



Cancer Reporting in California

Appendix K

STORE Surgery Codes

**California Cancer Reporting System Standards,
Volume I: Abstracting and Coding Procedures**

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Appendix K: STORE Surgery Codes

The histologies specified in this appendix apply only to Surgery codes for cases diagnosed January 1, 2010 and forward.

Historical Surgery Code References:

- For coding surgery for cases diagnosed prior to January 1, 2010, please see the [FORDS: Revised for 2009](#).
- For coding surgery for cases diagnosed prior to January 1, 2003, please see the [ROADS Manual](#).

Guidelines:

- Click on the Site below for STORE Surgery Codes for cases diagnosed January 1, 2010 and forward.

Links:

[Anus](#)

[Bladder](#)

[Bones](#)

[Brain](#)

[Breast](#)

[Cervix Uteri](#)

[Colon](#)

[Corpus Uteri](#)

[Esophagus](#)

[Hematopoietic](#)

[Kidney](#)

[Larynx](#)

[Liver](#)

[Lung](#)

[Lymph Nodes](#)

[Oral](#)

[Ovary](#)

[Pancreas](#)

[Parotid](#)

[Pharynx](#)

[Prostate](#)

[Rectosigmoid](#)

[Rectum](#)

[Skin](#)

[Spleen](#)

[Stomach](#)

[Testis](#)

[Thyroid](#)

[Other](#)

[Unknown](#)

K: ANUS

For cases diagnosed on or after January 1, 2010

C21.0-C21.8

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

SEER Note: Do not code infrared coagulation as treatment.

Codes:

Code	Description
00	None; no cancer-directed surgery of primary site; autopsy only
10	Local tumor destruction, NOS Note: without pathology specimen
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
15	Thermal Ablation Note: No specimen sent to pathology from this surgical event
Specimen sent to pathology from surgical events 20-63.	
20	Local tumor excision, NOS
26	Polypectomy
27	Excisional biopsy Note: Any combination of 20 or 26-27 WITH Clarification: the following codes INCLUDE local tumor excision, polypectomy or excisional biopsy
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision SEER Note: margins of resection may have microscopic involvement
60	Abdominal perineal resection, NOS (APR; Miles procedure)

61	APR and sentinel node excision
62	APR and unilateral inguinal lymph node dissection
63	APR and bilateral inguinal lymph node dissection Note: The lymph node dissection should also be coded under <i>Scope of Regional Lymph Node Surgery</i> or <i>Scope of Regional Lymph Node Surgery at This Facility</i>
90	Surgery, NOS
99	Unknown if cancer-directed surgery performed; death certificate only

K: BLADDER

For cases diagnosed on or after January 1, 2010

C67.0-C67.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

For additional information regarding bladder surgery, please see:

- Q-Tips - [Bladder Cancer & Coding Surgery](#)

Codes:

Code	Description
00	None; no cancer-directed surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-16.	
10	Local tumor destruction, NOS Note: Without pathology specimen
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
15	Intravesical therapy
16	Bacillus Calmette-Guerin (BCG) or other immunotherapy Note: Also, code the introduction of immunotherapy in the immunotherapy items. If immunotherapy is followed by surgery of the type coded in 20-80, code that surgery instead and code the immunotherapy only as immunotherapy Clarification: Use code 16 if local tumor destruction occurs via the use of BCG and more extensive surgery is not performed. When BCG is administered via Intravesical Therapy, also use code 16. In addition, also code the item under "Immunotherapy" as code 01 SEER Note: Code BCG as both surgery and immunotherapy
Specimen sent to pathology from surgical events 20-80.	
20	Local tumor excision, NOS
26	Polypectomy
27	Excisional biopsy Note: Any combination of 20 or 26-27 WITH

	<p>Clarification: the following codes INCLUDE local tumor excision, polypectomy or excisional biopsy</p> <p>SEER Note: Code TURB as 27</p>
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision
30	Partial cystectomy
50	Simple/total/complete cystectomy
60	Radical cystectomy (male only) SEER Note: Use code 71 for cystoprostatectomy
61	Radical cystectomy PLUS ileal conduit
62	Radical cystectomy PLUS continent reservoir or pouch, NOS
63	Radical cystectomy PLUS abdominal pouch (cutaneous)
64	Radical cystectomy PLUS in-situ pouch (orthotopic) Note: When the procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code 60-64)
70	Pelvic exenteration, NOS
71	Radical cystectomy (female only); anterior exenteration Note: For females, includes removal of bladder, uterus, ovaries, entire vaginal wall, and entire urethra. For males, includes removal of the prostate. When a procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code 60-64) SEER Note: Use code 71 for cystoprostatectomy
72	Posterior exenteration Note: For females, also includes removal of vagina, rectum and anus. For males, also includes prostate, rectum and anus
73	Total exenteration Note: Includes all tissue and organs removed for an anterior and posterior exenteration SEER Note: Includes removal of all pelvic contents and pelvic lymph nodes. The lymph node dissection should also be coded under <i>Scope of Regional Lymph Node Surgery</i> (NAACCR item # 1292)
74	Extended exenteration Note: Includes pelvic blood vessels or bony pelvis
80	Cystectomy, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: BONES, PERIPHERAL NERVES AND SOFT TISSUES

For cases diagnosed on or after January 1, 2010

BONES, JOINTS, AND ARTICULAR CARTILAGE C40.0-C41.9

PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM C47.0-C47.9

CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES C49.0-C49.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
19	Local tumor destruction or excision, NOS [formerly SEER code 10 = local tumor destruction or excision] Note: Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)
15	Local tumor destruction Note: No specimen sent to pathology from surgical event 15
Specimen sent to pathology from surgical events 25-54.	
25	Local excision
26	Partial resection
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	Hemipelvicetomy, NOS
54	Internal hemipelvicetomy
90	Surgery, NOS
99	Unknown if cancer-directed surgery performed; death certificate only

K: BRAIN

For cases diagnosed on or after January 1, 2010

Meninges C70.0-C70.9, Brain C71.0-C71.9,

Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System
C72.0-C72.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Do not code laminectomies for spinal cord primaries.

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no cancer-directed surgery of primary site; autopsy only
10	[Local] Tumor destruction, NOS Note: No specimen sent to pathology from surgical event 10 Note: Do not record stereotactic radiosurgery (SRS), Gamma knife, Cyber knife, or Linac radiosurgery as surgical tumor destruction. All of these modalities are recorded in the radiation treatment fields SEER Note: Local tumor destruction, NOS
Specimen sent to pathology from surgical events 20-55.	
20	Local excision (biopsy) of tumor, lesion or mass; excisional biopsy SEER Note: Assign code 20 for stereotactic biopsy of brain tumor
21	Subtotal resection of tumor, lesion or mass in brain
22	Resection of tumor of spinal cord or nerve
Codes 30-55 are not applicable for spinal cord or spinal nerve primary sites.	
30	Radical, total, gross resection of tumor, lesion or mass in brain
40	Partial resection of lobe of brain, when surgery cannot be coded as 20-30
55	Gross total resection of lobe of brain (lobectomy)
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: BREAST

For cases diagnosed on or after January 1, 2010

C50.0-C50.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

For additional information regarding breast surgery, please see:

- Q-Tips – [Breast Surgery of Primary Site – Part One](#)
- Q-Tips – [Breast Reconstruction Surgery of Primary Site – Part Two](#)

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
19	Local tumor destruction, NOS Note: No specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)
Procedures coded 20-24 remove the gross primary tumor and some of the breast tissue (breast conserving or preserving). There may be microscopic residual tumor. Specimen sent to pathology for surgical events coded 20-80. <ul style="list-style-type: none">• SEER Note: When a patient has a procedure coded to 20-24 (e.g., lumpectomy) with reconstruction, code only the procedure (e.g., lumpectomy, code 22) as the surgery.	
20	Partial mastectomy, NOS; less than total mastectomy, NOS [formerly SEER code 10]
21	Partial mastectomy WITH nipple resection [formerly SEER code 11 = nipple resection]
22	Lumpectomy or excisional biopsy [formerly SEER code 12] SEER Note: Assign code 22 when a patient has a lumpectomy and an additional margin excision during the same procedure
23	Re-excision of the biopsy site for gross or microscopic residual disease SEER Note: Assign code 23 when the original lumpectomy is found to have positive margins, and a re-excision of lumpectomy margins is performed during a separate subsequent surgical event to clear the margins
24	Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)
30	Subcutaneous mastectomy Note: A subcutaneous mastectomy, also called a nipple-sparing mastectomy, is the removal of breast tissue without the nipple and areolar complex or overlying skin. It is performed to facilitate immediate breast reconstruction. Cases coded 30 may be considered to have undergone breast reconstruction

40	Total (simple) mastectomy, NOS
41	WITHOUT removal of uninvolved contralateral breast
43	WITH reconstruction NOS
44	Tissue
45	Implant
46	Combined (Tissue and Implant)
42	WITH removal of uninvolved contralateral breast
47	WITH reconstruction NOS
48	Tissue
49	Implant
75	Combined (Tissue and Implant)

Notes:

- **SEER Note:** "Tissue" for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.
- **SEER Note:** Assign code 43 for a simple mastectomy with tissue expanders and acellular dermal matrix/AlloDerm. The tissue expander indicates preparation of reconstruction. The acellular dermal matrix/AlloDerm is not coded because, while they often accompany and implant procedure, they are not the principle element of reconstructive procedures. The principle elements would be tissue from the patient and/or prosthetics (e.g., gel implants).
- A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.
- For single primaries only, code removal of involved contralateral breast under the data item Surgical Procedure/Other Site or Surgical Procedure/Other Site at This Facility.
- **SEER Note:** Example: Inflammatory carcinoma involving both breasts. Bilateral simple mastectomies. Code Surgery of Primary Site 41 and code Surgical Procedure of Other Site 1.
- 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.
- **SEER Note:** Placement of a tissue expander at the time of original surgery means that reconstruction is planned as part of the first course of treatment. When an expander is placed, code the mastectomy and reconstruction.
- 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.
- **SEER Note:** For a simple bilateral mastectomy, assign code 41 with code 1 in Surgical Procedure of Other Site, Assign code 76 for a more extensive bilateral mastectomy. Assign code 0 in Surgical Procedure of Other Site.

76	Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma
50	Modified radical mastectomy
51	Without removal of uninvolved contralateral breast
53	Reconstruction, NOS

54	Tissue
55	Implant
56	Combined (Tissue and Implant)
52	With removal of uninvolved contralateral breast
57	Reconstruction, NOS
58	Tissue
59	Implant
63	Combined (Tissue and Implant)
Notes:	
<ul style="list-style-type: none"> Removal of all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin in continuity with the axilla. The specimen may or may not include a portion of the pectoralis major muscle. SEER Note: "In continuity with" or "en bloc" means that all the tissues were removed during the same procedure, but not necessarily in a single specimen. "Tissue" for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment. Code the most invasive extensive or definitive surgery in the Surgery of Primary Site. Assign code 51 or 52 if a patient has an excisional biopsy and axillary dissection followed by a simple mastectomy during the first course of therapy. Code the cumulative result of the surgeries, which is a modified radical mastectomy in this case. If contralateral breast reveals a second primary, it is abstracted separately. The surgical procedure is coded 51 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site. For single primaries only, code removal of involved contralateral breast under the data item Surgical Procedure/Other Site or Surgical Procedure/Other Site at This Facility. 	
60	Radical mastectomy, NOS
61	Without removal of uninvolved contralateral breast
64	Reconstruction, NOS
65	Tissue
66	Implant
67	Combined (Tissue and Implant)
62	With removal of uninvolved contralateral breast SEER Note: Removal of breast tissue, nipple, areolar complex, variable amount of skin, pectoralis minor, pectoralis major. Includes en bloc axillary dissection. For single primaries only, code removal of involved contralateral breast under the data item "Surgery of other regional sites, distant sites, or distant lymph nodes"
68	Reconstruction, NOS
69	Tissue
73	Implant
74	Combined (Tissue and Implant)

70	Extended radical mastectomy SEER Note: Involves removal of breast tissue, nipple, areolar complex, variable amounts of skin, pectoralis minor, and/or pectoralis major, as well as removal of internal mammary nodes and en bloc axillary dissection
71	Without removal of uninvolved contralateral breast
72	With removal of uninvolved contralateral breast
80	Mastectomy, NOS
90	Surgery, NOS
99	Unknown if cancer-directed surgery performed; death certificate only

K: CERVIX UTERI

For cases diagnosed on or after January 1, 2010

C53.0-C53.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

For **invasive cancers**, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure*.

Clarification: Do not code dilation and curettage (D&C) as Surgery of Primary Site for **invasive cancers**.

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no cancer-directed surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-17.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
15	Loop Electrocautery Excision Procedure (LEEP)
16	Laser ablation
Specimen sent to pathology from surgical events 20-74.	
20	Local tumor excision, NOS SEER Note: Margins of resection may have microscopic involvement. Procedures in code 20 include but are not limited to cryosurgery, Electrocautery, excisional biopsy, laser ablation, or thermal ablation
26	Excisional biopsy, NOS
27	Cone biopsy
24	Cone biopsy WITH gross excision of lesion
29	Trachelectomy; removal of cervical stump; cervicectomy

Any combination of 20, 24, 26, 27 or 29 WITH	
21	Electrocautery
22	Cryosurgery
23	Laser ablation or excision
25	Dilatation and curettage; endocervical curettage (for in-situ only)
28	Loop electrocautery excision procedure (LEEP)
30	Total hysterectomy (simple, pan-) WITHOUT removal of tubes and ovaries Note: 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 and/or ovary Note: Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff
50	Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy
51	Modified radical hysterectomy
52	Extended hysterectomy
53	Radical hysterectomy; Wertheim 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 Note: Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
72	Posterior exenteration Note: Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph node SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
73	Total exenteration Note: Includes removal of all pelvic contents and pelvic lymph nodes SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
74	Extended exenteration Note: Includes pelvic blood vessels or bony pelvis

90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: COLON

For cases diagnosed on or after January 1, 2010

C18.0-C18.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site*.

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-14.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
Specimen sent to pathology from surgical events 20-80.	
20	Local tumor excision, NOS
27	Excisional biopsy, NOS
26	Polypectomy, NOS
28	Polypectomy-endoscopic
29	Polypectomy-surgical excision
Any combination of 20 with 26 - 29 WITH SEER Note: Codes 21 to 24 below combine 20 Local tumor excision, 27 Excisional biopsy, 26 Polypectomy, NOS, 28 Polypectomy-endoscopic or 29 Polypectomy-surgical excision WITH 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation	
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision

30	<p>Partial colectomy, segmental resection</p> <p>SEER Note: Codes 30-32 include but are not limited to the following procedures: 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). Note that the removal of a short portion of the distal ileum is not "removal of a contiguous organ"</p> <p>Plus resection of contiguous organ; example: small bowel, bladder</p>
32	<p>Plus resection of contiguous organ; example: small bowel, bladder</p>
40	<p>Subtotal colectomy/hemicolectomy</p> <p>Note: Total right or left colon and a portion of transverse colon.</p> <p>SEER Note: Code 40 includes extended (but less than total) right or left colectomy. Note that the removal of a short portion of the distal ileum is not "removal of a contiguous organ"</p>
41	<p>Plus resection of contiguous organ; example: small bowel, bladder</p>
50	<p>Total colectomy</p> <p>Note: Removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum</p> <p>SEER Note: Removal of a short portion of the distal ileum is not "removal of a contiguous organ"</p>
51	<p>Plus resection of contiguous organ; example: small bowel, bladder</p>
60	<p>Total proctocolectomy</p> <p>Note: Removal of colon from cecum to the rectosigmoid junction, including the entire rectum</p> <p>SEER Note: commonly used for familial polyposis or polyposis coli</p>
61	<p>Plus resection of contiguous organ; example: small bowel, bladder</p> <p>SEER Note: Removal of a short portion of the distal ilium is not "removal of a contiguous organ"</p>
70	<p>Colectomy or coloproctectomy with resection of contiguous organ(s), NOS (where there is not enough information to code 32, 41, 51, or 61)</p> <p>Note: Code 70 includes any colectomy (partial, hemicolectomy, or total) with a resection of any other organs in continuity with the primary site. Other organs may be partially or totally removed. Other organs may include, but are not limited to, oophorectomy, partial proctectomy, rectal mucosectomy, or pelvic exenteration</p> <p>SEER Note: In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen</p>
80	<p>Colectomy, NOS</p>
90	<p>Surgery, NOS</p>
99	<p>Unknown if surgery performed; death certificate only</p>

K: CORPUS UTERI

For cases diagnosed on or after January 1, 2010

C54.0-C55.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

For **invasive cancers**, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure*.

Clarification: Do not code dilation and curettage (D&C) as Surgery of Primary Site **for invasive cancers**.

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
19	Local tumor destruction or excision, NOS Note: Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)
No specimen sent to pathology from surgical events 10-16.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
15	Loop Electrocautery Excision Procedure (LEEP)
16	Thermal ablation
Specimen sent to pathology from surgical events 20-79.	
20	Local tumor excision, NOS; simple excision, NOS Clarification: Procedures in code 20 include but are not limited to: cryosurgery, electrocautery, excisional biopsy, laser ablation, thermal ablation
24	Excisional biopsy, NOS
25	Polypectomy
26	Myomectomy

Any combination of 20 or 24, 26 WITH SEER Note: Margins of resection may have microscopic involvement	
21	Electrocautery
22	Cryosurgery
23	Laser ablation or excision
30	Subtotal hysterectomy/supracervical hysterectomy/fundectomy with or without removal of tube(s) and ovary (ies) SEER Note: For these procedures, the cervix is left in place
31	Without tube(s) and ovary(ies)
32	With tube(s) and ovary(ies)
40	Total hysterectomy (simple, pan-) without removal of tube(s) and ovary(ies) Note: 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) and/or ovary(ies) Note: 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 procedure SEER Note: Use code 63 for "Type III" hysterectomy
64	Extended radical hysterectomy
65	Hysterectomy, NOS, with or without removal of tube(s) and ovary(ies)
66	Without removal of tube(s) and ovary(ies)
67	With removal of tube(s) and ovary(ies)
75	Pelvic exenteration
76	Anterior exenteration Note: Includes bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
77	Posterior exenteration Note: Includes rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
78	Total exenteration Note: Includes removal of all pelvic contents and pelvic lymph nodes

	SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site
79	Extended exenteration Note: Includes pelvic blood vessels or bony pelvis
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: ESOPHAGUS

For cases diagnosed on or after January 1, 2010

C15.0-C15.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-14.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
Specimen sent to pathology from surgical events 20-80.	
20	Local tumor excision, NOS
26	Polypectomy
27	Excisional biopsy
Any combination of 20 or 26-27 WITH Clarification: The following codes include local tumor excision, polypectomy or excisional biopsy	
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision
30	Partial esophagectomy
40	Total esophagectomy, NOS
50	Esophagectomy, NOS with laryngectomy and/or gastrectomy, NOS SEER Note: Codes 50-55 include partial esophagectomy, total esophagectomy, or esophagectomy, NOS

51	With laryngectomy
52	With gastrectomy, NOS
53	Partial gastrectomy
54	Total gastrectomy
55	Combination of 51 with any of 52-54
80	Esophagectomy, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

**K:
HEMATOPOIETIC/RETICULOENDOTHELIAL/IMMUNOPROLIFERATIVE/MYELOPROLIFERATIVE DISEASE**

For cases diagnosed on or after January 1, 2010

C42.0, C42.1, C42.3, C42.4 for all histologies

Or

M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992 for all sites

SURGERY OF PRIMARY SITE

Codes:

Code	Description
98	All hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease sites and/or histologies, with or without surgical treatment Note: Surgical procedures for hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative primaries are to be recorded using the data item Surgical Procedure/Other Site or Surgical Procedure/Other Site at this Facility
99	SEER Note: Death certificate only CCR Note: For CCR use only

Note: A hematopoietic case not otherwise specified in the list of standard exclusions (M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992 in the Surgery Code Appendix K should be treated as an Unknown and Ill-Defined Primary Site.

K: KIDNEY, RENAL, PELVIS, AND URETER

For cases diagnosed on or after January 1, 2010

Kidney C64.9, Renal Pelvis C65.9, Ureter C66.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-15.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
15	Thermal ablation
Specimen sent to pathology from surgical events 20-80.	
20	Local tumor excision, NOS
26	Polypectomy
27	Excisional biopsy
Any combination of 20 or 26-27 WITH Clarification: The following codes include local tumor excision, polypectomy or excisional biopsy	
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision
30	Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter) Note: Procedures coded 30 include, but are not limited to segmental resection, Wedge resection
40	Complete/total/simple nephrectomy for kidney parenchyma

	Nephroureterectomy Note: Includes bladder cuff for renal pelvis or ureter.
50	Radical nephrectomy Note: 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, simple, total, radical) in continuity with the resection of other organ(s) (colon, bladder) Note: The other organs, such as colon or bladder, may be partially or totally removed. SEER Note: In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
80	Nephrectomy, NOS Ureterectomy, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: LARYNX

For cases diagnosed on or after January 1, 2010

C32.0-C32.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-15.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
15	Stripping
Specimen sent to pathology from surgical events 20-80.	
20	Local tumor excision, NOS
26	Polypectomy
27	Excisional biopsy
Any combination of 20 or 26-27 WITH Clarification: The following codes include local tumor excision, polypectomy or excisional biopsy	
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision
28	Stripping
30	Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS

	<p>SEER Note: Vertical laryngectomy - Removal of involved true vocal cord, ipsilateral false vocal cord, intervening ventricle, and/or ipsilateral thyroid and may include removal of the arytenoids</p> <p>Supraglottic laryngectomy: Conservative surgery intended to preserve the laryngeal function. Standard procedure involves removal of epiglottis, false vocal cords, aryepiglottic folds, arytenoid cartilages, ventricle, upper one third of thyroid cartilage, and/or thyroid membrane. The true vocal cords and arytenoids remain in place to allow vocalization and deglutition</p>
31	Vertical laryngectomy
32	Anterior commissure laryngectomy
33	Supraglottic laryngectomy
40	Total or radical laryngectomy, NOS
41	<p>Total laryngectomy only</p> <p>SEER Note: Radical laryngectomy - Includes removal of adjacent sites. Do not code the removal of adjacent sites in Surgical Procedure of Other Site</p>
42	Radical laryngectomy only
50	Pharyngolaryngectomy
80	Laryngectomy, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: LIVER and INTRAHEPATIC BILE DUCTS

For cases diagnosed on or after January 1, 2010

C22.0-C22.1

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-17. 1/2008: Chemoembolization should only be coded in the Chemotherapy field. Do not code this in the surgery fields.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
15	Alcohol (Percutaneous Ethanol Injection-PEI) SEER Note: Alcohol (Percutaneous Ethanol Injection-PEI) can also be described as an "intratumoral injection of alcohol" or "alcohol ablation"
16	Heat-Radio-frequency ablation (RFA)
17	Other (ultrasound, acetic acid)
Specimen sent to pathology from surgical events 20-75.	
20	Wedge or segmental resection, NOS
21	Wedge resection
22	Segmental resection, NOS SEER Note: Codes 23-25 mean one, two, or three wedges or segments of the liver were removed
23	One
24	Two
25	Three
26	Segmental resection and local tumor destruction

30	Lobectomy, NOS SEER Note: Code 30 also referred to as simple lobectomy
36	Right lobectomy
37	Left lobectomy
38	Lobectomy and local tumor destruction
50	Extended lobectomy, NOS (extended: resection of a single lobe plus a segment of another lobe)
51	Right lobectomy
52	Left lobectomy
59	Extended lobectomy and local tumor destruction
60	Hepatectomy, NOS
61	Total hepatectomy and transplant
65	Excision of a bile duct (for an intra-hepatic bile duct primary only)
66	Excision of an intrahepatic bile duct plus partial hepatectomy
75	Extrahepatic bile duct and hepatectomy with transplant
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: LUNG

For cases diagnosed on or after January 1, 2010

C34.0-C34.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
19	Local tumor destruction or excision, NOS Note: Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)
No specimen sent to pathology from surgical events 12-13 and 15.	
15	Local tumor destruction, NOS SEER Note: Assign code 15 for radiofrequency ablation (RFA).
12	Laser ablation or cryosurgery
13	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
Specimen sent to pathology from surgical events 20-80.	
20	Excision or resection of less than one lobe, NOS
23	Excision, NOS
24	Laser excision [formerly SEER code 12 = laser ablation or excision]
25	Bronchial sleeve resection ONLY
21	Wedge resection
22	Segmental resection, including lingulectomy
30	Resection of [at least one] lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS) SEER Note: Assign code 30 when lymph node dissection is not performed, but lymph nodes are obtained as part of the lobectomy specimen
33	Lobectomy with mediastinal lymph node dissection Note: The lymph node dissection should also be coded under <i>Scope of Regional Lymph Node Surgery</i> (NAACCR Item # 1292) or <i>Scope of Regional Lymph Node Surgery at This Facility</i> (NAACCR Item #672)
45	Lobe or bilobectomy extended, NOS
46	With chest wall

47	With pericardium
48	With diaphragm
55	Pneumonectomy, NOS SEER Note: Code 55 includes the following procedures: complete pneumonectomy, sleeve pneumonectomy, standard pneumonectomy, total pneumonectomy, resection of whole lung
56	With mediastinal lymph node dissection (radical pneumonectomy) Note: The lymph node dissection should also be coded under <i>Scope of Regional Lymph Node Surgery</i> (NAACCR Item # 1292) or <i>Scope of Regional Lymph Node Surgery at This Facility</i> (NAACCR Item #672) CCR Note: Peribronchial or hilar lymph nodes are not included in any of the lung surgery codes. If peribronchial or hilar nodes are dissected as part of a surgical procedure which involves the destruction, excision or resection of the primary tumor then the extent of the nodal dissection is recorded in the item "Scope of Regional Lymph Node Surgery" and the number of nodes dissected is recorded as part of the cumulative Regional Lymph Nodes Examined"
65	Extended pneumonectomy
66	Extended pneumonectomy plus pleura or diaphragm
70	Extended radical pneumonectomy SEER Note: An extended radical pneumonectomy is a radical pneumonectomy (including removal of mediastinal nodes) and the removal of other tissues or nodes Note: The lymph node dissection should also be coded under <i>Scope of Regional Lymph Node Surgery</i> or <i>Scope of Regional Lymph Node Surgery at This Facility</i> . CCR Note: Peribronchial or hilar lymph nodes are not included in any of the lung surgery codes. If peribronchial or hilar nodes are dissected as part of a surgical procedure which involves the destruction, excision or resection of the primary tumor then the extent of the nodal dissection is recorded in the item "Scope of Regional Lymph Node Surgery" and the number of nodes dissected is recorded as part of the cumulative "Regional Lymph Nodes Examined"
80	Resection of lung, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: LYMPH NODES

For cases diagnosed on or after January 1, 2010

C77.0-C77.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
19	Local tumor destruction or excision, NOS Note: Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)
15	Local tumor destruction, NOS Note: No specimen sent to pathology from surgical event 15
Specimen sent to pathology from surgical events 25-62.	
25	Local tumor excision, NOS Note: Less than a full chain includes an excisional biopsy of a single lymph node SEER Note: The use of code 25 in RX SUMM—SURG PRIM SITE [1290] is for a primary in one and only one lymph node. The single involved lymph node is removed by an excisional biopsy only. CDC-NPCR, CoC, and SEER are in agreement on the wording of code 25
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 (Includes staging laparotomy for lymphoma)
61	One chain
62	Two or more chains

90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: ORAL

For cases diagnosed on or after January 1, 2010

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

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-14.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
Specimen sent to pathology from surgical events 20-43. SEER Note: Codes 20-27 include shave and wedge resection.	
20	Local tumor excision, NOS
26	Polypectomy
27	Excisional biopsy
Any combination of 20 or 26-27 WITH SEER Note: The following codes include local tumor excision, polypectomy or excisional biopsy.	
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision
30	Wide excision, NOS Note: Code 30 includes: Hemiglossectomy; Partial glossectomy

40	Radical excision of tumor, NOS Note: Codes 40-43 include: Total glossectomy; Radical glossectomy
41	Radical excision of tumor only
42	Combination of 41 with resection in continuity with mandible (marginal, segmental, hemi-, or total resection)
43	Combination of 41 with resection in continuity with maxilla (partial, subtotal, or total resection) SEER Note: in continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: OVARY

For cases diagnosed on or after January 1, 2010

C56.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no cancer-directed surgery of primary site; autopsy only
17	Local tumor destruction, NOS Note: No specimen sent to pathology from surgical event 17
Specimen sent to pathology from surgical events 25-80.	
25	Total removal of tumor or (single) ovary, NOS
26	Resection of ovary (wedge, subtotal, or partial) only , NOS; unknown if hysterectomy done
27	Without hysterectomy
28	With hysterectomy SEER Note: Assign code 28 for current unilateral (salpingo-)oophorectomy with previous history of hysterectomy
35	Unilateral (salpingo-)oophorectomy; unknown if hysterectomy done
36	Without hysterectomy
37	With hysterectomy SEER Note: Use code 37 for current unilateral (salpingo-)oophorectomy with previous history of hysterectomy
50	Bilateral (salpingo-)oophorectomy; unknown if hysterectomy done
51	Without hysterectomy
52	With hysterectomy SEER Note: Use code 52 for current bilateral (salpingo-) oophorectomy with previous history of hysterectomy
55	Unilateral or bilateral (salpingo-)oophorectomy with OMENTECTOMY, NOS; partial or total; unknown if hysterectomy done
56	Without hysterectomy
57	With hysterectomy SEER Note: Use code 57 for current unilateral (salpingo-) oophorectomy with previous history of hysterectomy

60	<p>Debulking; cytoreductive surgery, NOS</p> <p>Note: Debulking is a partial or total 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</p> <p>SEER Note: Debulking or cytoreductive surgery is implied by the following phrases in the operative report, pathology report, discharge summary, or consultation. (This is not intended to be a complete list. Other phrases may also imply debulking)</p> <ul style="list-style-type: none"> Adjuvant treatment pending surgical reduction of tumor Ovaries, tubes buried in tumor Tumor burden Tumor cakes Very large tumor mass <p>Do not code debulking or cytoreductive surgery based on: multiple biopsies alone, the mention of "multiple tissue fragments" or "removal of multiple implants." Multiple biopsies and multiple specimens confirm the presence or absence of metastasis</p>
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
70	<p>Pelvic exenteration, NOS</p> <p>SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site</p>
71	<p>Anterior exenteration</p> <p>Note: Includes bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes</p> <p>Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site.</p>
72	<p>Posterior exenteration</p> <p>Note: Includes rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes</p> <p>SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site</p>
73	<p>Total exenteration</p> <p>Note: Includes removal of all pelvic contents and pelvic lymph nodes</p> <p>SEER Note: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site</p>
74	<p>Extended exenteration</p> <p>Note: Includes pelvic blood vessels or bony pelvis</p>
80	(Salpingo-)oophorectomy, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: PANCREAS

For cases diagnosed on or after January 1, 2010

C25.0-C25.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
25	Local excision of tumor, NOS [formerly SEER code 10]
30	Partial pancreatectomy, NOS; example: distal [formerly SEER code 20]
35	Local or partial pancreatectomy and duodenectomy [formerly SEER code 50]
36	Without distal/partial gastrectomy [formerly SEER code 51 "without subtotal gastrectomy"]
37	With partial gastrectomy (Whipple) [formerly SEER code 52 "with subtotal gastrectomy (Whipple)"]
40	Total pancreatectomy
60	Total pancreatectomy and subtotal gastrectomy or duodenectomy
70	Extended pancreatoduodenectomy
80	Pancreatectomy, NOS
90	Surgery, NOS SEER Note: Assign code 90 for NanoKnife, or irreversible electroporation (IRE)
99	Unknown if surgery performed; death certificate only

K: PAROTID and OTHER UNSPECIFIED GLANDS

For cases diagnosed on or after January 1, 2010

Parotid Gland C07.9, Major Salivary Glands C08.0-C08.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-14.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
Specimen sent to pathology from surgical events 20-80.	
20	Local tumor excision, NOS
26	Polypectomy
27	Excisional biopsy
Any combination of 20 with 26 - 27 WITH	
Clarification: The following codes include local tumor excision, polypectomy or excisional biopsy	
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision
30	Less than total parotidectomy, NOS; less than total removal of major salivary gland, NOS SEER Note: Codes 30-80 include major salivary gland, NOS SEER Note: Codes 30-36 are with or without superficial lobe
31	Facial nerve spared
32	Facial nerve sacrificed

33	Superficial lobe ONLY
34	Facial nerve spared
35	Facial nerve sacrificed
36	Deep lobe (Total) SEER Note: With or without superficial lobe
37	Facial nerve spared
38	Facial nerve sacrificed
40	Total parotidectomy, NOS; total removal of major salivary gland, NOS SEER Note: Codes 40-80 may include submandibulectomy and submaxillectomy
41	Facial nerve spared
42	Facial nerve sacrificed
50	Radical parotidectomy, NOS; radical removal of major salivary gland, NOS
51	Without removal of temporal bone
52	With removal of temporal bone
53	With removal of overlying skin (requires graft or flap coverage)
80	Parotidectomy, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: PHARYNX

For cases diagnosed on or after January 1, 2010

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

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-15.	
10	Any combination of 20 with 26 - 27 WITH Clarification: The following codes include local tumor excision, polypectomy or excisional biopsy
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
15	Stripping
Specimen sent to pathology from surgical events 20-52.	
20	Local tumor excision, NOS
26	Polypectomy
27	Excisional biopsy
Any combination of 20 with 26 - 27 WITH Clarification: The following codes include local tumor excision, polypectomy or excisional biopsy	
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision
28	Stripping

30	Pharyngectomy, NOS
31	Limited/partial pharyngectomy; tonsillectomy, bilateral tonsillectomy
32	Total pharyngectomy
40	<p>Pharyngectomy with laryngectomy or removal of contiguous bone tissue, NOS</p> <p>Note: Does not include total mandibular resection</p> <p>SEER Note: Code 40 includes mandibulectomy (marginal, segmental, hemi-, and/or laryngectomy) NOS. Contiguous bone tissue refers to the mandible</p> <p>SEER Note: Use code 40 when the patient had a pharyngectomy and maybe some sort of mandibulectomy and/or maybe a laryngectomy, but the exact procedures are not clear. Use code 41 when the patient had pharyngectomy and laryngectomy but no mandibulectomy. Use code 42 when the patient had pharyngectomy and mandibulectomy but no laryngectomy. Use code 43 when it is known that the patient had both a mandibulectomy and laryngectomy in addition to the pharyngectomy</p>
41	With Laryngectomy (laryngopharyngectomy)
42	With bone
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 surgery performed; death certificate only

K: PROSTATE

For cases diagnosed on or after January 1, 2010

C61.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item *Hematologic Transplant and Endocrine Procedures*.

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
Unknown whether a specimen was sent to pathology for surgical events coded 18 or 19 (principally for cases diagnosed prior to January 1, 2003).	
18	Local tumor destruction or excision, NOS
19	Transurethral resection (TURP), NOS, and no specimen sent to path
No specimen sent to pathology from surgical events 10-17. SEER Note: Assign code 15 for Niagara laser photovaporization of the prostate. Assign code 16 for Transurethral Microwave Thermotherapy (TUMT). Assign code 17 for High Intensity Focused Ultrasonography (HIFU) and for Transurethral Needle Ablation (TUNA).	
10	Local tumor destruction or excision, NOS
14	Cryoprostectomy
15	Laser ablation
16	Hyperthermia
17	Other method of local tumor destruction CCR Note: HIFU is a procedure that heats and destroys tissue
Specimen sent to pathology from surgical events 20-80.	
20	Local tumor excision, NOS
21	Transurethral resection (TURP), NOS, with specimen sent to pathology
22	TURP cancer is incidental finding during surgery for benign disease
23	TURP patient has suspected/known cancer
Any combination of 20 - 23 WITH	
24	Cryosurgery
25	Laser

26	Hyperthermia
30	Subtotal, segmental, or simple prostatectomy, which may leave all or part of the capsule intact
50	Radical prostatectomy, NOS; total prostatectomy, NOS [formerly SEER code 30 or 40] Note: Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck SEER Note: May include suprapubic prostatectomy
70	Prostatectomy with resection in continuity with other organs; pelvic exenteration Note: Surgeries coded 70 are any prostatectomy WITH resection in continuity with any other organs. The other organs may be partially or totally removed. Procedures may include, but are not limited to, cystoprostatectomy, radical cystectomy, and prostatectomy SEER Note: In continuity with or en bloc means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
80	Prostatectomy, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: RECTOSIGMOID

For cases diagnosed on or after January 1, 2010

C19.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site*.

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-14.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser ablation
Specimen sent to pathology from surgical events 20-80.	
20	Local tumor excision, NOS
27	Excisional biopsy
26	Polypectomy
Any combination of 20 with 26 - 27 WITH Clarification: The following codes include local tumor excision, polypectomy or excisional biopsy	
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision
30	Wedge or segmental resection; partial proctosigmoidectomy, NOS Note: Procedures coded 30 include, but are not limited to: <ul style="list-style-type: none">• Anterior resection

	<ul style="list-style-type: none"> • Hartmann operation • Low anterior resection (LAR) • Partial colectomy, NOS • Rectosigmoidectomy, NOS <p>Sigmoidectomy</p>
31	Plus resection of contiguous organ; example: small bowel, bladder
40	<p>Pull through with sphincter preservation (colo-anal anastomosis)</p> <p>SEER Note: 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</p>
50	<p>Total proctectomy</p> <p>SEER Note: Procedures coded 50 include but are not limited to: abdominoperineal resection (A & P resection), anterior/posterior resection (A/P resection)/Mile's operation, Rankin's operation</p>
51	<p>Total colectomy</p> <p>SEER Note: Removal of the colon from cecum to rectosigmoid or portion of rectum</p>
55	Total colectomy with ileostomy, NOS
56	Ileorectal reconstruction
57	Total colectomy with other pouch; example: Koch pouch
60	<p>Total proctocolectomy, NOS</p> <p>SEER Note: Combination of 50 and 51</p> <p>Note: Removal of the colon from cecum to the rectosigmoid or a portion of the rectum</p>
65	Total proctocolectomy with ileostomy, NOS
66	Total proctocolectomy with ileostomy and pouch
70	<p>Colectomy or proctocolectomy resection in continuity with other organs; pelvic exenteration</p> <p>SEER Note: Procedures that may be part of an en bloc resection include, but are not limited to an oophorectomy and a rectal mucosectomy. Code 70 includes any colectomy (partial, hemicolectomy or total) with an en bloc resection of any other organs. The "other organs" may be partially or totally resected. "In continuity with" or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen</p>
80	Colectomy, NOS; Proctectomy, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: RECTUM

For cases diagnosed on or after January 1, 2010

C20.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site*.

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-14.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
Specimen sent to pathology from surgical events 20-80.	
20	Local tumor excision, NOS
27	Excisional biopsy
26	Polypectomy
Any combination of 20 with 26 - 27 WITH Clarification: The following codes include local tumor excision, polypectomy or excisional biopsy	
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision
28	Curette and fulguration
30	Wedge or segmental resection; partial proctectomy, NOS

	<p>Note: Procedures coded 30 include, but are not limited to:</p> <ul style="list-style-type: none"> • Anterior resection • Hartmann operation • Low anterior resection (LAR) • Transsacral rectosigmoidectomy <p>Total mesorectal excision (TME)</p>
40	<p>Pull through with sphincter preservation (coloanal anastomosis)</p> <p>SEER Note: 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</p>
50	<p>Total proctectomy</p> <p>Note: Procedure coded 50 includes, but is not limited to, Abdominoperineal resection (Miles Procedure)</p> <p>SEER Note Also called anterior/posterior (A/P) resection/Mile's operation, Rankin's operation</p>
60	Total proctocolectomy, NOS
70	<p>Proctectomy or proctocolectomy with resection in continuity with other organs; pelvic exenteration</p> <p>SEER Note: In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen</p>
80	Proctectomy, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: SKIN

For cases diagnosed on or after January 1, 2010

C44.0-C44.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Note: See [K.1: SKIN - Coding Guidelines](#)

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-14. SEER Note: Assign code 11 if there is no pathology specimen. Assign code 21 if there is a pathology specimen. Codes 20-27 include shave and wedge resection	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser ablation
Specimen sent to pathology from surgical events 20-60.	
20	Local tumor excision, NOS
26	Polypectomy
27	Excisional biopsy
Any combination of 20 or 26 - 27 WITH Clarification: The following codes include local tumor excision, polypectomy or excisional biopsy	
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision
Notes: <ul style="list-style-type: none">SEER Note: Codes 30 to 35 include less than a wide excision, and less than or equal to 1-cm margin, or status of margin is unknown. If it is stated to be a wide excision or re-excision, but the	

<p>margins are unknown, code to 30. Assign a surgery code from the 30-35 range when any margin is less than 1 cm.</p> <p>Example: Melanoma: with surgical margins greater than 1 cm for length and width but less than 1 cm for depth. Assign a surgery code in the 30-35 range. Since tumor thickness is an important prognostic factor for cutaneous melanoma, the deep margin is of particular importance. Use code 45 when there is a wide excision AND it is known that the margins are greater than 1 cm.</p> <ul style="list-style-type: none"> • SEER Note: Assign code 35 for a shave biopsy followed by Mohs with a 1cm margin or less. Assign code 36 for a shave biopsy followed by Mohs with a more than 1 cam margin. 	
30	Biopsy of primary tumor followed by a gross excision of the lesion Note: Does not have to be done under the same anesthesia
31	Shave biopsy followed by a gross excision of the lesion
32	Punch biopsy followed by a gross excision of the lesion
33	Incisional biopsy followed by a gross excision of the lesion
34	Mohs surgery, NOS Notes: <ul style="list-style-type: none"> • SEER Note: Assign code 34 for shave biopsy followed by MOHS surgery for melanoma of the skin • SEER Note: Assign code 34 for Mohs surgery with unknown margins
35	Mohs with 1-cm margin or less
36	Mohs with more than 1-cm margin
<p>For codes 45-47 - If the excision or re-excision has microscopically negative margins less than 1cm OR the margins are more than 1 cm but are NOT microscopically confirmed, use the appropriate code, 20-36.</p>	
45	Wide excision or re-excision of lesion or minor (local) amputation with margins more than 1 cm, NOS. Margins must be microscopically negative
46	With margins more than 1 cm and less than or equal to 2 cm
47	With margins greater than 2 cm SEER Note: Assign Code 47 for amputation of finger
60	Major amputation
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K.1: SKIN-Coding Guidelines

For cases diagnosed on or after January 1, 2010

C44.0-C44.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

CODING GUIDELINES:

When multiple surgical procedures are done for the treatment of melanoma, follow these instructions to assign surgery codes. See [K: SKIN](#) for surgery codes.

NOTE:

- **Code a Biopsy as Surgery When:**
 - Shave, punch bx, incisional biopsy or biopsy NOS are most often diagnostic. **Code as a surgical procedure ONLY if it removes all of the melanoma.** This means when there is no residual tumor present in the re-excision, the biopsy should be coded using surgery codes, **not the Dx/Stg codes.** The re-excision is coded as the 2nd procedure and will become the SUMMARY Surg code.
- The biopsy NOS, shave, punch or incisional biopsy and the gross excision do not have to be done as a single procedure to code 30-33.
- Margins must be taken from the pathology report – following CAP (College of American Pathologists) protocol guidelines.
- To use the codes 45-47, the surgical margins must be >1cm and microscopically negative.
- When there are no margins documented in the pathology report, do not guess/estimate the margin measurements from the specimen size.
- If there are margins for length, width and depth and they are different, code the smallest margin. The smallest margin dictates the surgery code, no matter where it comes from (width, length or depth).

For additional information regarding melanoma, please see:

- Q-Tips – [Melanoma](#)

Codes:

Surgery Code Instructions for Melanomas		
1st Procedure=Shave/punch/inc/NOS biopsy & Residual Melanoma @ 2nd Procedure		
1st Procedure	Shave or punch biopsy, incisional biopsy or biopsy NOS	02
2nd Procedure	Surg margins equal to or <1cm or NOS=residual melanoma	30-33 (Mohs=34-35)

2nd Procedure	Surg margins >1cm=residual melanoma CoC Note: To use codes 45-47, the surgical margins must be >1cm	45-47 (Mohs=36)
1st Procedure=Exc bx/Excision NOS & Residual Melanoma @ 2nd Procedure		
1st Procedure	Excisional biopsy or Excision NOS	27 or 20
2nd Procedure	Surg margins equal to or <1cm or NOS = residual melanoma	30 (Mohs=34-35)
2nd Procedure	Surg margins >1cm=residual melanoma	45-47* (Mohs=36)
No Residual Melanoma @ 2nd Procedure		
1st Procedure	Shave or punch biopsy, incisional biopsy, biopsy NOS, excisional bx (all preceding titles code 27) or excision NOS (20) unless surgical margins >1cm, then code in the 40 range)	27 or 20
2nd Procedure	Surg margins equal to or <1cm or margins NOS=no residual. Note: If the 1st procedure was an excisional bx, code the 2nd procedure 30	30-33 (Mohs=34-35)
2nd Procedure	Surg margins >1cm=no residual	45-47* (Mohs=36)

K: SPLEEN

For cases diagnosed on or after January 1, 2010

Spleen C42.2

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Note: Lymph Nodes surgery codes have been moved to a separate scheme.

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
19	Local excision of tumor, NOS Note: Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003)
Specimen sent to pathology for surgical events 21-80.	
21	Partial splenectomy
22	Total splenectomy
80	Splenectomy, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: STOMACH

For cases diagnosed on or after January 1, 2010

C16.0-C16.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-14.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser
Specimen sent to pathology from surgical events 20-80.	
20	Local tumor excision, NOS
26	Polypectomy
27	Excisional Biopsy
Any combination of 20 with 26 - 27 WITH Clarification: The following codes include local tumor excision, polypectomy (NOS, endoscopic or surgical excision) or excisional biopsy	
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision
30	Gastrectomy, NOS (partial, subtotal, hemi-) Note: Code 30 includes: <ul style="list-style-type: none">• Partial gastrectomy, including a sleeve resection of the stomach• Billroth I: anastomosis to duodenum (duodenostomy)

	Billroth II: anastomosis to jejunum (jejunostomy)
31	Antrectomy, lower (distal-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, NOS Note: A total gastrectomy may follow a previous partial resection of the stomach
41	Near-total gastrectomy
42	Total gastrectomy
Codes 50-52 are used for gastrectomy resection when only portions of esophagus are included in procedure.	
50	Gastrectomy, NOS with removal of a portion of esophagus
51	Partial or subtotal gastrectomy
52	Near total or total gastrectomy
Codes 60-63 are used for gastrectomy resections with organs other than esophagus. Portions of esophagus may or may not be included in the resection.	
SEER Note: Codes 60-63 may include omentectomy among the organs/tissues removed. "In continuity with" or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen.	
60	Gastrectomy with a resection in continuity with the resection of other organs, NOS***
61	Partial or subtotal gastrectomy, in continuity with the resection of other organs***
62	Near total or total gastrectomy, in continuity with the resection of other organs***
63	Radical gastrectomy, in continuity with the resection of other organs***
80	Gastrectomy, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

***Incidental splenectomy **not** included

K: TESTES

For cases diagnosed on or after January 1, 2010

C62.0-C62.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item Hematologic Transplant and Endocrine Procedures.

SURGERY OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
12	Local excision, destruction of tumor, NOS Note: No specimen sent to pathology from surgical event 12
Specimen sent to pathology for surgical events 20-80.	
20	Local or partial excision of testicle
30	Excision of testicle without cord SEER Note: Orchiectomy not including spermatic cord
40	Excision of testicle with cord or cord not mentioned (radical orchiectomy) SEER Note: Orchiectomy with or without spermatic cord
80	Orchiectomy, NOS (unspecified whether partial or total testicle removed)
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: THYROID GLAND

For cases diagnosed on or after January 1, 2010

C73.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

For additional information regarding thyroid surgery, please see:

- Q-Tips –[Thyroid Cancer](#)

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
13	Local tumor destruction, NOS Note: No specimen sent to pathology from surgical event 13
Specimen sent to pathology from surgical events 25-80.	
25	Removal of less than a lobe, NOS
26	Local surgical excision
27	Removal of a partial lobe only
20	Lobectomy and/or isthmectomy
21	Lobectomy only
22	Isthmectomy only
23	Lobectomy with isthmus
30	Removal of a lobe and partial removal of the contralateral lobe
40	Subtotal or near total thyroidectomy
50	Total thyroidectomy
80	Thyroidectomy, NOS
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: OTHER SITES

For cases diagnosed on or after January 1, 2010

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, 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-C74.9, C75.0-C75.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

OF PRIMARY SITE

Codes:

Code	Description
00	None; no surgery of primary site; autopsy only
No specimen sent to pathology from surgical events 10-14.	
10	Local tumor destruction, NOS
11	Photodynamic therapy (PDT)
12	Electrocautery; fulguration Note: Includes use of hot forceps for tumor destruction
13	Cryosurgery
14	Laser SEER Note: Assign code 14 for laser hyperthermia of eye retinoblastoma
Specimen sent to pathology from surgical events 20-60.	
20	Local tumor excision, NOS
26	Polypectomy
27	Excisional biopsy
Any combination of 20 with 26 - 27 WITH [SEER Guideline: the following codes include local tumor excision, polypectomy or excisional biopsy]	
21	Photodynamic therapy (PDT)
22	Electrocautery
23	Cryosurgery
24	Laser ablation
25	Laser excision
30	Simple/partial surgical removal of primary site

40	Total surgical removal of primary site; enucleation
41	Total enucleation (for eye surgery only)
50	Surgery stated to be "debulking"
60	Radical surgery Note: Partial or total removal of the primary site with a resection in continuity (partial or total removal) with other organs SEER Note: In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
90	Surgery, NOS
99	Unknown if surgery performed; death certificate only

K: UNKNOWN and ILL DEFINED PRIMARY SITES

For cases diagnosed on or after January 1, 2010

C76.0-C76.8, C80.9

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes:

Code	Description
98	All unknown and ill-defined disease sites, with or without surgical treatment Note: Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item Surgical Procedure/Other Site or Surgical Procedure/Other Site at This Facility
99	Death certificate only SEER Note: 99 Death certificate only