June 2022

Missouri Cancer Registry and Research Center
Show-Me-Tips

Coding...Abstracting...Education…

Ed 22:02
New Codes 2022

New Codes in 2022

Breast *Surgery of the Breast*

New custom data item will be collected for diagnosis year 2022 breast cases only

These two data items record the breast surgical procedure performed of the primary site at this facility and at any facility. The collection of data will be used for updating the surgery codes to support the Synoptic Operative Reporting and to allow for more descriptive Appendix A surgery codes in 2023.

Rationale

Field study for updating the surgery codes in Appendix A, to support the Synoptic Operative Reporting and to allow for more descriptive surgery codes. This data item can be used to compare the efficacy of treatment options.

Coding Instructions

- Review the operative report or procedure note to code the appropriate surgical code.
- Code the surgical resection code for Breast primaries performed with diagnosis date ≥1/1/2022 through 12/31/2022.
- Code the most definitive surgical procedure for the primary site performed.
- For codes B200 to B760, code in order of hierarchy, the response positions are hierarchical.
- Excisional biopsies (those that remove the entire tumor and/or leave only microscopic margins) are to be coded in this item using code 210.
- If contralateral breast reveals a second primary, each breast is abstracted separately.
- This data item is effective for Breast cases diagnosed 2022 only.
- Leave this data item blank for:
  - Breast cases diagnosed in any year except for 2022
  - All other sites

Ribbon Art by MesserWoland - own work created in Inkscape, based on the graphics by Niki K, Public Domain

Codes and Code Definitions

STORE 2022

B000	None, no surgery of primary site; autopsy ONLY
B200	Partial mastectomy; less than total mastectomy; lumpectomy, segmental mastectomy, quadrantectomy, tylectomy, with or without nipple resection

This project was supported in part by a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) (NU58DP006299-05) and a Surveillance Contract between DHSS and the University of Missouri.

New Codes in 2022

Breast *Surgery of the Breast*

Codes and Code Definitions (cont.)

B210	Excisional breast bx - Diagnostic excision, no pre-operative biopsy proven diagnosis of cancer
NOTE: An excisional biopsy can occur when the nodule was previously not expected to be cancer. **Example**: Use code B210, when a surgeon removes the mass and it comes back cancer and there is no biopsy (either core or FNA) done prior to the mass being removed.	
B215	Excisional breast biopsy, for atypia
NOTE: An excisional breast biopsy removes the entire tumor and/or leaves only microscopic margins. This surgical code was added to collect code when atypia tissue is excised and found to be reportable. Approx. 10-15% of excised atypia are cancer and reportable. **Example:** Use code B215 when patient has biopsy that shows atypical ductal hyperplasia, an excision is then performed, and pathology shows in situ or invasive cancer. The excisional breast biopsy for the ADH diagnosed the cancer, not the core biopsy.	
B240	Re-excision of margins from primary tumor site for gross or microscopic residual disease when less than total mastectomy performed.
B290	Central lumpectomy, only performed for a prior diagnosis of cancer, which includes removal of the nipple areolar complex
Note: A central lumpectomy removes the nipple areolar complex, whereas a lumpectomy does not. Central lumpectomy & central portion lumpectomy, central portion excision, central partial mastectomy are interchangeable terms. **Example:** Use code B290, when patients with Paget's disease or cancer directly involving the nipple areolar complex, where the nipple areolar complex needs to be removed.	
B300	Skin-sparing mastectomy
B310	WITHOUT removal of uninvolved contralateral breast
B320	WITH removal of uninvolved contralateral breast
NOTE: A skin sparing mastectomy removes all breast tissue and the nipple areolar complex and preserves native breast skin to cover the immediate reconstruction. It is performed with and without sentinel node biopsy or ALND. STORE 2022	

This project was supported in part by a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) (NU58DP006299-05) and a Surveillance Contract between DHSS and the University of Missouri.

New Codes in 2022

Breast *Surgery of the Breast*

Codes and Code Definitions (cont.)

B400	Nipple-sparing mastectomy
B410	WITHOUT removal of uninvolved contralateral breast
B420	WITH removal of uninvolved contralateral breast
NOTE: A nipple sparing mastectomy removes all breast tissue but preserves the nipple areolar complex and breast skin and is performed with immediate reconstruction. It is performed with and without sentinel node biopsy or ALND.	
B500	Areolar-sparing mastectomy
B510	WITHOUT removal of uninvolved contralateral breast
B520	WITH removal of uninvolved contralateral breast
NOTE: An areolar sparing mastectomy removes all breast tissue and the nipple but preserves the areola and breast skin and is performed with immediate reconstruction. It is performed with and without sentinel node biopsy or ALND.	
B600	Total (simple) mastectomy
B610	WITHOUT removal of uninvolved contralateral breast
B620	WITH removal of uninvolved contralateral breast
NOTE: A total (simple) mastectomy removes all breast tissue, the nipple areolar complex and breast skin and is not performed with reconstruction. It is performed with & without sentinel node biopsy or ALND.	
B700	Radical mastectomy, NOS
B710	WITHOUT removal of uninvolved contralateral breast
B720	WITH removal of uninvolved contralateral breast STORE 2022
NOTE: A radical mastectomy removes all breast tissue, the nipple areolar complex, breast skin, and pectoralis muscle and is not performed with reconstruction. It is performed with level I-III ALND.	

This project was supported in part by a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) (NU58DP006299-05) and a Surveillance Contract between DHSS and the University of Missouri.

New Codes in 2022

Breast *Surgery of the Breast*

Codes and Code Definitions (cont.)

B760	Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma
B800	Mastectomy, NOS (including extended radical mastectomy)
B900	Surgery, NOS
B990	Unknown if surgery was performed; death certificate ONLY

Breast *Reconstruction immediately following resection*

New custom data item is required for diagnosis year 2022 breast cases only

These two data items record the breast reconstruction procedure immediately following resection performed at this facility and at any facility.

Rationale

Breast reconstruction was previously collected within the breast surgery codes. CoC will collect these data items to support the Synoptic Operative Reports and allow for more descriptive reconstruction codes. This is being collected in anticipation for a 2023 Site Specific Disease Item.

Coding Instructions

- Code the breast reconstruction code for Breast primaries performed with diagnosis date ≥1/1/2022 through 12/31/2022.
- Immediate reconstruction is defined as reconstruction performed during the same operative session as the operative procedure coded in Data item Rx Hosp—Surg Breast
- One surgeon can perform the surgical resection to primary site and another surgeon can perform the reconstruction during the same day procedure. As long as reconstruction was done during the same day as the surgical resection, an immediate reconstruction code should be assigned.
- Reconstruction performed on a different day than the breast primary definitive resection is not collected/coded.

STORE 2022

This project was supported in part by a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) (NU58DP006299-05) and a Surveillance Contract between DHSS and the University of Missouri.

New Codes in 2022

Breast *Reconstruction immediately following resection*

Coding Instructions (cont.)

- For Codes, A600-A900, information for this data item may be found in the Breast Plastic Reconstructive operative report.
- Oncoplastic surgery is typically coded by the surgeon but sometimes found in the plastics operative note. Oncoplastic surgery is defined as rebuilding the breast tissue after breast cancer resection and is a way to reconstruct and reshape the breast after a lumpectomy or mastectomy and involves rearrangement of breast tissue to correct a defect.
- Oncoplastic surgery and breast tissue rearrangement, mastopexy, batwing mastopexy, crescent mastopexy, donut mastopexy, mammaplasty, and breast reduction are interchangeable terms.
- Direct to implant placement is found in the operative report. This is when the surgeon places an implant and does not state placement of a tissue expander.
- Breast resection procedure should be coded in the Surg Breast data item.
- Leave this data item blank if primary site is not breast or breast primary not diagnosed in 2022.
  - Breast cases diagnosed in any year except for 2022
  - All other sites

Codes and Code Definitions

STORE 2022

A000	No Reconstruction
NOTE: Code A000 when no immediate reconstruction was performed at any facility.	
A100	Tissue expander placement
NOTE: Code A100 when tissue expanders were placed without implant or tissue placement.	
A200	Direct to implant placement
NOTE: Code A200 when a permanent implant is placed immediately following resection. **Example:** A mastectomy is performed by the breast surgeon and an implant is placed at the same time by a plastic surgeon (some general /breast surgeons may place implants, but most are placed by plastics). STORE 2022	

This project was supported in part by a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) (NU58DP006299-05) and a Surveillance Contract between DHSS and the University of Missouri.

New Codes in 2022

Breast *Reconstruction of the breast immediately following resection*

Codes and Code Definitions (cont.)

A300	Oncoplastic tissue rearrangement (not a formal mastopexy/reduction)
A400	Oncoplastic reduction and/or mastopexy
NOTE: Code A400 when patient has breast conserving resection and a breast reduction/lift is performed.	
A500	Oncoplastic reconstruction with regional tissue flaps
NOTE: Code A500 when patient has breast conserving resection and reconstruction is performed with skin flaps.	
A600	Mastectomy reconstruction with autologous tissue, source not specified
A610	WITH abdominal tissue
A620	WITH thigh tissue
A630	WITH gluteal tissue
A640	WITH back tissue
NOTE: Code A600 when patient's autologous tissue source is unknown or not specified.	
A900	Reconstruction performed, method unknown
NOTE: Code A900 when reconstruction is done, but the type of reconstruction is not known.	
A970	Implant based reconstruction, NOS
A980	Autologous tissue-based reconstruction, NOS
A990	known if reconstruction performed
NOTE: Code A990 when it's unknown if immediate reconstruction was performed.	

STORE 2022

This project was supported in part by a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) (NU58DP006299-05) and a Surveillance Contract between DHSS and the University of Missouri.

New Codes in 2022

Example 1: Operative Report: Excisional Biopsy Pathology Report: Left Breast, WD ductal carcinoma. Resected tumor size 3.2cm	• Surgery of the Breast ○ Code 210 - Excisional biopsy Diagnostic excision, no pre-operative biopsy proven diagnosis of cancer • Reconstruction of the Breast ○ Code A000 - No Reconstruction
Example 2: Operative Report: Bilateral Subcutaneous Mastectomy Immediate Reconstruction with implants Pathology Report: PD ductal carcinoma, 5cm tumor size in left breast. Right breast benign.	• Surgery of the Breast ○ Code B420 - Skin-sparing mastectomy with removal of uninvolved contralateral breast • Reconstruction of the Breast ○ Code A200 - Direct to implant placement
Example 3: Operative Report: Right Quandrantectomy, right breast oncoplastic reduction Pathology Report: 2.1cm MD ductal adenocarcinoma, solid type, 0/5 lymph nodes positive	• Surgery of the Breast ○ Code 200 - Quantrantectomy • Reconstruction of the Breast ○ Code A400 - Oncoplastic reduction and/or mastopexy **CTR Coding Break** STORE Manual 2022 New Breast Data Items April 2022 Registry Partners

Rectum *Macroscopic Evaluation of the Mesorectum*

New Data Item

This data item records whether a Total Mesorectal Excision (TME) was performed and the macroscopic evaluation of the completeness of the excision. Collect on all cases after implementation date regardless of date of diagnosis.

Rationale

Numerous studies have demonstrated that total mesorectal excision (TME) improves local recurrence rates and the corresponding survival by as much as 20%. Macroscopic pathologic assessment of the completeness of the mesorectum, scored as complete, partially complete, or incomplete, accurately predicts both local recurrence and distant metastasis.

STORE 2022

This project was supported in part by a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) (NU58DP006299-05) and a Surveillance Contract between DHSS and the University of Missouri.

New Codes in 2022

Rectum *Macroscopic Evaluation of the Mesorectum*

Coding Instructions

- The American Society of Colon and Rectal Surgeons most recent Practice Parameters for the Management of Rectal Cancer states that total mesorectal excision is used for curative resection of tumors of the middle and lower thirds of the rectum, either as part of low anterior or abdominoperineal resection. For tumors of the upper third of the rectum, a tumor-specific mesorectal excision should be used with the mesorectum divided ideally no less than 5 cm below the lower margin of the tumor. Pathologic evaluation of the resection specimen has been shown to be a sensitive means of assessing the quality of rectal surgery. Macroscopic pathologic assessment of the completeness of the mesorectum, is scored as complete, partially complete, or incomplete.
- Information for this data item comes from the pathology report only.
- Leave this field blank if primary site is other than C20.9
- Neoadjuvant therapy does not alter coding of this data item
- Code 00 if patient did not have a Total Mesorectal Excision
- Code 10, 20, and 30 must be based on pathology report
    - Registrar should not assign codes 10-30 based on criteria used by pathologist to assess completeness status
    - If the pathologist does not indicate incomplete, nearly complete, or complete for a TME specimen assign code 40

00	Patient did not receive TME (Total Mesorectal Excision)
10	Incomplete TME
20	Nearly Complete
30	Complete TME
40	TME performed not specified on pathology report as incomplete, nearly complete, or complete TME performed but pathology report not available. Physician statement that TME performed, no mention of incomplete, nearly complete or complete status
99	UNKNOWN if TME performed
BLANK	Site not rectum (C20.9)

STORE 2022

This project was supported in part by a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) (NU58DP006299-05) and a Surveillance Contract between DHSS and the University of Missouri.