Total hepatectomy with transplant
   Liver transplant must also be coded under the data item “Reconstruction/Restoration.”

80 Hepatectomy, NOS

90 Surgery, NOS

99 Unknown if cancer-directed surgery performed; death certificate ONLY
SCOPE OF REGIONAL LYMPH NODE SURGERY

Regional lymph nodes are the hilar nodes:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Along the portal vein</td>
<td></td>
</tr>
<tr>
<td>Along the inferior vena cava</td>
<td></td>
</tr>
<tr>
<td>Along the proper hepatic artery</td>
<td></td>
</tr>
<tr>
<td>At the hepatic pedicle</td>
<td></td>
</tr>
</tbody>
</table>

Codes

0  No regional lymph nodes removed
1  Regional lymph node(s) removed, NOS
9  Unknown; not stated; death certificate ONLY

NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

0  No regional lymph nodes examined
01 One regional lymph node examined
02 Two regional lymph nodes examined
...
90 Ninety or more regional lymph nodes examined
95 No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97 Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98 Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate ONLY
SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes

0 None; no surgery to other regional or distant sites

1 Surgery to other site(s) or node(s), NOS; unknown if regional or distant

2 Other regional sites

3 Distant lymph node(s) (includes inferior phrenic lymph nodes)

4 Distant site(s)

5 Combination of 4 WITH 2 or 3

9 Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

PANCREAS
C25.0-C25.9

SURGERY OF PRIMARY SITE

Codes

00 None; no cancer-directed surgery of primary site
10 Local excision of tumor, NOS
20 Partial pancreatectomy, NOS
40 Total pancreatectomy
50 Local or partial pancreatectomy and duodenectomy
   51 Without subtotal gastrectomy
   52 With subtotal gastrectomy (Whipple)
60 Total pancreatectomy and subtotal gastrectomy or duodenectomy
70 Extended pancreatectoduodenectomy
80 Pancreatectomy, NOS
90 Surgery, NOS
99 Unknown if cancer-directed surgery performed; death certificate ONLY
SCOPE OF REGIONAL LYMPH NODE SURGERY

The regional lymph nodes are:

- Celiac (head only)
- Hepatic artery
- Infrapyloric (head only)
- Lateral aortic
- Pancreaticocolenal (body and tail only)
- Peripancreatic (superior, inferior, anterior, posterior splenic)
- Retroperitoneal
- Splenic (body and tail only)
- Subpyloric (head only)
- Superior mesenteric

Codes

0  No regional lymph nodes removed
1  Regional lymph node(s) removed, NOS

2  Extended lymphadenectomy

   An extended pancreaticoduodenectomy incorporates selected aspects of the Whipple procedure and regional pancreatectomy. A wide Kocher maneuver removes all lymphatic tissue over the medial aspect of the right kidney, inferior vena cava, and left renal vein.

9  Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

PANCREAS
C25.0-C25.9

NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

00  No regional lymph nodes examined
01  One regional lymph node examined
02  Two regional lymph nodes examined
  ..
90  Ninety or more regional lymph nodes examined
95  No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96  Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97  Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98  Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99  Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes

0  None; no surgery to other regional or distant sites
1  Surgery to other site(s) or node(s), NOS; unknown if regional or distant
  2  Removal of other regional sites, ONLY
  3  Removal of distant node(s)
  4  Removal of distant site
  5  Combination of 2 WITH 3 and/or 4
9  Unknown; not stated; death certificate ONLY
Surgery of Primary Site

Codes

00 None; no cancer-directed surgery of primary site

10 Local tumor destruction, NOS (Without Pathology Specimen)
   11 Photodynamic therapy (PDT)
   12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
   13 Cryosurgery
   14 Laser
   15 Stripping

   No specimen sent to pathology from this surgical event.

20 Local tumor excision, NOS (With Pathology Specimen)
   21 Photodynamic therapy (PDT)
   22 Electrocautery
   23 Cryosurgery
   24 Laser ablation
   25 Laser excision
   26 Polypectomy
   27 Excisional biopsy
   28 Stripping

   Specimen sent to pathology from this surgical event.

30 Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS
   31 Vertical laryngectomy
   32 Anterior commissure laryngectomy
   33 Supraglottic laryngectomy

40 Total or radical laryngectomy, NOS
   41 Total laryngectomy ONLY
   42 Radical laryngectomy ONLY

50 Pharyngolaryngectomy

80 Laryngectomy, NOS

90 Surgery, NOS

99 Unknown if cancer-directed surgery performed; death certificate ONLY
SCOPE OF REGIONAL LYMPH NODE SURGERY

The regional cervical lymph nodes are:

- Buccal (facial)
- Caudal jugular (deep cervical)
- Cranial jugular (deep cervical)
- Dorsal cervical (superficial cervical)
- Medial jugular (deep cervical)
- Occipital
- Paratracheal (anterior cervical)
- Parotid
- Prelaryngeal (anterior cervical)
- Retroauricular (mastoid, posterior auricular)
- Retropharyngeal
- Submandibular (submaxillary)
- Submental
- Supraclavicular

Codes

0  No regional lymph nodes removed
1  Regional lymph node(s) removed, NOS
2  Neck dissection, NOS
3  Selective, limited; nodal sampling; “berry picking”
4  Modified/modified radical
5  Radical
9  Unknown; not stated; death certificate ONLY

Terminology of neck dissection (Robbins et al. 1991):

A radical neck dissection includes the removal of all ipsilateral cervical lymph node groups, i.e., lymph nodes from levels I through V (submental, submandibular, cranial jugular, medial jugular, caudal jugular, dorsal cervical nodes along the accessory nerve, and supraclavicular), and removal of the spinal accessory nerve, internal jugular vein and sternocleidomastoid muscle.

In a modified radical neck dissection the same lymph nodes are removed as in a radical neck dissection; however, one or more non-lymphatic structures are preserved.

A selective neck dissection is a neck dissection with preservation of one or more lymph node groups routinely removed in radical neck dissection.
NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes
00  No regional lymph nodes examined
01  One regional lymph node examined
02  Two regional lymph nodes examined
...
90  Ninety or more regional lymph nodes examined
95  No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96  Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97  Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98  Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99  Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes
0  None; no surgery to other regional or distant sites
1  Surgery to other site(s) or node(s), NOS; unknown if regional or distant
   2  Other regional sites
   3  Distant lymph node(s)
   4  Distant site(s)
   5  Combination of 4 WITH 2 or 3
9  Unknown; not stated; death certificate ONLY
Page intentionally blank.
SURGERY OF PRIMARY SITE

Codes

00 None; no cancer-directed surgery of primary site

10 Local tumor destruction or excision, NOS
11 Excision
12 Laser ablation or excision
13 Cautery; fulguration
14 Bronchial sleeve resection ONLY

20 Resection of less than one lobe
21 Wedge resection
22 Segmental resection, including lingulecomy

30 Resection of at least one lobe, but less than the whole lung (partial pneumonectomy, NOS)
31 Lobectomy
32 Bilobectomy

Procedures coded 40 include, but are not limited to:

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete pneumonectomy</td>
</tr>
<tr>
<td>Pneumonectomy, NOS</td>
</tr>
<tr>
<td>Sleeve pneumonectomy</td>
</tr>
<tr>
<td>Standard pneumonectomy</td>
</tr>
<tr>
<td>Total pneumonectomy</td>
</tr>
</tbody>
</table>

40 Resection of whole lung

50 Resection of lung **WITH an en bloc resection of other organs**
51 Wedge resection
52 Lobectomy
53 Bilobectomy
54 Pneumonectomy (less than a radical or extended pneumonectomy)

**EN BLOC** resection is the removal of organs in one piece at one time.

60 Radical pneumonectomy

Radical pneumonectomy is a complete pneumonectomy **WITH** removal of mediastinal lymph nodes. Removal of mediastinal nodes is also coded in the data fields “Scope of Regional Lymph Node Surgery” and “Number of Regional Nodes Examined.”
SURGERY OF PRIMARY SITE, continued

70 Extended radical pneumonectomy

An extended radical pneumonectomy is a radical pneumonectomy (including removal of mediastinal nodes) and the removal of other tissues or nodes. Removal of mediastinal nodes is also coded in the data fields “Scope of Regional Lymph Node Surgery” and “Number of Regional Nodes Examined.”

80 Resection of lung, NOS

90 Surgery, NOS

99 Unknown if cancer-directed surgery performed; death certificate ONLY

SCOPE OF REGIONAL LYMPH NODE SURGERY

<table>
<thead>
<tr>
<th>Mediastinal nodes are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aortic (includes subaortic, aorticopulmonary window, periaortic, including ascending aorta or including azygos)</td>
</tr>
<tr>
<td>Periesophageal</td>
</tr>
<tr>
<td>Peritracheal (including those that may be designated tracheobronchial, i.e., lower peritracheal, phrenic)</td>
</tr>
<tr>
<td>Pre- and retrotracheal (includes precarinal)</td>
</tr>
<tr>
<td>Pulmonary ligament</td>
</tr>
<tr>
<td>Subcarinal</td>
</tr>
</tbody>
</table>

CODE

0 No regional lymph nodes removed

1 Regional lymph node(s) removed, NOS

2 Intrapulmonary (includes interlobar, lobar, segmental), ipsilateral hilar and/or ipsilateral peribronchial nodes

3 Ipsilateral mediastinal and/or subcarinal nodes

4 Combination of 2 and 3

5 Contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene and/or supraclavicular nodes

6 Combination of 5 WITH 2 or 3

9 Unknown; not stated; death certificate ONLY
NUMBER OF REGIONAL NODES EXAMINED

Codes

00  No regional lymph nodes examined
01  One regional lymph node examined
02  Two regional lymph nodes examined
..  Ninety or more regional lymph nodes examined
95  No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96  Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97  Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98  Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99  Unknown; not stated; death certificate ONLY
## APPENDIX C
### SITE-SPECIFIC SURGERY CODES

**LUNG**
*C34.0 - C34.9*

### SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S), OR DISTANT LYMPH NODE(S)

**DO NOT CODE** the incidental removal of ribs. Ribs are removed to provide access to the lung.

**Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None; no surgery to other regional sites, distant sites or distant lymph nodes</td>
</tr>
<tr>
<td>1</td>
<td>Surgery to other site(s)or node(s), NOS; unknown if regional or distant</td>
</tr>
<tr>
<td>2</td>
<td>Surgery to a regional site ONLY</td>
</tr>
<tr>
<td>3</td>
<td>Removal of a solitary lesion in the same lung (primary site), different (non-primary) lobe</td>
</tr>
<tr>
<td></td>
<td><strong>There is one primary. Patient has two tumors with the same histology in different lobes of the same lung.</strong></td>
</tr>
<tr>
<td>4</td>
<td>Resection of metastasis in a distant site(s) or resection of distant lymph nodes(s), NOS</td>
</tr>
<tr>
<td>5</td>
<td>Removal of a solitary lesion in the contralateral lung</td>
</tr>
<tr>
<td></td>
<td><strong>Patient has one primary. There is a primary tumor or tumor(s) in one lung and a solitary metastatic lesion in the contralateral lung.</strong></td>
</tr>
<tr>
<td>6</td>
<td>Removal of a solitary lesion in a distant site or a distant lymph node, NOS</td>
</tr>
<tr>
<td></td>
<td><strong>This includes, but is not limited to the removal of a solitary metastatic brain lesion.</strong></td>
</tr>
<tr>
<td>7</td>
<td>Removal of multiple lesions in distant site(s)</td>
</tr>
<tr>
<td>9</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>
SURGERY OF PRIMARY SITE

Codes

10  Local tumor destruction or excision
20  Partial resection/internal hemipelvectomy (pelvis)
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  Hemipelvectomy
90  Surgery, NOS
99  Unknown if cancer-directed surgery performed; death certificate ONLY

SCOPE OF REGIONAL LYMPH NODE SURGERY

Codes

0   No regional lymph nodes removed
1   Regional lymph node(s) removed, NOS
9   Unknown; not stated; death certificate ONLY
NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

00 No regional lymph nodes examined
01 One regional lymph node examined
02 Two regional lymph nodes examined
..  Ninety or more regional lymph nodes examined
95 No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97 Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98 Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes

0 None; no surgery to other regional or distant sites
1 Surgery to other site(s) or node(s), NOS; unknown if regional or distant
   2 Other regional site(s)
   5 Distant lymph node(s)
   6 Distant site(s)
   7 Combination of 6 WITH 2 or 5
9 Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

SPLEEN AND LYMPH NODES
Spleen C42.2, Lymph Nodes C77.0 - C77.9

SURGERY OF PRIMARY SITE

Codes

00 None; no cancer-directed surgery of primary site
10 Local excision, destruction, NOS
20 Splenectomy, NOS
   21 Partial splenectomy
   22 Total splenectomy
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
   61 One chain
   62 Two or more chains
90 Surgery, NOS
99 Unknown if cancer-directed surgery performed; death certificate ONLY

SCOPE OF REGIONAL LYMPH NODE SURGERY (SPLEEN ONLY)

Note: For a lymph node primary, code this field as ‘9.’

Codes

0 No regional lymph nodes removed
1 Regional lymph node(s) removed, NOS
9 Unknown; not stated; death certificate ONLY
### NUMBER OF REGIONAL LYMPH NODES EXAMINED (SPLEEN ONLY)

**Note:** For a lymph node primary, code this field as ‘99.’

**Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>No regional lymph nodes examined</td>
</tr>
<tr>
<td>01</td>
<td>One regional lymph node examined</td>
</tr>
<tr>
<td>02</td>
<td>Two regional lymph nodes examined</td>
</tr>
<tr>
<td>..</td>
<td>Ninety or more regional lymph nodes examined</td>
</tr>
<tr>
<td>90</td>
<td>No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed</td>
</tr>
<tr>
<td>95</td>
<td>Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated</td>
</tr>
<tr>
<td>96</td>
<td>Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated</td>
</tr>
<tr>
<td>97</td>
<td>Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection</td>
</tr>
<tr>
<td>98</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>

### SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

**Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None; no surgery to other regional or distant sites</td>
</tr>
<tr>
<td>1</td>
<td>Surgery to other site(s) or node(s), NOS; unknown if regional or distant</td>
</tr>
<tr>
<td>2</td>
<td>Other regional site(s)</td>
</tr>
<tr>
<td>5</td>
<td>Distant lymph node(s)</td>
</tr>
<tr>
<td>6</td>
<td>Distant site(s)</td>
</tr>
<tr>
<td>7</td>
<td>Combination of 6 WITH 2 or 5</td>
</tr>
<tr>
<td>9</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>
## SURGERY OF PRIMARY SITE

### Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None; no cancer-directed surgery of primary site</td>
</tr>
<tr>
<td>10</td>
<td>Local tumor destruction, NOS <strong>(WITHOUT PATHOLOGY SPECIMEN)</strong></td>
</tr>
<tr>
<td>11</td>
<td>Photodynamic therapy (PDT)</td>
</tr>
<tr>
<td>12</td>
<td>Electrocautery; fulguration (includes use of hot forceps for tumor destruction)</td>
</tr>
<tr>
<td>13</td>
<td>Cryosurgery</td>
</tr>
<tr>
<td>14</td>
<td>Laser ablation</td>
</tr>
</tbody>
</table>

No specimen sent to pathology from this surgical event.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Local tumor excision, NOS <strong>(WITH PATHOLOGY SPECIMEN)</strong></td>
</tr>
<tr>
<td>21</td>
<td>Photodynamic therapy (PDT)</td>
</tr>
<tr>
<td>22</td>
<td>Electrocautery</td>
</tr>
<tr>
<td>23</td>
<td>Cryosurgery</td>
</tr>
<tr>
<td>24</td>
<td>Laser ablation</td>
</tr>
<tr>
<td>25</td>
<td>Laser excision</td>
</tr>
<tr>
<td>26</td>
<td>Polypectomy</td>
</tr>
<tr>
<td>27</td>
<td>Excisional biopsy</td>
</tr>
</tbody>
</table>

Specimen sent to pathology from this surgical event.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Biopsy of primary tumor followed by a gross excision of the lesion</td>
</tr>
<tr>
<td>31</td>
<td>Shave biopsy followed by a gross excision of the lesion</td>
</tr>
<tr>
<td>32</td>
<td>Punch biopsy followed by a gross excision of the lesion</td>
</tr>
<tr>
<td>33</td>
<td>Incisional biopsy followed by a gross excision of the lesion</td>
</tr>
</tbody>
</table>

Less than a wide excision, less than 1 cm margin.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Wide excision or re-excision of lesion or minor (local) amputation, NOS</td>
</tr>
</tbody>
</table>

Margins of excision are 1 cm or more. Margins may be microscopically involved.

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Radical excision of a lesion, NOS</td>
</tr>
</tbody>
</table>

Margins of excision are greater than 1 cm and grossly tumor-free. The margins may be microscopically involved.
SURGERY OF PRIMARY SITE, continued

60 Major amputation, NOS
90 Surgery, NOS
99 Unknown if cancer-directed surgery performed; death certificate ONLY

SCOPE OF REGIONAL LYMPH NODE SURGERY

Regional lymph nodes are different for each anatomical subsite.

<table>
<thead>
<tr>
<th>Subsite</th>
<th>Regional Lymph Nodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head, neck</td>
<td>Cervical, ipsilateral preauricular, submandibular, and supraclavicular</td>
</tr>
<tr>
<td>Thorax</td>
<td>Ipsilateral axillary</td>
</tr>
<tr>
<td>Arm</td>
<td>Ipsilateral epitrochlear and axillary</td>
</tr>
<tr>
<td>Abdomen, loins, and buttocks</td>
<td>Ipsilateral inguinal</td>
</tr>
<tr>
<td>Anal margin and perianal skin</td>
<td>Ipsilateral inguinal</td>
</tr>
<tr>
<td>Leg</td>
<td>Ipsilateral inguinal and popliteal</td>
</tr>
</tbody>
</table>

There are boundary zones between the subsites (i.e., between the thorax and arm, the boundary zone is the shoulder and axilla). The boundary zones do not belong to either subsite. If a tumor originates in one of these 4 cm boundary zones, the nodes on either side of the bands are regional.

<table>
<thead>
<tr>
<th>BETWEEN THE SUBSITES</th>
<th>THE BOUNDARY ZONE IS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head and neck AND</td>
<td>Thorax</td>
</tr>
<tr>
<td></td>
<td>Clavicle-acromion-upper shoulder blade edge</td>
</tr>
<tr>
<td>Thorax AND</td>
<td>Arm</td>
</tr>
<tr>
<td></td>
<td>Shoulder-axilla-shoulder</td>
</tr>
<tr>
<td>Thorax AND</td>
<td>Abdomen, loins, and buttocks</td>
</tr>
<tr>
<td></td>
<td>Front: Middle between navel and costal arch</td>
</tr>
<tr>
<td></td>
<td>Back: Lower border of thoracic vertebrae (midtransverse axis)</td>
</tr>
<tr>
<td>Abdomen, loins, and</td>
<td>Leg</td>
</tr>
<tr>
<td>buttock AND</td>
<td>Groin-trochanter-gluteal sulcus</td>
</tr>
<tr>
<td>Right AND</td>
<td>Left</td>
</tr>
<tr>
<td></td>
<td>Midline</td>
</tr>
</tbody>
</table>
SCOPE OF REGIONAL LYMPH NODE SURGERY, continued

Iliac, other pelvic, abdominal or intrathoracic lymph nodes are distant. Code the removal of these nodes under the data item “Surgery of Other Regional Site(s), Distant Site(s), or Distant Node(s).”

Codes

0 No regional lymph nodes removed
1 Sentinel node, NOS
   A sentinel node is the first node to receive drainage from a primary tumor. It is identified by an injection of a dye or radio label at the site of the primary tumor
2 Regional lymph nodes removed, NOS
9 Unknown; not stated; death certificate ONLY

NUMBER OF REGIONAL NODES EXAMINED

Codes

00 No regional lymph nodes examined
01 One regional lymph node examined
02 Two regional lymph nodes examined
... 90 Ninety or more regional lymph nodes examined
95 No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97 Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98 Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

SKIN
C44.0 - C44.9

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes

0  None; no surgery to other regional or distant sites
1  Surgery to other site(s) or node(s), NOS; unknown if regional or distant
   2  Other regional sites
   3  Distant lymph node(s)
   4  Distant site(s)
   5  Combination of 4 WITH 2 or 3
9  Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

BREAST
C50.0 - C50.9

SURGERY OF PRIMARY SITE

CODE

00 None; no cancer-directed surgery of primary site

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Partial mastectomy, NOS; less than total mastectomy, NOS</td>
</tr>
<tr>
<td>11</td>
<td>Nipple resection</td>
</tr>
<tr>
<td>12</td>
<td>Lumpectomy or excisional biopsy</td>
</tr>
<tr>
<td>13</td>
<td>Re-excision of the biopsy site for gross or microscopic residual disease.</td>
</tr>
<tr>
<td>14</td>
<td>Wedge resection</td>
</tr>
<tr>
<td>15</td>
<td>Quadrantectomy</td>
</tr>
<tr>
<td>16</td>
<td>Segmental mastectomy</td>
</tr>
<tr>
<td>17</td>
<td>Tylectomy</td>
</tr>
<tr>
<td>30</td>
<td>Subcutaneous mastectomy</td>
</tr>
<tr>
<td>40</td>
<td>Total (simple) mastectomy, NOS</td>
</tr>
<tr>
<td>41</td>
<td>WITHOUT removal of uninvolved contralateral breast</td>
</tr>
<tr>
<td>42</td>
<td>WITH removal of uninvolved contralateral breast</td>
</tr>
</tbody>
</table>

A subcutaneous mastectomy is the removal of breast tissue without the nipple and areolar complex or overlying skin. **THIS PROCEDURE IS RARELY PERFORMED TO TREAT MALIGNANCIES.**

50 Modified radical mastectomy

51 WITHOUT removal of uninvolved contralateral breast

52 WITH removal of uninvolved contralateral breast

Removes all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin. The procedure involves an en bloc resection of the axilla. The specimen may or may not include a portion of the pectoralis major muscle. Includes an en bloc axillary dissection.

For single primaries only, code removal of involved contralateral breast under the data item “Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”

60 Radical mastectomy, NOS

Procedures coded as 10-17 remove the gross primary tumor and some of the breast tissue (breast-conserving or preserving). There may be microscopic residual tumor.
APPENDIX C
SITE-SPECIFIC SURGERY CODES

BREAST
C50.0 - C50.9

61 WITHOUT removal of uninvolved contralateral breast
62 WITH removal of uninvolved contralateral breast

Removal of breast tissue, nipple, areolar complex, a variable amount of skin, pectoralis minor,
and pectoralis major. Includes an en bloc axillary dissection.

For single primaries only, code removal of involved contralateral breast under the data item
“Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”

70 Extended radical mastectomy
71 WITHOUT removal of uninvolved contralateral breast
72 WITH removal of uninvolved contralateral breast

Removal of breast tissue, nipple, areolar complex, variable amounts of skin, pectoralis minor,
and pectoralis major. Includes removal of internal mammary nodes and an en bloc axillary
dissection.

For single primaries only, code removal of involved contralateral breast under the data item
“Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”

80 Mastectomy, NOS
90 Surgery, NOS
99 Unknown if cancer-directed surgery performed; death certificate ONLY

SCOPE OF REGIONAL LYMPH NODE SURGERY

0 No regional lymph nodes removed
1 Sentinel lymph node(s) removed

A sentinel node is the first node to receive drainage from a primary tumor. It is identified by an
injection of a dye or radio label at the site of the primary tumor

2 Regional lymph node(s) removed, NOS; axillary, NOS (Levels I, II, or III lymph nodes)
   Intramammary, NOS
   3 Combination of 1 and 2
   4 Internal mammary
   5 Combination of 4 WITH any of 1-3

9 Unknown; not stated; death certificate ONLY
NUMBER OF REGIONAL LYMPH NODES EXAMINED

00  No regional lymph nodes examined
01  One regional lymph node examined
02  Two regional lymph nodes examined
..   
90  Ninety or more regional lymph nodes examined
95  No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96  Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97  Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98  Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99  Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

**DO NOT CODE** removal of fragments or tags of muscles; removal of the pectoralis minor; the resection of pectoralis muscles, NOS; or the resection of fascia with no mention of muscle.

Codes

0  None; no surgery to other regional or distant sites
1  Surgery to other site(s) or node(s), NOS; unknown if regional or distant
   2  Other regional site(s)
   3  Distant lymph node(s)
   4  Distant site(s)
   5  Removal of involved contralateral breast (single primary only)
   6  Combination of 4 or 5 WITH 2 or 3
9  Unknown; not stated; death certificate ONLY

RECONSTRUCTION - FIRST COURSE

The insertion of a tissue expander is often the beginning of the reconstructive procedure.

Codes
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No reconstruction/restoration</td>
</tr>
<tr>
<td>1</td>
<td>Reconstruction, NOS (unknown if flap)</td>
</tr>
<tr>
<td>2</td>
<td>Implant; reconstruction WITHOUT flap</td>
</tr>
<tr>
<td>3</td>
<td>Reconstruction WITH flap, NOS</td>
</tr>
<tr>
<td>4</td>
<td>Latissimus dorsi flap</td>
</tr>
<tr>
<td>5</td>
<td>Abdominis recti flap</td>
</tr>
<tr>
<td>6</td>
<td>Flap, NOS + implant</td>
</tr>
<tr>
<td>7</td>
<td>Latissimus dorsi flap + implant</td>
</tr>
<tr>
<td>8</td>
<td>Abdominis recti + implant</td>
</tr>
<tr>
<td>9</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>
SURGERY OF PRIMARY SITE

FOR INVASIVE CANCERS, dilatation and curettage is considered an incisional biopsy and is not coded as site-specific surgery.

Codes

00 None; no cancer-directed surgery of primary site

10 Local tumor destruction, NOS (WITHOUT PATHOLOGY SPECIMEN)
   11 Photodynamic therapy (PDT)
   12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
   13 Cryosurgery
   14 Laser
   15 LEEP
   [No specimen sent to pathology from this surgical event.]

20 Local tumor destruction or excision, NOS (WITH PATHOLOGY SPECIMEN)
   21 Electrocautery
   22 Cryosurgery
   23 Laser
   24 Cone biopsy WITH gross excision of lesion
   25 Dilatation and curettage; endocervical curettage (cancer-directed for in situ only)
   26 Excisional biopsy, NOS
   27 Cone biopsy
   28 LEEP
   29 Trachelectomy; removal of cervical stump; cervicectomy
   [Specimen sent to pathology from this surgical event.]

30 Total hysterectomy (simple, pan-) WITHOUT removal of tubes and ovaries
   [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 or ovary
   [Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff.]
CERVIX UTERI
C53.0 - C53.9

SURGERY OF PRIMARY SITE, continued

50 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy
51 Modified radical hysterectomy
52 Extended hysterectomy
53 Radical hysterectomy; Wertheim’s 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

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes. The removal of pelvic lymph nodes is also coded under the data item “Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”

72 Posterior exenteration

Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes. The removal of pelvic lymph nodes is also coded under the data item “Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”

73 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes. The removal of pelvic lymph nodes is also coded under the data item “Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”

74 Extended exenteration

Includes pelvic blood vessels or bony pelvis

90 Surgery, NOS

99 Unknown if cancer-directed surgery performed; death certificate ONLY
SCOPE OF REGIONAL LYMPH NODE SURGERY

The regional lymph nodes are:

<table>
<thead>
<tr>
<th>Common iliac</th>
</tr>
</thead>
<tbody>
<tr>
<td>External iliac</td>
</tr>
<tr>
<td>Hypogastric (obturator)</td>
</tr>
<tr>
<td>Internal iliac</td>
</tr>
<tr>
<td>Paracervical</td>
</tr>
<tr>
<td>Parametrial</td>
</tr>
<tr>
<td>Presacral</td>
</tr>
<tr>
<td>Sacral</td>
</tr>
</tbody>
</table>

Codes

0  No regional lymph nodes removed
1  Regional lymph node(s) removed, NOS
9  Unknown; not stated; death certificate ONLY

NUMBER OF REGIONAL LYMPH NODES EXAMINATED

Codes

00  No regional lymph nodes examined
01  One regional lymph node examined
02  Two regional lymph nodes examined
..  Ninety or more regional lymph nodes examined
95  No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96  Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97  Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98  Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99  Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

CERVIX UTERI
C53.0 - C53.9

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

DO NOT CODE the incidental removal of an appendix. DO NOT CODE an omentectomy IF it was the only surgery performed in addition to hysterectomy. Incidental removal is when an organ is removed for a reason unrelated to the malignancy.

Codes

0    None; no surgery to other regional or distant sites
1    Surgery to other site(s) or node(s), NOS; unknown if regional or distant
2    Other regional site(s)
3    Distant lymph node(s), NOS
4    Periaortic lymph nodes
5    Distant site(s)
6    Combinations of 5 with 4
7    Combination of 5 WITH 2 or 3
9    Unknown; not stated; death certificate ONLY
SURGERY OF PRIMARY SITE

Codes

00  None; no cancer-directed surgery of primary site

10  Local tumor destruction, NOS (WITHOUT PATHOLOGY SPECIMEN)
   11  Photodynamic therapy (PDT)
   12  Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
   13  Cryosurgery
   14  Laser
   15  LEEP

   No specimen sent to pathology from this surgical event.

<table>
<thead>
<tr>
<th>Procedures in code 20 include but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cryosurgery</td>
</tr>
<tr>
<td>Electrocautery</td>
</tr>
<tr>
<td>Excisional biopsy</td>
</tr>
<tr>
<td>Laser ablation</td>
</tr>
<tr>
<td>Thermal ablation</td>
</tr>
</tbody>
</table>

20  Local tumor destruction or excision, NOS; simple excision, NOS (WITH PATHOLOGY SPECIMEN)
   21  Electrocautery
   22  Cryosurgery
   23  Laser
   24  Excisional biopsy
   25  Polypectomy
   26  Myomectomy

   Specimen sent to pathology from this surgical event.

   Margins of resection may have microscopic involvement.
SURGERY OF PRIMARY SITE, continued

30 Subtotal hysterectomy/supracervical hysterectomy/fundectomy WITH or WITHOUT removal of tube(s) and ovary(ies).
    31 WITHOUT tube(s) and ovary (ies)
    32 WITH tube(s) and ovary (ies)

Cervix left in place

40 Total hysterectomy (simple, pan-) WITHOUT removal of tube(s) and ovary (ies)

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) or ovary (ies)

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’s procedure
    64 Extended radical hysterectomy

70 Hysterectomy, NOS, WITH or WITHOUT removal of tube(s) and ovary(ies)
    71 WITHOUT removal of tube(s) and ovary(ies)
    72 WITH removal of tube(s) and ovary(ies)

80 Pelvic exenteration
    81 Anterior exenteration

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes. The removal of pelvic lymph nodes is also coded under the data item “Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”

82 Posterior exenteration

Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes. The removal of pelvic lymph nodes is also coded under the data item “Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”
SURGERY OF PRIMARY SITE, continued

83  Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes. The removal of pelvic lymph nodes is also coded under the data item “Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”

84  Extended exenteration

Includes pelvic blood vessels or bony pelvis

90  Surgery, NOS

99  Unknown if cancer-directed surgery performed; death certificate ONLY

SCOPE OF REGIONAL LYMPH NODE SURGERY

<table>
<thead>
<tr>
<th>The regional lymph nodes are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common iliac and external iliac</td>
</tr>
<tr>
<td>Hypogastric (obturator)</td>
</tr>
<tr>
<td>Para aortic</td>
</tr>
<tr>
<td>Parametrial</td>
</tr>
<tr>
<td>Sacral</td>
</tr>
</tbody>
</table>

Codes

0  No regional lymph nodes removed

1  Regional lymph node(s) removed, NOS

2  Para-aortic with or without other regional lymph nodes

9  Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

CORPUS UTERI
C54.0 - C55.9

NUMBER OF REGIONAL LYMPH NODES EXAMINED

00  No regional lymph nodes examined
01  One regional lymph node examined
02  Two regional lymph nodes examined
...
90  Ninety or more regional lymph nodes examined
95  No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96  Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97  Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98  Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99  Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

DO NOT CODE the incidental removal of the appendix or an omentectomy IF it was the only surgery performed in addition to hysterectomy. Incidental removal is when an organ is removed for a reason unrelated to the malignancy.

Codes

0  None; no surgery to other regional or distant sites
1  Surgery to other site(s) or node(s), NOS; unknown if regional or distant
  2  Other regional site(s)
  3  Distant lymph node(s)
  4  Distant site(s)
  5  Combination of 4 WITH 2 or 3
  9  Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

OVARY
C56.9

SURGERY OF PRIMARY SITE

00 None; no cancer-directed surgery of primary site

10 Total removal of tumor or (single) ovary, NOS
   11 Resection of ovary (wedge, subtotal, or partial) ONLY, NOS; unknown if hysterectomy done
   12 WITHOUT hysterectomy
   13 WITH hysterectomy

11 Resection of ovary (wedge, subtotal, or partial) ONLY, NOS; unknown if hysterectomy done
   12 WITHOUT hysterectomy
   13 WITH hysterectomy

12 WITHOUT hysterectomy

13 WITH hysterectomy

14 Unilateral (salpingo-) oophorectomy; unknown if hysterectomy done
   15 WITHOUT hysterectomy
   16 WITH hysterectomy

15 WITHOUT hysterectomy

16 WITH hysterectomy

20 Bilateral (salpingo-) oophorectomy; unknown if hysterectomy done
   21 WITHOUT hysterectomy
   22 WITH hysterectomy

21 WITHOUT hysterectomy

22 WITH hysterectomy

30 Unilateral or bilateral (salpingo-) oophorectomy WITH OMENTECTOMY, NOS; partial or total; unknown if hysterectomy done
   31 WITHOUT hysterectomy
   32 WITH hysterectomy

31 WITHOUT hysterectomy

32 WITH hysterectomy

60 Debulking; cytoreductive surgery, NOS
   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

Debulking is a partial 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.

70 Pelvic exenteration, NOS
   71 Anterior

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes. The removal of pelvic lymph nodes is also coded under the data item “Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”

72 Posterior

Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes. The removal of pelvic lymph nodes is also coded under the data item “Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”
SURGERY OF PRIMARY SITE, continued

73    Total

Includes removal of all pelvic contents and pelvic lymph nodes. The removal of pelvic lymph nodes is also coded under the data item “Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s).”

74    Extended

Includes pelvic blood vessels or bony pelvis.

80    (Salpingo-) oophorectomy, NOS

90    Surgery, NOS

99    Unknown if cancer-directed surgery performed; death certificate ONLY

SCOPE OF REGIONAL LYMPH NODE SURGERY

The regional lymph nodes are:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No regional lymph nodes removed</td>
</tr>
<tr>
<td>1</td>
<td>Regional lymph node(s) removed, NOS</td>
</tr>
<tr>
<td>9</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>
APPENDIX C
SITE-SPECIFIC SURGERY CODES

OVARY
C56.9

NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

00  No regional lymph nodes examined
01  One regional lymph node examined
02  Two regional lymph nodes examined
..  Ninety or more regional lymph nodes examined
95  No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96  Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97  Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98  Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99  Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

DO NOT CODE an incidental removal of the appendix. Incidental removal is when an organ is removed for a reason unrelated to the malignancy.

Codes

0  None; no surgery to other regional or distant sites
1  Surgery to other site(s) or node(s), NOS; unknown if regional or distant
2  Other regional site(s)
3  Distant lymph node(s)
4  Distant site(s)
5  Combination of 4 WITH 2 or 3
9  Unknown; not stated; death certificate ONLY
SURGERY OF PRIMARY SITE

Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the field “Hormone Therapy.”

Codes

00 None; no cancer-directed surgery of primary site

10 Local tumor destruction or excision, NOS
   11 Transurethral resection (TURP), NOS
   12 TURP - cancer is incidental finding during surgery for benign disease
   13 TURP - patient has suspected/known cancer

14 Cryoprostatectomy

15 Laser

16 Hyperthermia

17 Other method of local resection or destruction

30 Subtotal or simple prostatectomy, NOS
   A segmental resection or enucleation leaving the capsule intact.

40 Less than total prostatectomy, NOS
   An enucleation using an instrument such as a Vapotrode which may leave all or part of the capsule intact.

50 Radical prostatectomy, NOS; total prostatectomy, NOS
   Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck.

70 Prostatectomy WITH en bloc resection of other organs; pelvic exenteration
   Surgeries coded 70 are any prostatectomy WITH an en bloc resection of any other organs. The other organs may be partially or totally removed in continuity with the primary.
   **EN BLOC RESECTION** is the removal of organs in one piece at one time. Procedures that may involve an en bloc resection include, but are not limited to: cystoprostatectomy, radical cystectomy and prostatectomy.

80 Prostatectomy, NOS

90 Surgery, NOS

99 Unknown if cancer-directed surgery performed; death certificate ONLY
SCOPE OF REGIONAL LYMPH NODE SURGERY

The regional lymph nodes are:

<table>
<thead>
<tr>
<th>Lymph Node Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypogastric</td>
</tr>
<tr>
<td>Iliac, NOS (internal and external)</td>
</tr>
<tr>
<td>Obturator</td>
</tr>
<tr>
<td>Pelvic, NOS</td>
</tr>
<tr>
<td>Periprostatic</td>
</tr>
<tr>
<td>Sacral, NOS (lateral presacral, promontory [Gerota's] or NOS)</td>
</tr>
</tbody>
</table>

Codes

0  No regional lymph nodes removed
1  Regional lymph node(s) removed, NOS
9  Unknown; not stated; death certificate ONLY

NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

00  No regional lymph nodes examined
01  One regional lymph node examined
02  Two regional lymph nodes examined
..  Ninety or more regional lymph nodes examined
95  No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96  Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97  Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98  Regional lymph nodes surgically removed but number of nodes unknown /not stated and not documented as sampling or dissection
99  Unknown; not stated; death certificate ONLY
**APPENDIX C**

**SITE-SPECIFIC SURGERY CODES**

**PROSTATE**

C61.9

**SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S), OR DISTANT LYMPH NODE(S)**

**DO NOT CODE** orchiectomy. For prostate primaries, code orchiectomies under “Hormone Therapy.”

The most commonly removed distant lymph nodes are: aortic (para-aortic, peri-aortic, lumbar), common iliac, inguinal, superficial inguinal (femoral), supraclavicular, cervical, and scalene.

**Codes**

0  None; no surgery to other regional or distant sites

1  Surgery to other site(s) or node(s), NOS; unknown if regional or distant

2  Other regional site(s)

3  Distant lymph node(s)

4  Distant site(s)

5  Combination of 4 WITH 2 or 3

9  Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

TESTIS
C62.0-C62.9

SURGERY OF PRIMARY SITE

Codes

00  None; no cancer-directed surgery of primary site
10  Local or partial excision of testicle
30  Excision of testicle, NOS WITHOUT cord
40  Excision of testicle, NOS WITH cord/or cord not mentioned
80  Orchiectomy, NOS
90  Surgery, NOS
99  Unknown if cancer-directed surgery performed; death certificate ONLY

SCOPE OF REGIONAL LYMPH NODE SURGERY

<table>
<thead>
<tr>
<th>The regional lymph nodes are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interaortocaval</td>
</tr>
<tr>
<td>Paraaortic (Periaortic)</td>
</tr>
<tr>
<td>Paracaval</td>
</tr>
<tr>
<td>Preaortic</td>
</tr>
<tr>
<td>Precaval</td>
</tr>
<tr>
<td>Retroaortic</td>
</tr>
<tr>
<td>Retrocaval</td>
</tr>
</tbody>
</table>

Codes

0  No regional lymph nodes removed
1  Regional lymph node(s) removed, NOS; not stated if bilateral or unilateral
   2  Unilateral regional lymph nodes
   3  Bilateral regional lymph nodes
9  Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

TESTIS
C62.0-C62.9

NUMBER OF REGIONAL NODES EXAMINED

Codes

00 No regional lymph nodes examined
01 One regional lymph node examined
02 Two regional lymph nodes examined
..  Ninety or more regional lymph nodes examined
95 No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as a sampling and number of lymph nodes
examined unknown/not stated
97 Regional lymph node removal documented as dissection and number of lymph nodes examined
unknown/not stated
98 Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not
stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes

0 None; no surgery to other regional or distant sites
1 Surgery to other site(s) or node(s), NOS; unknown if regional or distant
   2 Other regional sites
   3 Distant lymph node(s)
   4 Distant site(s)
   5 Combination of 4 WITH 2 or 3
9 Unknown; not stated; death certificate ONLY
Surgery of Primary Site

Codes

00 None; no cancer-directed surgery of primary site

10 Local tumor destruction, NOS (Without Pathology Specimen)
   11 Photodynamic therapy (PDT)
   12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
   13 Cryosurgery
   14 Laser

   [No specimen sent to pathology from this surgical event.]

20 Local tumor excision, NOS (With Pathology Specimen)
   21 Photodynamic therapy (PDT)
   22 Electrocautery
   23 Cryosurgery
   24 Laser ablation
   25 Laser excision
   26 Polypectomy
   27 Excisional biopsy

   [Specimen sent to pathology from this surgical event.]

Procedures coded 30 include, but are not limited to:

- Cryosurgery
- Electrocautery
- Excisional biopsy
- Laser
- Segmental resection
- Thermal ablation
- Wedge resection

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

   [Margins of resection are grossly negative. There may be microscopic involvement.]
Surgery of Primary Site, continued

40 Complete/total/simple nephrectomy - for kidney parenchyma
   Nephroureterectomy
   Includes bladder cuff for renal pelvis or ureter

50 Radical nephrectomy
   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, total, radical) PLUS an en bloc
   resection of other organ(s) (colon, bladder)
   The other organs, such as colon or bladder, may be partially or totally removed.

80 Nephrectomy, NOS
   Ureterectomy, NOS

90 Surgery, NOS

99 Unknown if cancer-directed surgery performed; death certificate ONLY
SCOPE OF REGIONAL LYMPH NODE SURGERY

<table>
<thead>
<tr>
<th>The regional lymph nodes are</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kidney</strong></td>
<td></td>
</tr>
<tr>
<td>Aortic (para-aortic, periaortic, lateral aortic)</td>
<td></td>
</tr>
<tr>
<td>Paracaval</td>
<td></td>
</tr>
<tr>
<td>Renal hilar</td>
<td></td>
</tr>
<tr>
<td>Retroperitoneal, NOS</td>
<td></td>
</tr>
<tr>
<td><strong>Renal pelvis</strong></td>
<td></td>
</tr>
<tr>
<td>Aortic</td>
<td></td>
</tr>
<tr>
<td>Paracaval</td>
<td></td>
</tr>
<tr>
<td>Renal hilar</td>
<td></td>
</tr>
<tr>
<td>Retroperitoneal, NOS</td>
<td></td>
</tr>
<tr>
<td><strong>Ureter</strong></td>
<td></td>
</tr>
<tr>
<td>Iliac (common, internal [hypogastric], external)</td>
<td></td>
</tr>
<tr>
<td>Paracaval</td>
<td></td>
</tr>
<tr>
<td>Pelvic, NOS</td>
<td></td>
</tr>
<tr>
<td>Periureteral</td>
<td></td>
</tr>
<tr>
<td>Renal hilar</td>
<td></td>
</tr>
</tbody>
</table>

**Codes**

0  No regional lymph nodes removed

1  Regional lymph node(s) removed, NOS; not stated if bilateral or unilateral

2  Unilateral regional lymph nodes

3  Bilateral regional lymph nodes

9  Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

KIDNEY, RENAL PELVIS, AND URETER
Kidney C64.9, Renal Pelvis C65.9, Ureter C66.9

NUMBER OF REGIONAL NODES EXAMINED

Codes

00      No regional lymph nodes examined
01      One regional lymph node examined
02      Two regional lymph nodes examined
...
90      Ninety or more regional lymph nodes examined
95      No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96      Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97      Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98      Regional lymph nodes surgically removed but number of nodes unknown/not stated and not documented as sampling or dissection
99      Unknown; not stated; death certificate ONLY

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

DO NOT CODE the incidental removal of ribs during the operative approach.

Codes

0      None; no surgery to other regional or distant sites
1      Surgery to other site(s) or node(s), NOS; unknown if regional or distant
2      Other regional site(s)
3      Distant lymph node(s)
4      Distant site(s)
5      Combination of 4 WITH 2 or 3
9      Unknown; not stated; death certificate ONLY
SURGERY OF PRIMARY SITE

Codes

00 None; no cancer-directed surgery of primary site

10 Local tumor destruction, NOS (WITHOUT PATHOLOGY SPECIMEN)
   11 Photodynamic therapy (PDT)
   12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
   13 Cryosurgery
   14 Laser
   
   No specimen sent to pathology from this surgical event.

20 Local tumor excision, NOS (WITH PATHOLOGY SPECIMEN)
   21 Photodynamic therapy (PDT)
   22 Electrocautery
   23 Cryosurgery
   24 Laser ablation
   25 Laser excision
   26 Polypectomy
   27 Excisional biopsy (TURB)
   
   Specimen sent to pathology from this surgical event.

30 Partial cystectomy

50 Simple/total/complete cystectomy

60 Radical cystectomy (male only)
   
   This code is used only for men. It involves the removal of bladder and prostate, with or without urethrectomy. The procedure is also called cystoprostatectomy.

   If a radical cystectomy is the procedure name for a woman, use code 71.
APPENDIX C
SITE-SPECIFIC SURGERY CODES

BLADDER
C67.0-C67.9

70 Pelvic exenteration, NOS
71 Radical cystectomy (female only); anterior exenteration

A radical cystectomy in a female includes removal of bladder, uterus, ovaries, entire vaginal wall and entire urethra.

72 Posterior exenteration
73 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

74 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

80 Cystectomy, NOS
90 Surgery, NOS
99 Unknown if cancer-directed surgery performed; death certificate ONLY

SCOPE OF REGIONAL LYMPH NODE SURGERY

The regional lymph nodes are:

<table>
<thead>
<tr>
<th>Node Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypogastric</td>
</tr>
<tr>
<td>Iliac (internal, external, NOS)</td>
</tr>
<tr>
<td>Obturator</td>
</tr>
<tr>
<td>Pelvic, NOS</td>
</tr>
<tr>
<td>Perivesical, Pericystic</td>
</tr>
<tr>
<td>Presacral</td>
</tr>
<tr>
<td>Sacral (lateral, sacral promontory [Gerota's])</td>
</tr>
</tbody>
</table>

Codes

0 No regional lymph nodes removed
1 Regional lymph node(s) removed, NOS; not stated if bilateral or unilateral
2 Unilateral regional lymph nodes
3 Bilateral regional lymph nodes
9 Unknown; not stated; death certificate ONLY
APPENDIX C  
SITE-SPECIFIC SURGERY CODES

BLADDER  
C67.0-C67.9

NUMBER OF REGIONAL NODES EXAMINED

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>No regional lymph nodes examined</td>
</tr>
<tr>
<td>01</td>
<td>One regional lymph node examined</td>
</tr>
<tr>
<td>02</td>
<td>Two regional lymph nodes examined</td>
</tr>
<tr>
<td>.</td>
<td>Ninety or more regional lymph nodes examined</td>
</tr>
<tr>
<td>90</td>
<td>No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed</td>
</tr>
<tr>
<td>95</td>
<td>Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated</td>
</tr>
<tr>
<td>96</td>
<td>Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated</td>
</tr>
<tr>
<td>97</td>
<td>Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection</td>
</tr>
<tr>
<td>98</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

DO NOT CODE the partial or total removal of a ureter during a cystectomy.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None; no surgery to other regional or distant sites</td>
</tr>
<tr>
<td>1</td>
<td>Surgery to other site(s) or node(s), NOS; unknown if regional or distant</td>
</tr>
<tr>
<td>2</td>
<td>Other regional site(s)</td>
</tr>
<tr>
<td>3</td>
<td>Distant lymph node(s)</td>
</tr>
<tr>
<td>4</td>
<td>Distant site(s)</td>
</tr>
<tr>
<td>5</td>
<td>Combination of 4 WITH 2 or 3</td>
</tr>
<tr>
<td>9</td>
<td>Unknown; not stated; death certificate ONLY</td>
</tr>
</tbody>
</table>
Page intentionally blank.
APPENDIX C
SITE-SPECIFIC SURGERY CODES

BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM
Meninges C70.0 - C70.9, Brain C71.0 - C71.9
Other Parts of Central Nervous System C72.0 - C72.9

SURGERY OF PRIMARY SITE

DO NOT CODE laminectomies for spinal cord primaries.

Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None; no cancer-directed surgery of primary site</td>
</tr>
<tr>
<td>10</td>
<td>Local tumor destruction</td>
</tr>
<tr>
<td>20</td>
<td>Excision of tumor, lesion, or mass</td>
</tr>
<tr>
<td>21</td>
<td>Subtotal resection, NOS</td>
</tr>
<tr>
<td>22</td>
<td>Partial resection</td>
</tr>
<tr>
<td>23</td>
<td>Debulking</td>
</tr>
<tr>
<td>30</td>
<td>Excision of tumor, lesion, or mass, NOS</td>
</tr>
<tr>
<td>31</td>
<td>Total resection</td>
</tr>
<tr>
<td>32</td>
<td>Gross resection</td>
</tr>
<tr>
<td>40</td>
<td>Partial resection, NOS</td>
</tr>
<tr>
<td>41</td>
<td>Partial lobe</td>
</tr>
<tr>
<td>42</td>
<td>Partial meninges</td>
</tr>
<tr>
<td>43</td>
<td>Partial nerve(s)</td>
</tr>
<tr>
<td>50</td>
<td>Total resection (lobectomy of brain)</td>
</tr>
<tr>
<td>60</td>
<td>Radical resection</td>
</tr>
<tr>
<td></td>
<td>Resection of primary site plus partial or total removal of surrounding organs/tissue</td>
</tr>
<tr>
<td>90</td>
<td>Surgery, NOS</td>
</tr>
<tr>
<td>99</td>
<td>Unknown if cancer-directed surgery performed; death certificate ONLY</td>
</tr>
</tbody>
</table>
SCOPE OF REGIONAL LYMPH NODE SURGERY

There are no regional lymph nodes for brain. Code no regional lymph nodes removed (0). Central nervous system sites, however, have regional lymph nodes.

Codes

0  No regional lymph nodes removed
1  Regional lymph node(s) removed, NOS
9  Unknown; not stated; death certificate ONLY

NUMBER OF REGIONAL LYMPH NODES EXAMINED

There are no regional lymph nodes for brain. Code no regional lymph nodes examined (00). Central nervous system tumors, however, have regional lymph nodes.

Codes

00  No regional lymph nodes examined
01  One regional lymph node examined
02  Two regional lymph nodes examined
.  Ninety or more regional lymph nodes examined
95  No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96  Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97  Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98  Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99  Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM
Meninges C70.0 - C70.9, Brain C71.0 - C71.9
Other Parts of Central Nervous System C72.0 - C72.9

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes

0  None; no surgery to other regional or distant sites

1  Surgery to other site(s) or node(s), NOS; unknown if regional or distant

2  Other regional site(s)

5  Distant lymph node(s)

6  Distant site(s)

7  Combination of 6 WITH 2 or 5

9  Unknown; not stated; death certificate ONLY
Page intentionally blank.
## SURGERY OF PRIMARY SITE

### Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None; no cancer-directed surgery of primary site</td>
</tr>
<tr>
<td>10</td>
<td>Removal of less than a lobe, NOS</td>
</tr>
<tr>
<td>11</td>
<td>Local surgical excision</td>
</tr>
<tr>
<td>12</td>
<td>Removal of a partial lobe ONLY</td>
</tr>
<tr>
<td>20</td>
<td>Lobectomy and/or isthmectomy</td>
</tr>
<tr>
<td>21</td>
<td>Lobectomy ONLY</td>
</tr>
<tr>
<td>22</td>
<td>Isthmectomy ONLY</td>
</tr>
<tr>
<td>23</td>
<td>Lobectomy WITH isthmus</td>
</tr>
<tr>
<td>30</td>
<td>Removal of a lobe and partial removal of the contralateral lobe</td>
</tr>
<tr>
<td>40</td>
<td>Subtotal or near total thyroidectomy</td>
</tr>
<tr>
<td>50</td>
<td>Total thyroidectomy</td>
</tr>
<tr>
<td>80</td>
<td>Thyroidectomy, NOS</td>
</tr>
<tr>
<td>90</td>
<td>Surgery, NOS</td>
</tr>
<tr>
<td>99</td>
<td>Unknown if cancer-directed surgery performed; death certificate ONLY</td>
</tr>
</tbody>
</table>
SCOPE OF REGIONAL LYMPH NODE SURGERY

The regional lymph nodes are the cervical and upper mediastinal lymph nodes.

Terminology of neck dissection (Robbins et al. 1991):

A radical neck dissection includes the removal of all ipsilateral cervical lymph node groups, i.e., lymph nodes from levels I through V (submental, submandibular, cranial jugular, medial jugular, caudal jugular, dorsal cervical nodes along the accessory nerve, and supraclavicular), and removal of the spinal accessory nerve, internal jugular vein and sternocleidomastoid muscle.

In a modified radical neck dissection the same lymph nodes are removed as in a radical neck dissection; however, one or more non-lymphatic structures are preserved.

A selective neck dissection is a neck dissection with preservation of one or more lymph node groups routinely removed in radical neck dissection.

Codes

0 No regional lymph nodes removed
1 Regional lymph node(s) removed, NOS
2 Neck dissection, NOS
   3 Selective, limited; nodal sampling; “berry picking”
   4 Modified/modified radical
   5 Radical
9 Unknown; not stated; death certificate ONLY

NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

00 No regional lymph nodes examined
01 One regional lymph node examined
02 Two regional lymph nodes examined
.. Ninety or more regional lymph nodes examined
95 No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97 Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98 Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

THYROID GLAND
C73.9

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes

0 None; no surgery to other regional or distant sites
1 Surgery to other site(s) or node(s), NOS; unknown if regional or distant
   2 Other regional site(s)
   3 Distant lymph node(s)
   4 Distant site(s)
   5 Combination of 4 WITH 2 or 3
9 Unknown; not stated; death certificate ONLY
APPENDIX C
SITE-SPECIFIC SURGERY CODES

ALL OTHER SITES
C14.1 - C14.8, C17.0 - C17.9, C23.9, C24.0 - C24.9, C26.0 - C26.9, C30.0 - C30.1, C31.0 - C31.9, C33.9, C37.9, C38.0 - C38.8, C39.0 - C39.9, C42.0 - C42.1, C42.3 - C42.4, C48.0 - C48.8, C51.0 - C51.9, C52.9, C57.0 - C57.9, C58.9, C60.0 - C60.9, C63.0 - C63.9, C68.0 - C68.9, C69.0 - C69.9, C74.0 - C76.8, C80.9

The following codes apply to these sites:

- C14.1 - C14.8 Other and Ill-defined Sites in Lip, Oral Cavity and Pharynx
- C17.0 - C17.9 Small Intestine
- C23.9 Gallbladder
- C24.0 - C24.8 Extrahepatic Bile Duct, Ampulla of Vater, Overlapping lesion of Biliary Tract, Biliary Tract, NOS
- C26.0 - C26.9 Intestinal Tract, NOS, Overlapping Lesion of Digestive System, Gastrointestinal Tract, NOS
- C30.0 - C30.1 Nasal Cavity, Middle Ear
- C31.0 - C31.9 Accessory (paranasal) Sinuses
- C33.9 Trachea
- C37.9 Thymus
- C38.0 - C38.8 Heart, Mediastinum, Pleura
- C39.0 - C39.9 Other and Ill-defined Sites within Respiratory System and Intrathoracic Organs
- C42.0 - C42.1 Blood, Bone Marrow
- C42.3 - C42.4 Reticuloendothelial System, NOS, Hematopoietic System, NOS
- C48.0 - C48.8 Retroperitoneum and Peritoneum
- C51.0 - C51.9 Vulva
- C52.9 Vagina
- C57.0 - C57.9 Other and Unspecified Female Genital Organs
- C58.9 Placenta
- C60.0 - C60.9 Penis
- C63.0 - C63.9 Other and Unspecified Male Genital Organs
- C68.0 - C68.9 Other and Unspecified Urinary Organs
- C69.0 - C69.9 Eye and Adnexa
- C74.0 - C75.9 Adrenal Gland, Other Endocrine Glands and Related Structures
- C76.0 - C76.8 Other and Ill-defined Sites
- C80.9 Unknown Primary Site
## APPENDIX C
### SITE-SPECIFIC SURGERY CODES

### ALL OTHER SITES

C14.1 - C14.8, C17.0 - C17.9, C23.9, C24.0 - C24.9, C26.0 - C26.9, C30.0 - C30.1, C31.0 - C31.9, C33.9, C37.9, C38.0 - C38.8, C39.0 - C39.9, C42.0 - C42.1, C42.3 - C42.4, C48.0 - C48.8, C51.0 - C51.9, C52.9, C57.0 - C57.9, C58.9, C60.0 - C60.9, C63.0 - C63.9, C68.0 - C68.9, C69.0 - C69.9, C74.0 - C76.8, C80.9

### SURGERY OF PRIMARY SITE

#### Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None; no cancer-directed surgery of primary site</td>
</tr>
<tr>
<td>10</td>
<td>Local tumor destruction, NOS (WITHOUT PATHOLOGY SPECIMEN)</td>
</tr>
<tr>
<td>11</td>
<td>Photodynamic therapy (PDT)</td>
</tr>
<tr>
<td>12</td>
<td>Electrocautery; fulguration</td>
</tr>
<tr>
<td>13</td>
<td>Cryosurgery</td>
</tr>
<tr>
<td>14</td>
<td>Laser</td>
</tr>
<tr>
<td></td>
<td><strong>No specimen sent to pathology from this surgical event.</strong></td>
</tr>
<tr>
<td>20</td>
<td>Local tumor excision, NOS (WITH PATHOLOGY SPECIMEN)</td>
</tr>
<tr>
<td>21</td>
<td>Photodynamic therapy (PDT)</td>
</tr>
<tr>
<td>22</td>
<td>Electrocautery</td>
</tr>
<tr>
<td>23</td>
<td>Cryosurgery</td>
</tr>
<tr>
<td>24</td>
<td>Laser ablation</td>
</tr>
<tr>
<td>25</td>
<td>Laser excision</td>
</tr>
<tr>
<td>26</td>
<td>Polypectomy</td>
</tr>
<tr>
<td>27</td>
<td>Excisional biopsy</td>
</tr>
<tr>
<td></td>
<td><strong>Specimen sent to pathology from this surgical event.</strong></td>
</tr>
<tr>
<td>30</td>
<td>Simple/partial surgical removal of primary site</td>
</tr>
<tr>
<td>40</td>
<td>Total surgical removal of primary site</td>
</tr>
<tr>
<td>50</td>
<td>Surgery stated to be “debulking”</td>
</tr>
<tr>
<td>60</td>
<td>Radical surgery</td>
</tr>
<tr>
<td></td>
<td><strong>Partial or total removal of the primary site WITH an en bloc resection (partial or total removal) of other organs.</strong></td>
</tr>
<tr>
<td>90</td>
<td>Surgery, NOS</td>
</tr>
<tr>
<td>99</td>
<td>Unknown if cancer-directed surgery performed; death certificate ONLY</td>
</tr>
</tbody>
</table>
APPENDIX C
SITE-SPECIFIC SURGERY CODES

ALL OTHER SITES
C14.1 - C14.8, C17.0 - C17.9, C23.9, C24.0 - C24.9, C26.0 - C26.9, C30.0 - C30.1, C31.0 - C31.9, C33.9, C37.9, C38.0 - C38.8, C39.0 - C39.9, C42.0 - C42.1, C42.3 - C42.4, C48.0 - C48.8, C51.0 - C51.9, C52.9, C57.0 - C57.9, C58.9, C60.0 - C60.9, C63.0 - C63.9, C68.0 - C68.9, C69.0 - C69.9, C74.0 - C76.8, C80.9

SCOPE OF REGIONAL LYMPH NODE SURGERY

Codes

0 No regional lymph nodes removed
1 Regional lymph node(s) removed, NOS
9 Unknown; not stated; death certificate ONLY

NUMBER OF REGIONAL LYMPH NODES EXAMINED

Codes

00 No regional lymph nodes examined
01 One regional lymph node examined
02 Two regional lymph nodes examined
.. Ninety or more regional lymph nodes examined
95 No regional lymph node(s) removed but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as a sampling and number of lymph nodes examined unknown/not stated
97 Regional lymph node removal documented as dissection and number of lymph nodes examined unknown/not stated
98 Regional lymph nodes surgically removed but number of lymph nodes examined unknown/not stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate ONLY
ALL OTHER SITES
C14.1 - C14.8, C17.0 - C17.9, C23.9, C24.0 - C24.9, C26.0 - C26.9, C30.0 - C30.1, C31.0 - C31.9,
C33.9, C37.9, C38.0 - C38.8, C39.0 - C39.9, C42.0 - C42.1, C42.3 - C42.4, C48.0 - C48.8,
C51.0 - C51.9, C52.9, C57.0 - C57.9, C58.9, C60.0 - C60.9, C63.0 - C63.9, C68.0 - C68.9,
C69.0 - C69.9, C74.0 - C76.8, C80.9

SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S) OR DISTANT LYMPH NODE(S)

Codes
0   None; no surgery to other regional or distant sites
1   Surgery to other site(s) or node(s), NOS; unknown if regional or distant
   2   Other regional sites
   3   Distant lymph node(s)
   4   Distant site(s)
   5   Combination of 4 WITH 2 or 3
9   Unknown; not stated; death certificate ONLY