

## Coding Guidelines

### Breast C500 -C509

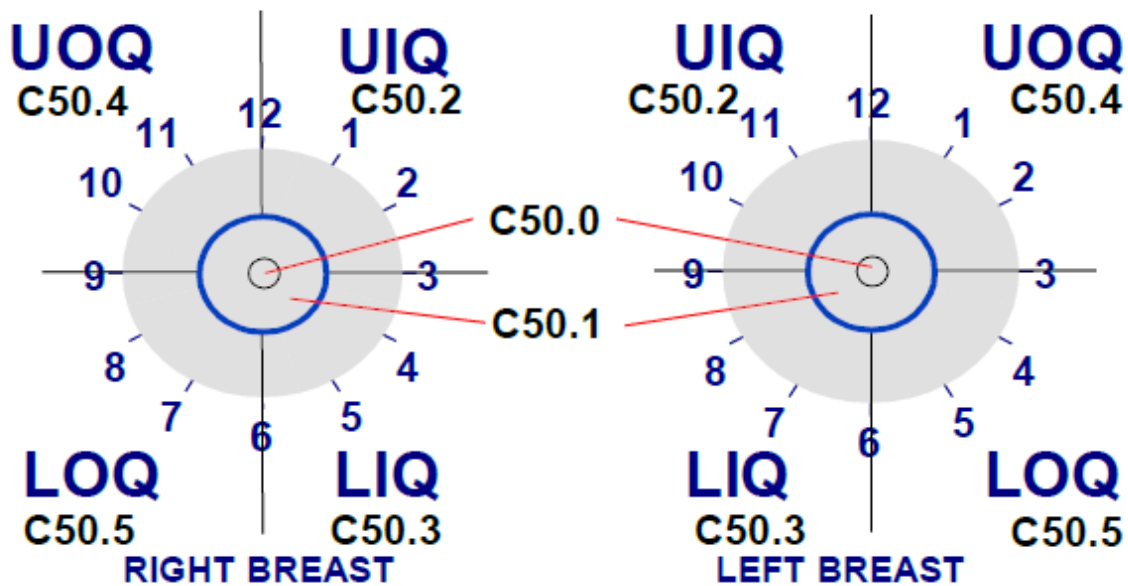
#### Primary Site

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

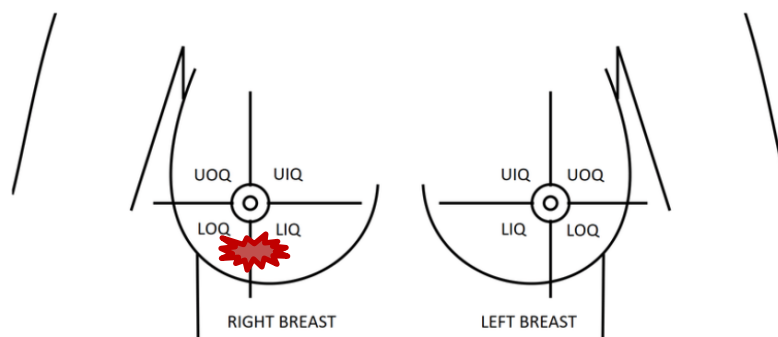
Code the subsite with the **invasive** tumor when the pathology report identifies invasive tumor in one subsite and in situ tumor in a different subsite or subsites.

Code the specific quadrant for multifocal tumors all within one quadrant

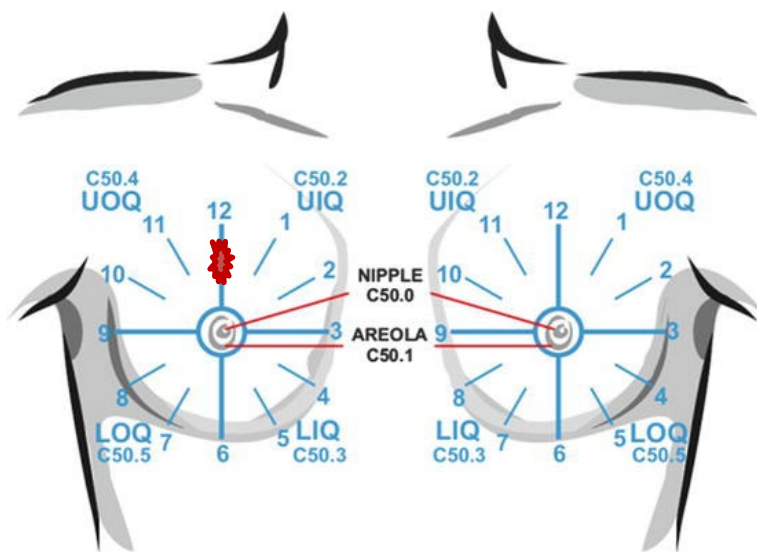
- Do **not** code C509 (Breast, NOS) in this situation

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

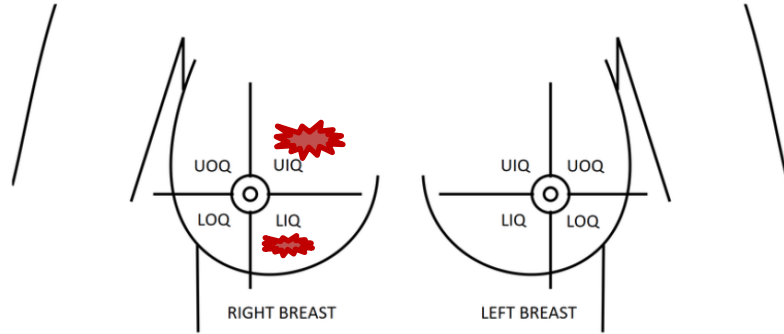


- There is a single tumor located at the 12, 3, 6, or 9 o'clock position on the breast

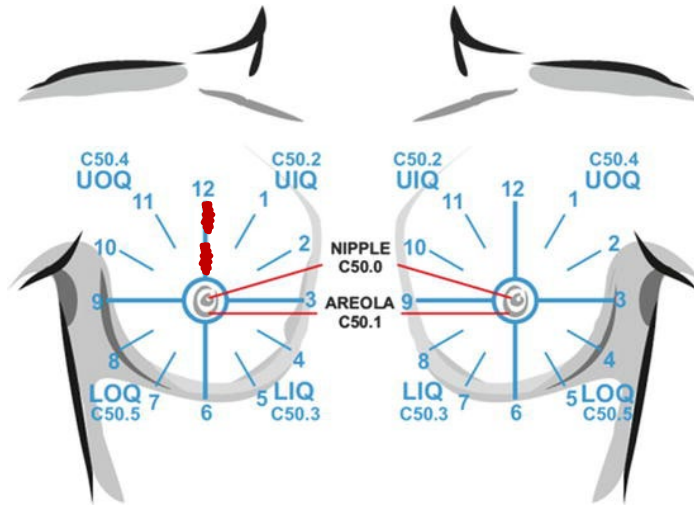


Code the primary site to C509 when

- There are multiple tumors (two or more) in at least two quadrants of the breast



- There are multiple tumors (two or more) located together at the 12, 3, 6, or 9-o'clock position on the breast



Generally, codes C502 - C505 are preferred over C501. C500 is preferred over C508. 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.