



## This Month's Topic: Treatment - Coding Surgical Procedures

### Background Information

Cancer surgery attempts to completely remove localized tumors or reduce the size of large tumors so that follow-up treatment by radiation or chemotherapy will be more effective.

Other than its curative purpose, cancer surgery may be done as a diagnostic process or a preventive measure. Surgeries are also performed to relieve pain or repair deformities and abnormalities caused by surgical treatment for cancer.

### Types of Surgery

#### • Diagnostic

- Any organ in the body can be biopsied utilizing a variety of techniques. Types of biopsies include incisional biopsy, excisional biopsy, endoscopic biopsy, bone marrow biopsy, fine needle aspiration biopsy, stereotactic biopsy, and core biopsy, to name a few. Biopsies typically leave gross tumor in the body.
- The method of biopsy chosen will depend on:
  - How suspicious the abnormality appears
  - The size, shape, and location of the abnormality
  - The number of abnormalities present
  - The patient's medical history
  - The patient's preference

**Note: Before coding a biopsy as cancer directed surgery – treatment. Refer to the primary site's specific surgery codes to be sure a particular biopsy should be coded as cancer directed treatment surgery and has a corresponding code. For example an incisional biopsy is a diagnostic tool and not cancer directed surgery. An excisional biopsy, removal of the whole tumor, is considered cancer directed treatment and is coded under surgery.**

#### • Preventive

In a preventive surgery, the surgeon removes tissue that does not yet contain cancer cells, but has the probability of becoming cancerous in the future. This may also be referred to as *prophylactic surgery*.

- Examples: Prophylactic oophorectomy (removal of both ovaries) for women with strong family history of ovarian cancer and preventive mastectomies for those with strong family history of breast cancer.

- **Curative**

- After definite cancer diagnosis, curative surgical operations are conducted to remove or destroy cancerous tissue. Curative surgeries take a much more radical surgical approach, typically resulting in partial or total removal of the organ of origin.
- In a curative procedure, a certain amount of normal tissue as well as cancerous tissue may be removed to obtain adequate margins. The purpose is to minimize the risk of any cancer cells being left behind, which may result in a recurrence of the cancer. For the same purpose, the surgeon may also remove the lymph nodes that are adjacent to the tumor.

- **Palliative**

- The purpose of palliative surgery is mainly to reduce pain for the patient. The surgery may not necessarily aim to eradicate cancer tissue in the patient. In fact, palliative surgery is often deemed as worthwhile and feasible by cancer specialists when the disease is not responsive to any type of curative treatment.
- Palliative surgery such as a nerve block procedure to interrupt pain signals in the nervous system, or a stent placement to alleviate obstruction, etc., which does not remove cancer tissue is not recorded as cancer-directed surgery. Palliative procedures are recorded as non-cancer directed surgery.

**Source: SEER Training Modules, Cancer Treatment - Surgery. U. S. National Institutes of Health, National Cancer Institute. <http://training.seer.cancer.gov/treatment/surgery/>.**

## **Common Coding Mistakes and Explanations**

- **Lymphoma**

- **Code 25** – Local tumor excision, NOS; **Less than a full chain, includes an excisional biopsy of a single lymph node.**
- The use of code 25 in *RX Summ-Surg Prim Site* (1290) is for a primary in *one and only one lymph node* in which the single involved lymph node is removed by an excisional biopsy only.

Refer to question number 21687 submitted to the (I&R) Inquiry and Response System on 3/22/2007. **Source: Inquiry and Response (I&R) System from CoC.**

- **Brain**

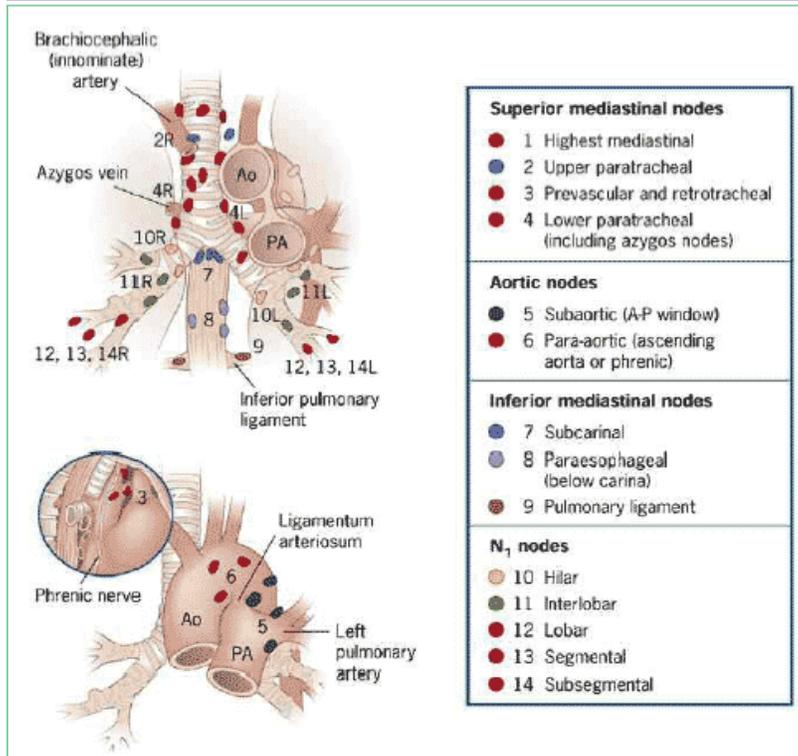
- **Code 20** – Local excision of tumor, lesion or mass; excisional biopsy
- Code 20 describes excision (removal) of the *primary tumor*, or “debulking” (less than full removal of the tumor). Most primary brain surgeries are code 20.
- Also code a “Gross total resection” of tumor as Code 20. Only code 55 when a gross total resection of a lobe of the brain was performed.

- **Colon**

- **Differences between Codes 30 and 40** – Local excision of tumor, lesion or mass; excisional biopsy
- Code 30 – Partial colectomy, segmental resection

- **SEER Note:** Code 30 includes but is not limited to: Appendectomy (for an appendix primary only), enterocolectomy, ileocolectomy, partial colectomy, NOS, partial resection of transverse colon and flexures, and segmental resection, such as cecectomy or sigmoidectomy.
- Code 40 – Subtotal colectomy/hemicolectomy (*total right or left colon and a portion of transverse colon*).
  - **SEER Note:** Code 40 includes extended (but less than total) right or left colectomy.
- **Rectum**
  - **Differences between Codes 30 and 50**
    - Code 30 – Wedge or segmental resection; partial proctectomy, NOS
      - Procedures coded 30 include, but are not limited to:
        - Anterior resection
        - Hartmann’s operation
        - Low anterior resection (LAR)
        - Transsacral rectosigmoidectomy
        - Total mesorectal excision (TME)
    - Code 50 – Total proctectomy
      - **Procedure coded 50 includes, but is not limited to:**
        - Abdominoperineal resection (Miles Procedure)
        - [**SEER Note:** also called A&P resection, anterior/posterior (A/P) resection, Miles’ operation, Rankin’s operation]
- **Skin**
  - Code 45 – Wide excision or re-excision of lesion or minor (local) amputation with **margins more than 1 cm, NOS. Margins MUST be microscopically negative.**
    - **SEER Notes:** Codes 30 to 33 include less than a wide excision, less than or equal to 1 cm margin or margins are unknown. If it is stated to be a wide excision or re-excision, but the margins are unknown, code to 30. Code 45 represents a wide excision in which it is known that the margins of excision are greater than 1 cm. **If the excision does not have microscopically negative margins greater than 1 cm, use the appropriate code, 20–36.**
- **Lung**
  - Code 33 – Lobectomy WITH mediastinal lymph node dissection. (**The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery (NAACCR Item #1292)* or *Scope of Regional Lymph Node Surgery at This Facility*.**)
    - Mediastinal lymph nodes include:
      - Superior mediastinal or highest mediastinal, upper and lower paratracheal, pretracheal, anterior mediastinal, retrotracheal or posterior mediastinal, tracheobronchial, subaortic, para-aortic, subcarinal, paraesophageal, pulmonary ligament, hilar, interlobar, lobar: upper, middle, and lower lobes, segmental, and subsegmental.

## Regional lymph node stations for lung cancer staging



Source: Mountain CF, Dresler CM. *Regional Lymph Node Classification for Lung Cancer Staging*. Chest 1997; 111(6): 1718-23.

- **Breast**

- **Codes 41 and 51 and Axillary Lymph Nodes**

- Code 41 – Total Simple Mastectomy WITHOUT removal of uninvolved contralateral breast
    - Code 51 – Modified Radical Mastectomy (MRM) WITHOUT removal of uninvolved contralateral breast
    - **SEER Note:** If **axillary lymph nodes are present** in the specimen, **code the Surgery of Primary Site field to 51**. If there are **no axillary lymph nodes present** in the specimen, **code the Surgery of Primary Site field to 41**.

- **Further notes**

- For single primaries only, code removal of involved contralateral breast under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).
  - If contralateral breast reveals a second primary, each breast is abstracted separately. The surgical procedure is coded 41 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.
  - Reconstruction that is planned as part of first course treatment is coded 43-49 or 75, whether it is done at the time of mastectomy or later.

## ***Surgical Procedures Not Coded as Surgical Procedures***

- **Prostate – orchiectomy**

- **Do not code** an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item *Hematologic Transplant and Endocrine Procedures* (NAACCR Item #3250).

Refer to question number 27431 submitted to the (I&R) Inquiry and Response System on 7/31/2008. **Source: Inquiry and Response (I&R) System from CoC.**

- **Breast – oophorectomy**

- **Do not code** an oophorectomy in this field. For breast primaries, oophorectomies are coded in the data item *Hematologic Transplant and Endocrine Procedures* (NAACCR Item #3250).

Refer to question number 21758 submitted to the (I&R) Inquiry and Response System on 3/28/2007. **Source: Inquiry and Response (I&R) System from CoC.**

- **Corpus Uteri/Cervix Uteri – Dilation and Curettage**

- **For invasive cancers**, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure* (NAACCR Item #1350) but is not to be coded under *RX Summ-Surg Prim Site* (1290).

- **Brain and CNS – Laminectomy**

- **Do not code** laminectomies for spinal cord primaries.

## ***Surgical Procedure that is also Immunotherapy***

- **BCG**

- Code 16 – Bacillus Calmette-Guerin (BCG) or other immunotherapy
  - **SEER Note:** Code BCG as both surgery **and** immunotherapy.

## ***Resources***

- Texas Cancer Registry *2010 Cancer Reporting Handbook*
- *AJCC Cancer Staging Manual, 7th Edition*. Edge, S.B.; Byrd, D.R.; Compton, C.C.; Fritz, A.G.; Greene, F.L.; Trotti, A. (Eds.) 7th ed. 5th Printing., 2010; ISBN: 978-0-387-88440-0.
- SEER Training Website: <http://training.seer.cancer.gov/>
- Inquiry and Response (I&R) System: <http://web.facs.org/coc/default.htm>
  - **Note:** The I&R System has been **retired**. It has been replaced with a modern, interactive, virtual bulletin board called **CAnswer Forum** for which you must register and join. This will allow users to submit and answer questions in an open forum and will allow for more real time responses. Although the I&R system is closed for the submission of new questions, the **database remains open to search** for previously submitted questions and answers.