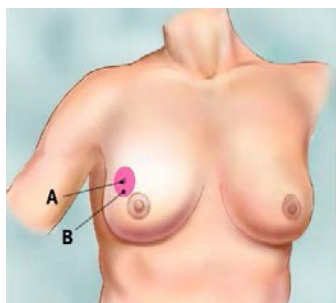


**Breast**

**Surgery of Primary Site - Part One**

The following information is provided as clarification to address identified breast surgery coding discrepancies. For complete coding information, please reference the official surgery code resources. These include the CCR Volume 1 Appendix Q.2, FORDS Appendix B, or SEER Appendix C.

**Partial Mastectomy/Lumpectomy (Codes 20-24):**



Lumpectomy is a form of breast-conserving or breast-preservation surgery. Several names are used for breast-conserving surgery: lumpectomy, excisional biopsy, partial mastectomy, quadrantectomy or wedge resection. The amount of tissue removed in these procedures varies, but all remove the primary tumor (A) with varying amounts of normal surrounding tissue (B).

- Assign code 22 for lumpectomy. If during same initial surgical procedure additional margins of tissue are excised to achieve clear margins, this is still coded to 22.
- Assign code 23 when original lumpectomy is found to have positive margins, and a subsequent surgery on a different date is needed to re-excise and clear the margins.
- When a patient had a lumpectomy with reconstruction, code only the lumpectomy surgical procedure, code 22. No separate reconstruction code is assigned.

See Revised SINQ 20150024

**Subcutaneous Mastectomy (Code 30):**

Also called nipple sparing mastectomy, because the nipple and areolar complex are left intact along with the overlying skin and is primarily performed to facilitate immediate breast reconstruction.

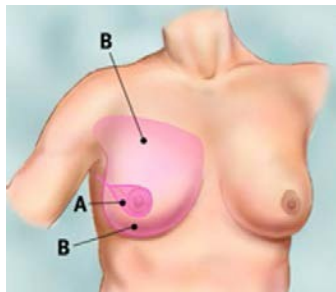
- Cases coded 30 may be considered to have undergone reconstruction. No separate reconstruction code is assigned (i.e., all subcutaneous mastectomies are coded to 30).
- Also assign code 30 when *bilateral* subcutaneous mastectomies are done.

**Example:** Right breast cancer treated with bilateral subcutaneous mastectomy and tissue expander placement for bilateral implant reconstruction. Surgery is coded to 30.

**Alert:** A Subcutaneous mastectomy is *not the same thing as a skin-sparing mastectomy*.



**Skin-sparing mastectomy (Codes 40-49, 75)**



A Skin-sparing mastectomy is a type of total mastectomy. The skin of the nipple and areola complex are removed (A). Then the underlying breast tissue (B) is removed through the small opening created (A). Primarily used to facilitate immediate breast reconstruction. The remaining pouch of skin provides the best shape and form to accommodate an implant or a reconstruction using tissue.

- Assign code 40 (or higher) when the nipple and areolar complex ARE removed.
- Assign code 30 when the nipple and areolar complex are NOT removed (true subcutaneous mastectomy).

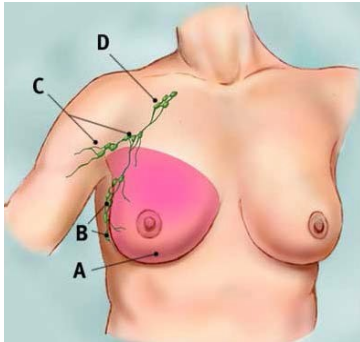
**Note 1:** Avoid the non-specific codes 40 & 50. If there is no statement that bilateral mastectomy was performed, assume that only the involved breast was removed.

**Note 2:** Record all surgeries of the primary site performed during the first course of treatment. Make certain the Surgery of Primary Site Summary field reflects the most extensive surgery performed; this is a cumulative field.

**Suggested SINQ references for review: 20081008 & 20110094 & 20150024**

Surgery of Primary Site Breast- continued

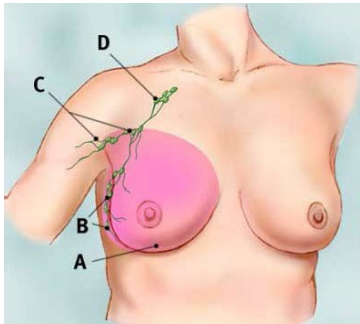
**Total (Simple) Mastectomy (Codes 40-49,75)**



A simple mastectomy removes all breast tissue (A) including the nipple and areolar complex but *does not include* an axillary lymph node dissection (B & C in illustration).

- A Sentinel lymph node (SLN) biopsy may be done, or other incidental lymph nodes may be found in the simple mastectomy breast specimen. This does not change the surgery code. Code to 41.
- If the operative report states Modified Radical Mastectomy but there was no axillary dissection, code surgery to 41. The definition of MRM includes an axillary dissection, therefore if this *was not done*, you cannot use code 51.

**Modified Radical Mastectomy (Codes 50-59, 63)**



Removes all breast tissue, nipple and 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.

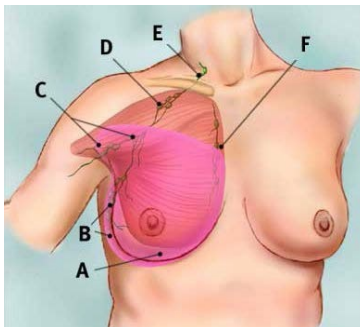
- “In continuity with” or “en bloc” mean all tissues were removed during the same procedure, but not necessarily in a single specimen.
- If a simple mastectomy is done as well as an axillary dissection code to 51. These procedures together meet the definition of a MRM. Axillary dissection may be performed on the same day or on a different date.

• **Code the cumulative result of surgeries:**

**Example 1:** Patient with left breast cancer treated with simple mastectomy and left sentinel lymph node biopsy. The sentinel lymph node is found to be positive. Thus, a left axillary dissection is performed two weeks later. Code surgery to 51.

**Example 2:** If a patient has an excisional biopsy followed by an axillary dissection, followed by a simple mastectomy (without reconstruction) during first course of therapy, code the cumulative result of the surgeries. In this case the cumulative surgeries equals a modified radical mastectomy; code to 51.

**Radical Mastectomy (Codes 60-73, 74-76)**



Most extensive type of mastectomy in which the surgeon removes the entire breast. Levels I, II & III axillary lymph nodes (B, C and D in illustration) are removed. Portions of or all chest wall muscles under the breast (pectoralis minor, and/or pectoralis major) are removed.

- Codes 70-74 would also include removal of internal mammary nodes (F) in addition to above tissues.
- Supraclavicular LNs (E) illustrated for reference.
- Code 76 - Used for bilateral mastectomies for a single tumor involving both breasts such as bilateral inflammatory breast carcinoma.

• **Breast Surgery of Primary Site, Part Two – will provide tips on coding breast reconstruction procedures.**