

## Coding Guidelines

### Breast C500 -C509

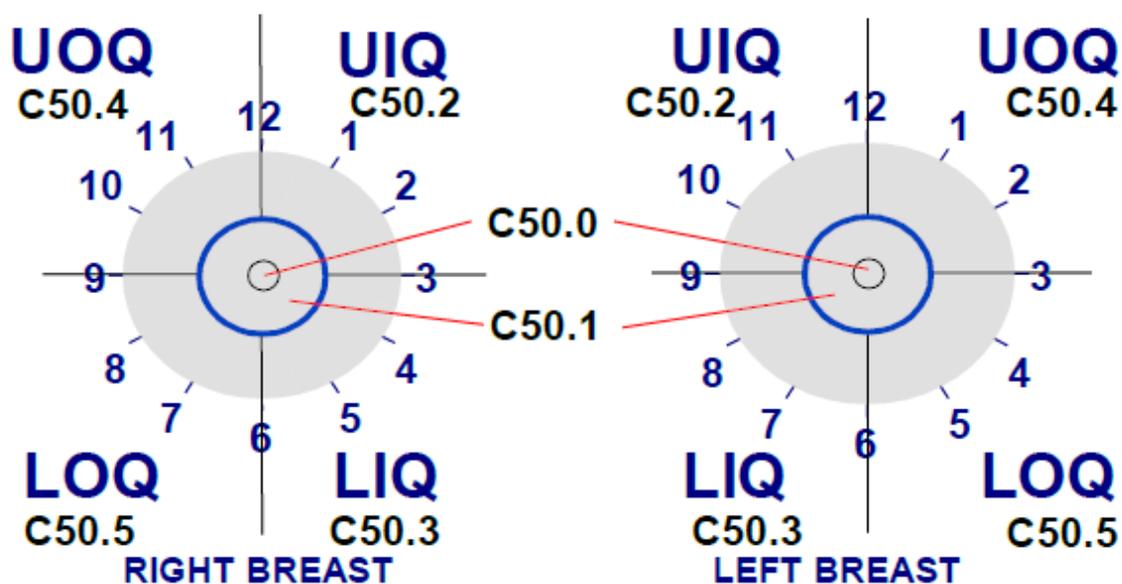
#### Primary Site

See the Breast Solid Tumor Rules [Equivalent Terms and Definitions](#) for a list of terms used to describe location and their corresponding ICD-O-3 topography codes.

#### Additional Subsite Descriptors

The position of the tumor in the breast may be described as the positions on a clock

## O'Clock Positions and Codes Quadrants of Breasts



#### Coding Subsites

Use the information from reports in the following priority order to code a subsite when there is conflicting information:

1. Operative report
2. Pathology report
3. Mammogram, ultrasound (ultrasound becoming more frequently used)
4. Physical examination

Code the subsite with the **invasive** tumor when the pathology report identifies invasive tumor in one subsite and in situ tumor in a different subsite or subsites.

Code the specific quadrant for multifocal tumors all within one quadrant

- Do **not** code C509 (Breast, NOS) in this situation

Code the primary site to C508 when

- There is a single tumor in two or more subsites and the subsite in which the tumor originated is unknown
- There is a single tumor located at the 12, 3, 6, or 9 o'clock position on the breast

Code the primary site to C509 when there are multiple tumors (two or more) in at least two quadrants of the breast.

Generally, codes C502 - C505 are preferred over C501. C501 is preferred over C508. Apply these general guidelines when there is no other way to determine the subsite using the available medical documentation.

### **Laterality**

Laterality must be coded for all subsites.

Breast primary with positive nodes and no breast mass found: Code laterality to the side with the positive nodes.