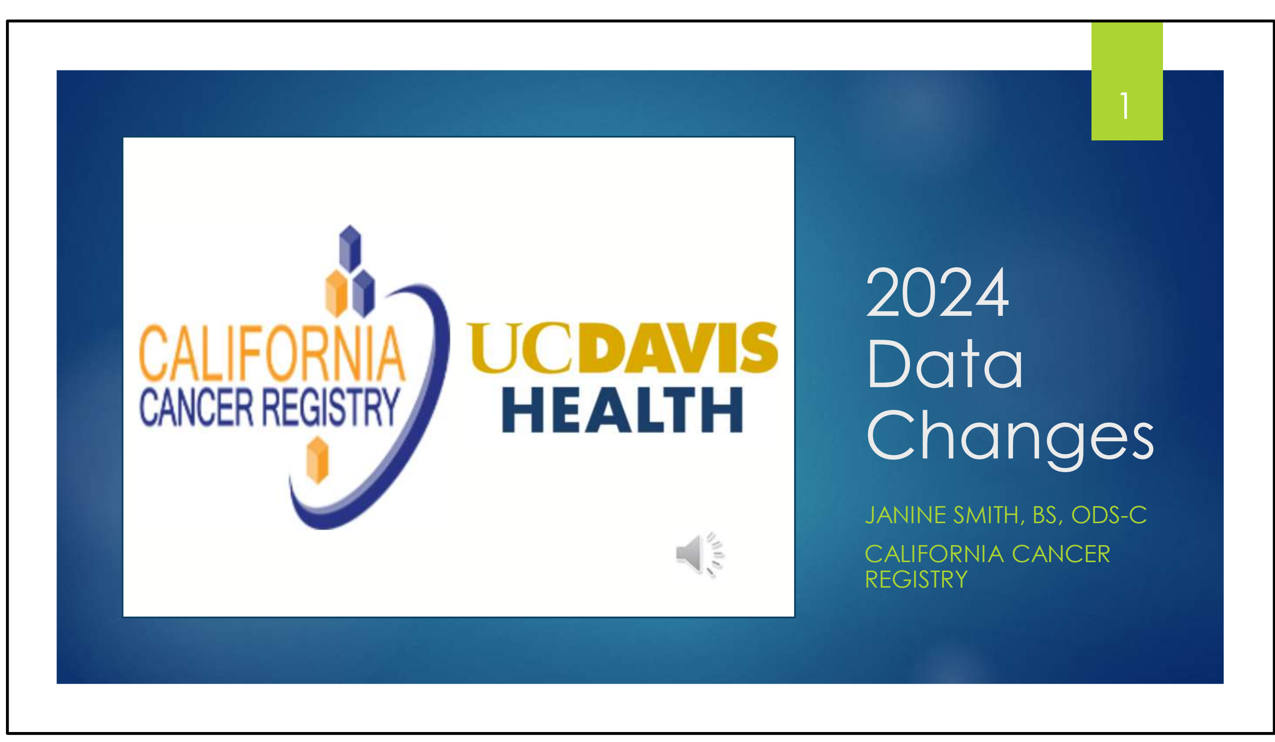
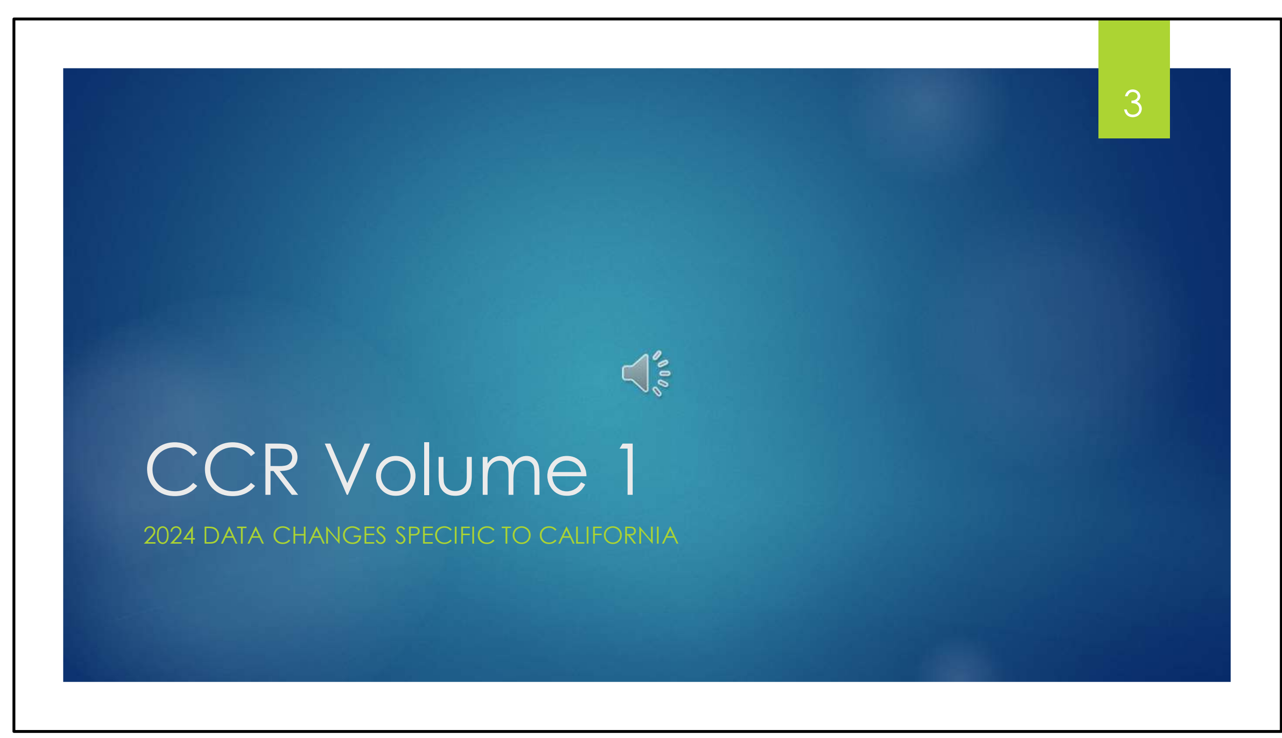

1
CALIFORNIA
CANCER REGISTRY
UC DAVIS
HEALTH
2024
Data
Changes
JANINE SMITH, BS, ODS-C
CALIFORNIA CANCER
REGISTRY

Topics

2

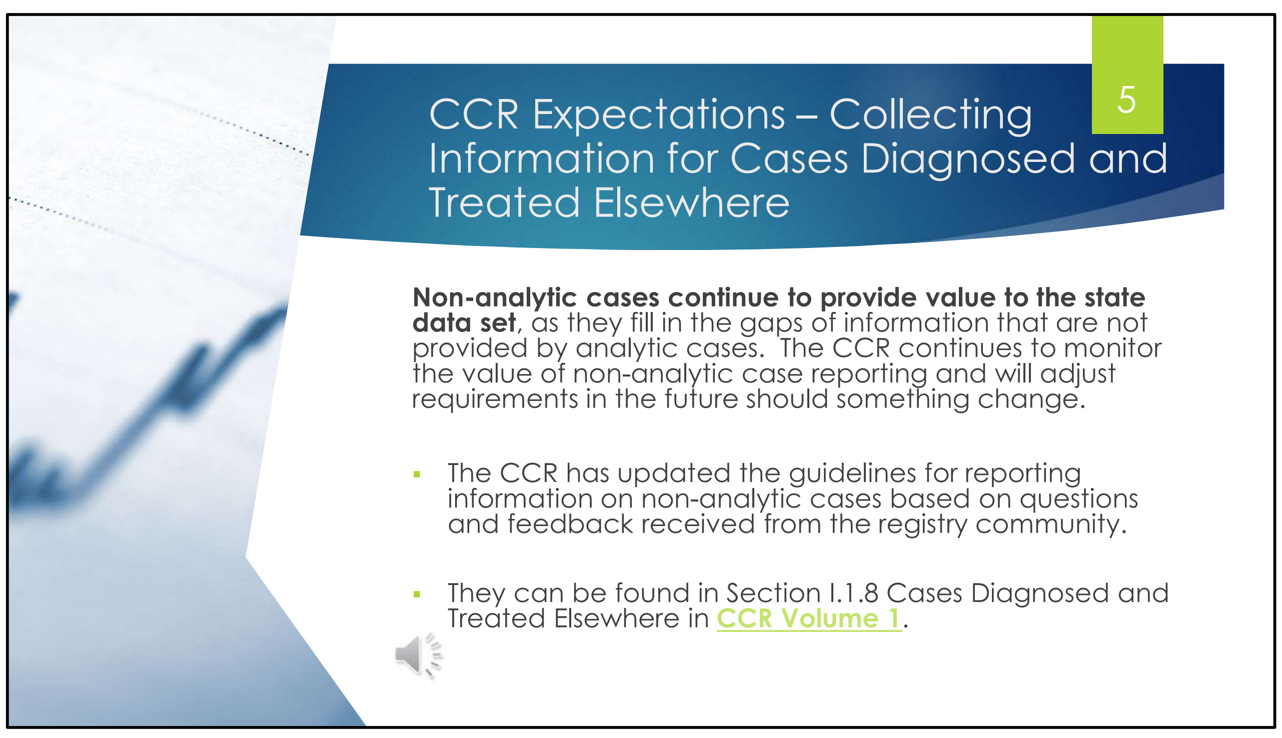
- Changes Specific to California – CCR Volume 1
- Major Standard Setter Changes
  - ICDO-3.2 Updates and Reportability
  - New and Revised Data Items
  - Staging Updates
  - STORE Surgery Code Changes


3
CCR Volume 1
2024 DATA CHANGES SPECIFIC TO CALIFORNIA

Changes Specific to California

- CCR Expectations for collecting information for non-analytic cases
- CCR Reportability Guide
- Text Documentation
- New Sections/Deleted Section to Volume 1
- Visually Edited Data Items

- Volume 1 has been updated to reflect standard setter changes



Non-analytic cases are a recurring topic for these data changes presentations! In the last several years, we have tried to clarify reportability of the Class 30 cases. But we do continue to get questions about non-analytic cases in general, how much information needs to reported, and if there is a "bare-minimum" of information that can be reported.

Trust me, we feel your pain and understand the burden reporting these cases places on the facilities.

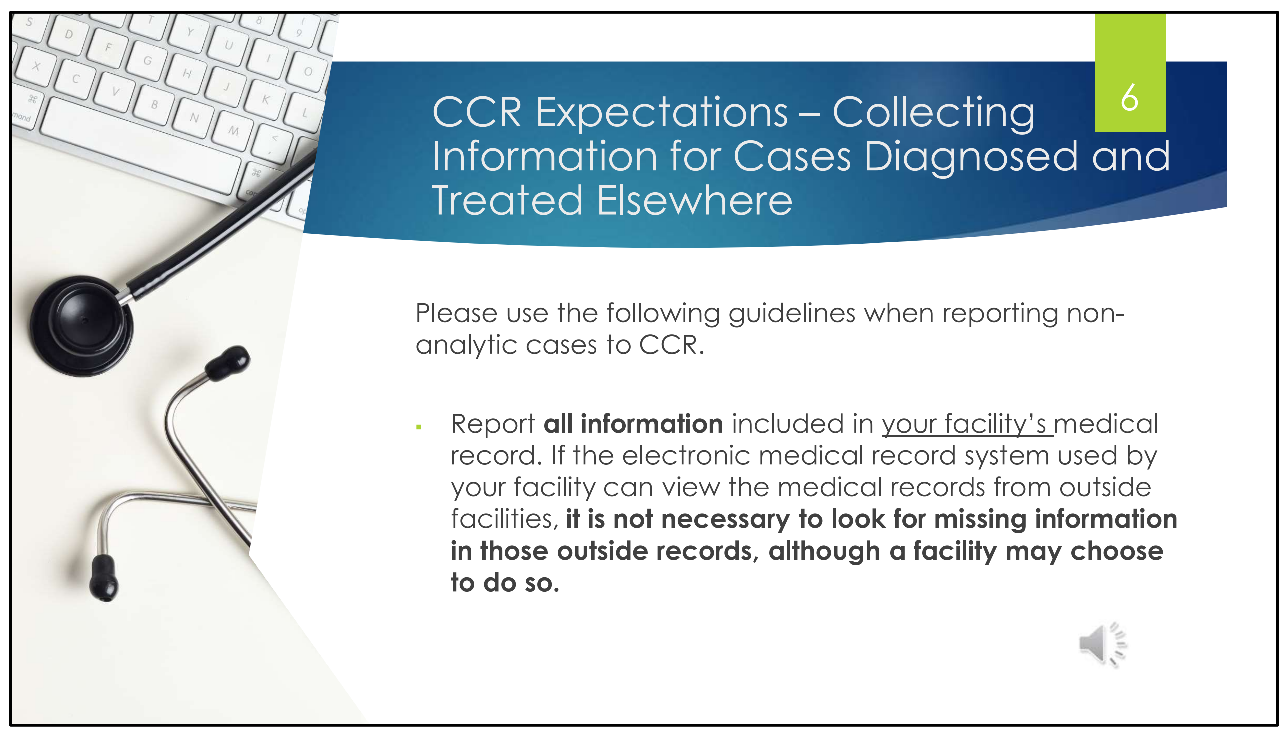
Earlier this year, we conducted an audit of Class 30 cases to assess the value these cases are providing. And what we found was that they continue to provide value to the state data set because they fill in the gaps of information that are not provided by analytic cases. So for now, we need to continue to collect these cases.

But we have updated the expectations on collecting information for these cases.

They can be found in section 1.1.8 of CCR Volume 1.
A data alert was sent out earlier this year to notify registrars in California that these

expectations are effective immediately.

We have incorporated these changes into CCR Volume 1 for 2024. See section I.1.8 Cases Diagnosed and Treated Elsewhere.



All information in your facility's medical record DOES include any diagnostic workup or treatment done outside your facility that has been scanned into your EMR.

However, we do not expect you to go on a treasure hunt to find information that is not readily available in your facilities medical record!

CCR Expectations – Collecting Information for Cases Diagnosed and Treated Elsewhere

7

Please use the following guidelines when reporting non-analytic cases to CCR.

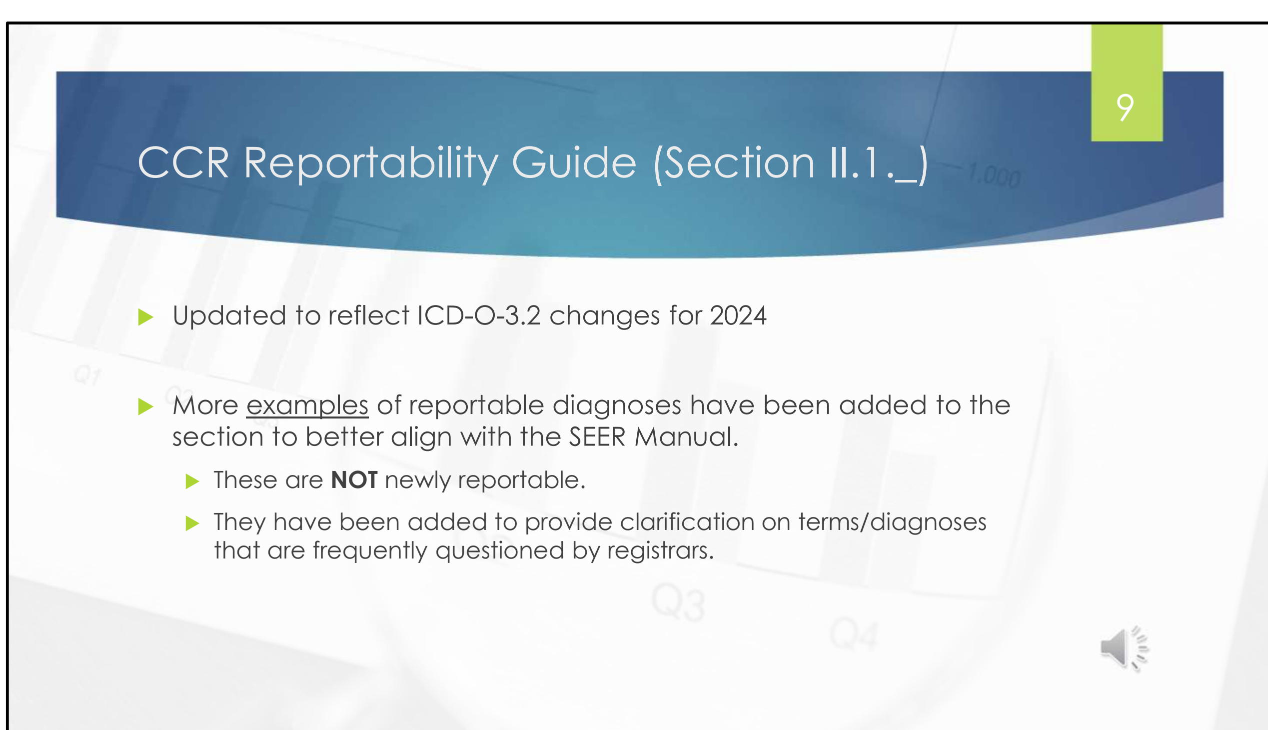
- **All** information reported must be coded and documented in the appropriate text fields.
- Even though information for many required data items might not be available, all the data items must be completed.
- If necessary, enter the codes for UNKNOWN or NONE.

What you DO report needs to be fully documented in text and coded. We expect high-quality on anything that is reported because it will be used to improve data in the central registry.

CCR Expectations – Collecting Information for Cases Diagnosed and Treated Elsewhere

8

- For definitions of non-analytic cases and which non-analytic cases are reportable to CCR, see **CCR Volume 1**.
  - There are NO CHANGES for 2024 on which cases are reportable.
- The CCR will continue to monitor the value of non-analytic case reporting and will adjust requirements in the future should something change.


9
CCR Reportability Guide (Section II.1._)
Updated to reflect ICD-O-3.2 changes for 2024
More examples of reportable diagnoses have been added to the section to better align with the SEER Manual.
These are NOT newly reportable.
They have been added to provide clarification on terms/diagnoses that are frequently questioned by registrars.

Text Documentation Guidelines

10

Treatment start dates MUST be documented in text

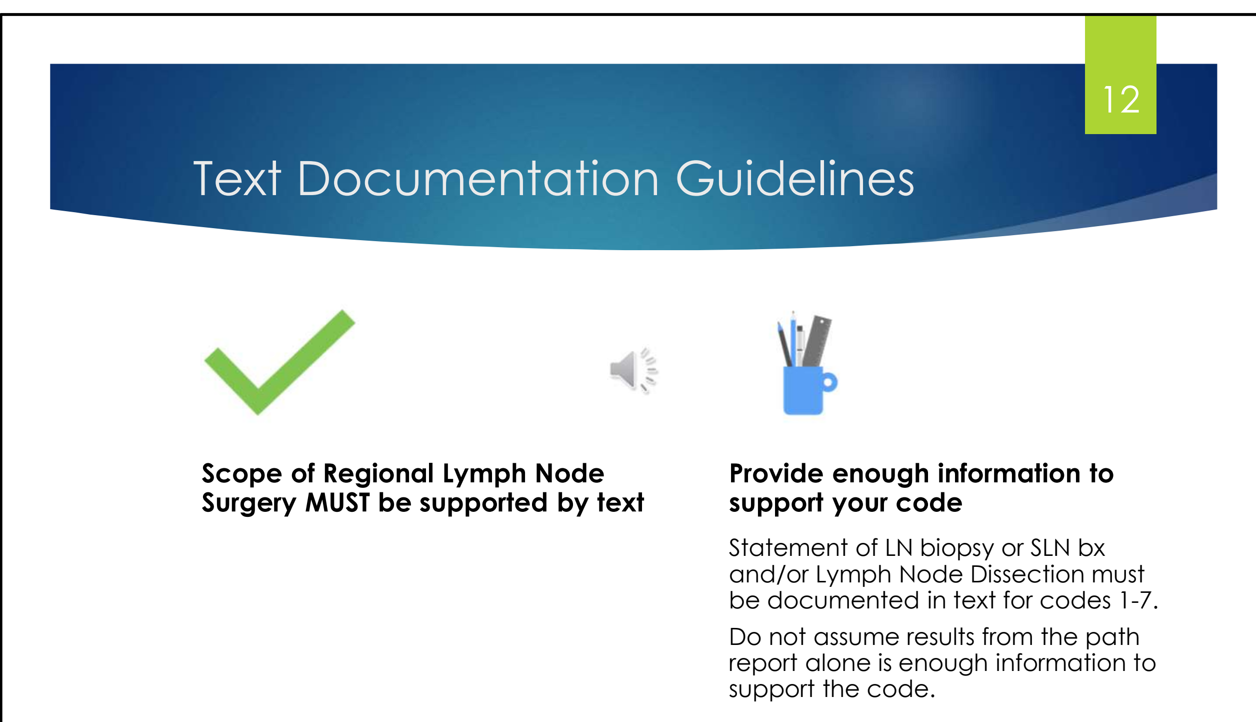
- This has ALWAYS been a CCR Requirement.
- It is also an NPCR requirement.
- A statement has been added to Volume 1 Section VI.1.2 First Course of Treatment – Data Entry.
- **A treatment date that is coded but is not also documented in text is considered a discrepancy!**

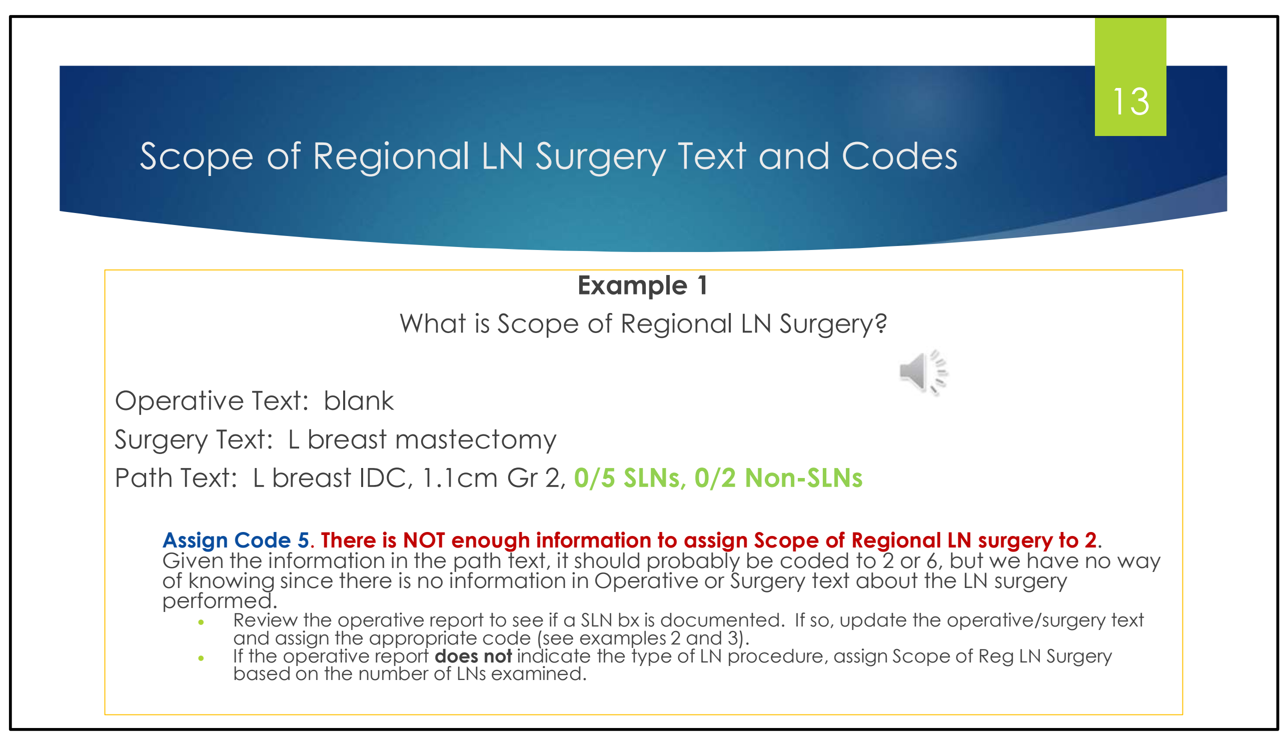
Text Documentation Guidelines

11

Scope of Regional Lymph Node Surgery MUST be supported by text

- This has ALWAYS been a CCR Requirement as all codes must be supported by text.
  - CCR Volume 1 and Appendix T have been updated to explicitly include this in the check-list of information for Surgery and Operative text fields.
- Document in text (preferably Operative Text or Surgery Text) the LN Procedure(s) done as stated on the operative report.


12
Text Documentation Guidelines
Scope of Regional Lymph Node Surgery MUST be supported by text
Provide enough information to support your code
Statement of LN biopsy or SLN bx and/or Lymph Node Dissection must be documented in text for codes 1-7.
Do not assume results from the path report alone is enough information to support the code.



I want to go through a few examples that explain how the text and the code assigned need to align.

Scope of Regional LN Surgery Text and Codes

14

Example 2

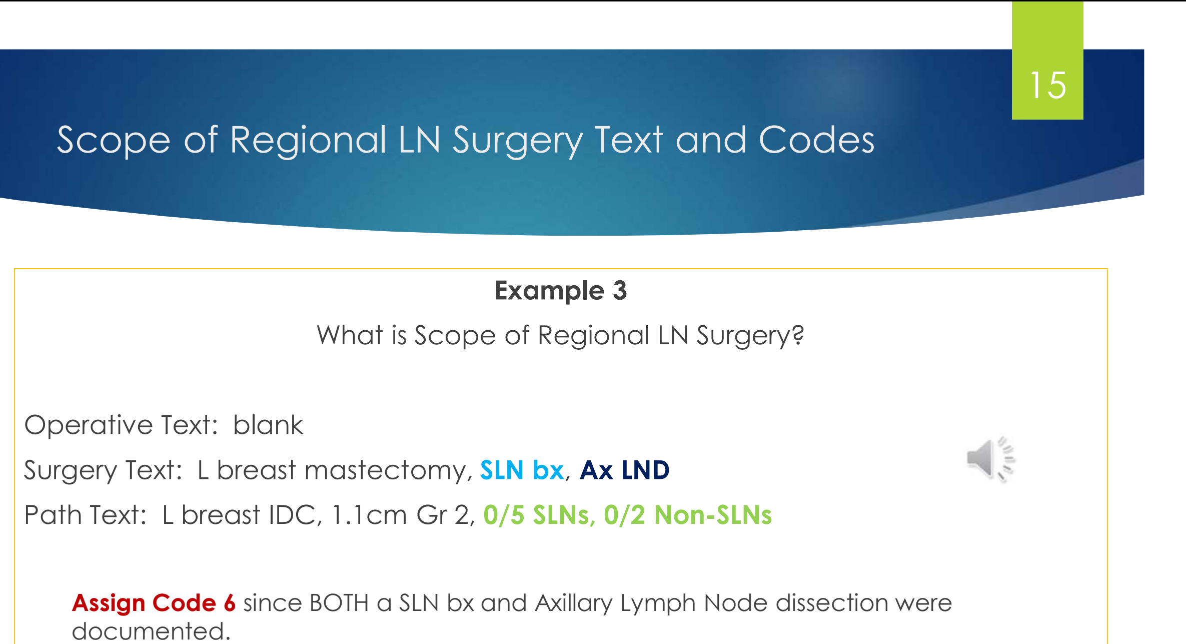
What is Scope of Regional LN Surgery?

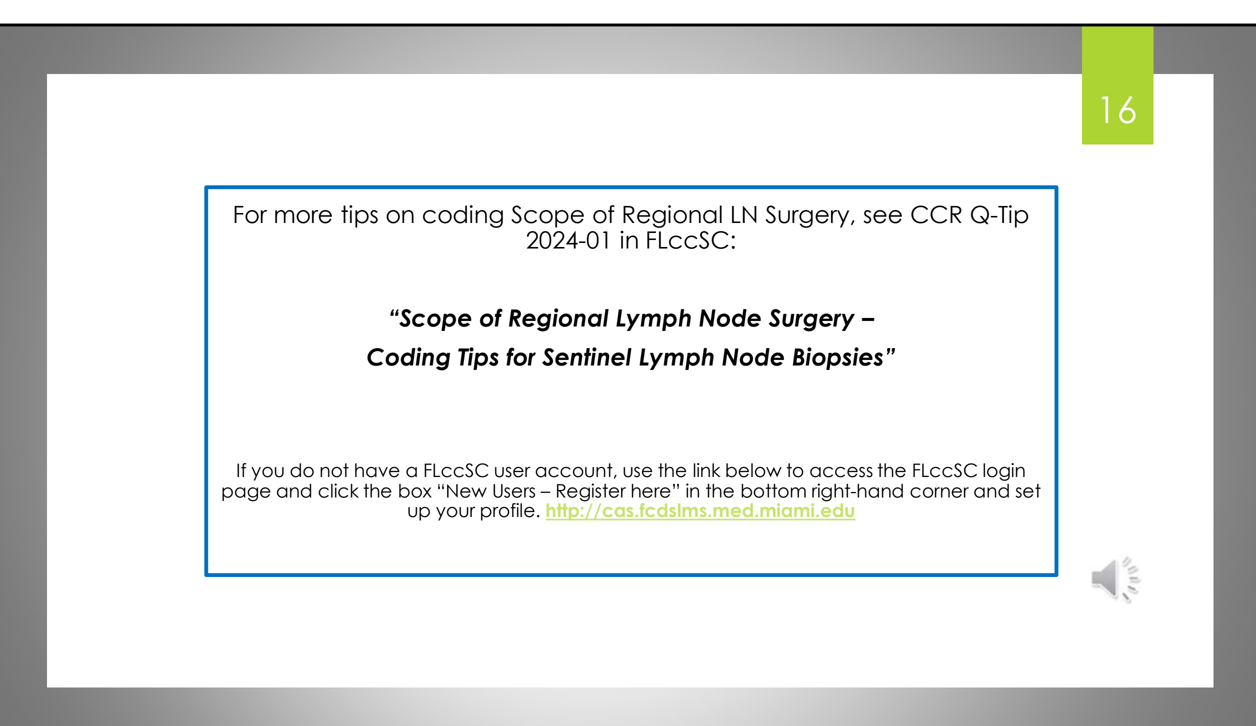
Operative Text: blank

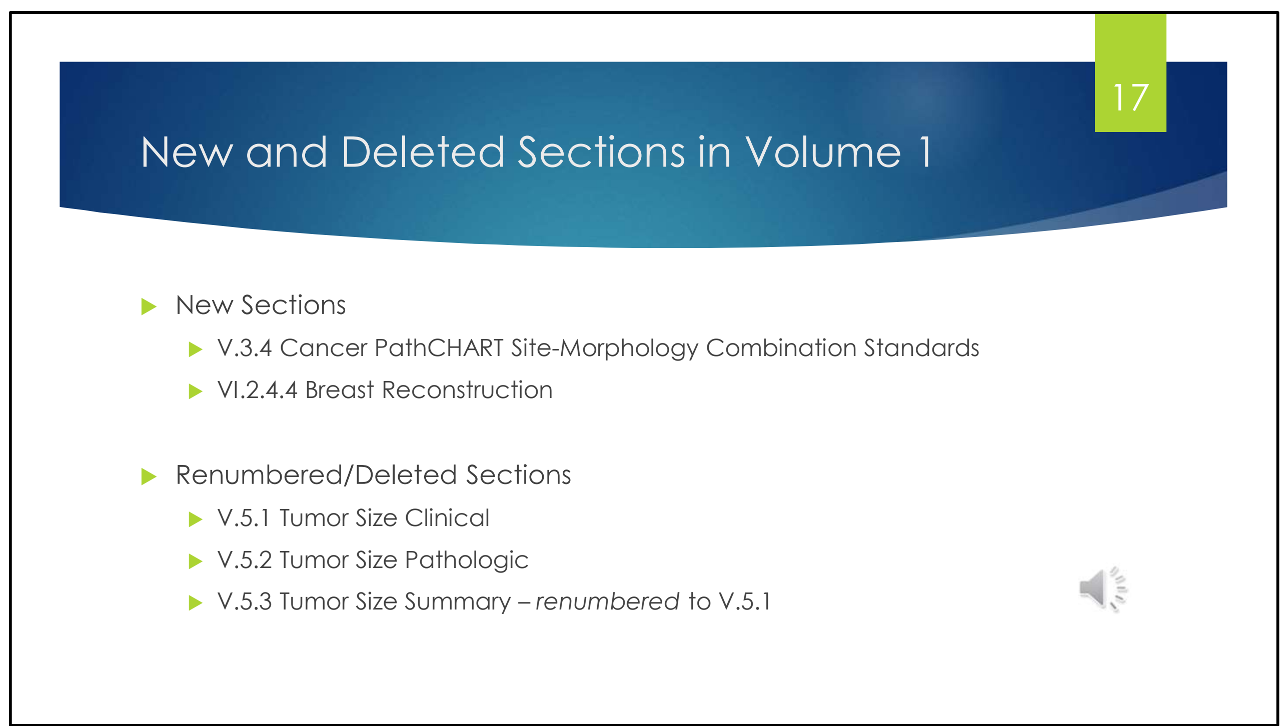
Surgery Text: L breast mastectomy, **sentinel LN bx**

Path Text: L breast IDC, 1.1cm Gr 2, **0/5 SLNs, 0/2 Non-SLNs**

Assign Code 2. ONLY a SLN bx was documented in text and there was no mention of an additional Regional Lymph Node dissection. The presence of non-sentinel lymph nodes does not automatically mean that a regional LN dissection procedure was done. **This text does NOT support code 6**.


15
Scope of Regional LN Surgery Text and Codes
Example 3
What is Scope of Regional LN Surgery?
Operative Text: blank
Surgery Text: L breast mastectomy, SLN bx, Ax LND
Path Text: L breast IDC, 1.1cm Gr 2, 0/5 SLNs, 0/2 Non-SLNs
Assign Code 6 since BOTH a SLN bx and Axillary Lymph Node dissection were documented.


16
For more tips on coding Scope of Regional LN Surgery, see CCR Q-Tip 2024-01 in FLccSC:
"Scope of Regional Lymph Node Surgery –
Coding Tips for Sentinel Lymph Node Biopsies"
If you do not have a FLccSC user account, use the link below to access the FLccSC login page and click the box "New Users – Register here" in the bottom right-hand corner and set up your profile. http://cas.fcdslms.med.miami.edu



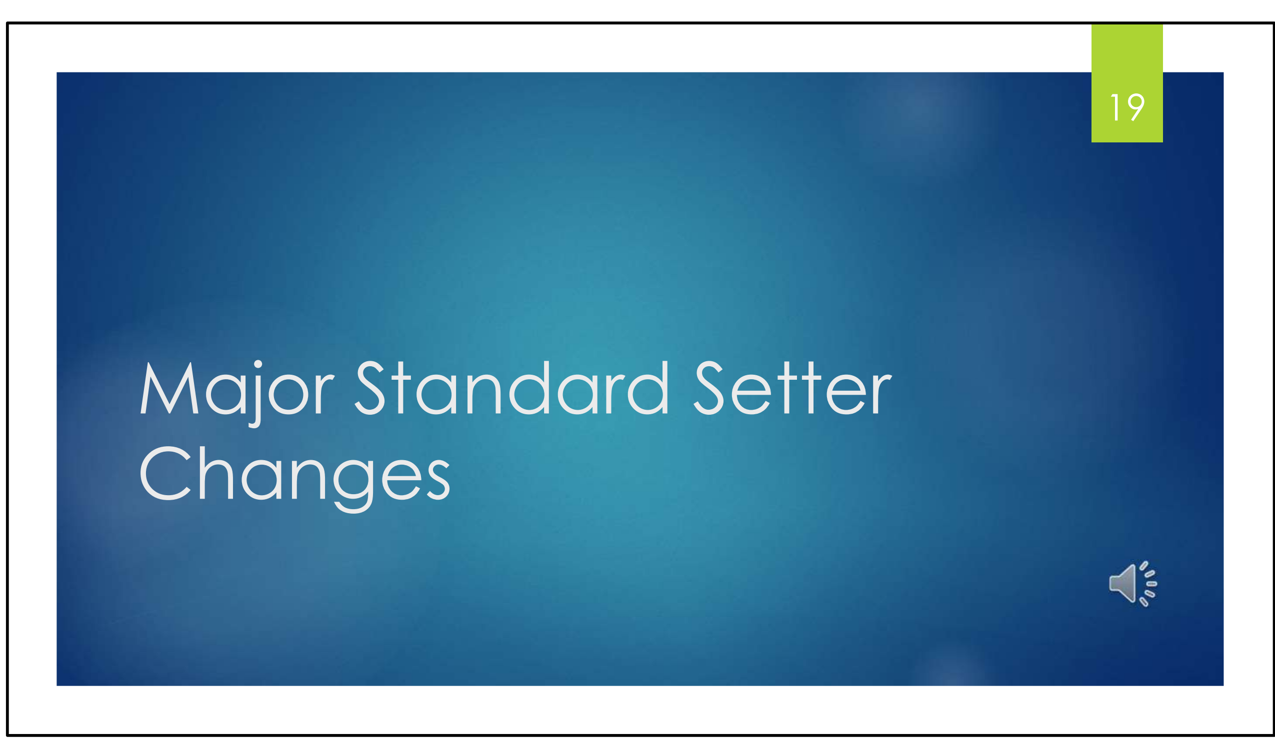
For those of you navigating through CCR Volume 1, there have been two new sections added and two sections deleted to adhere to standard setter changes for 2024.

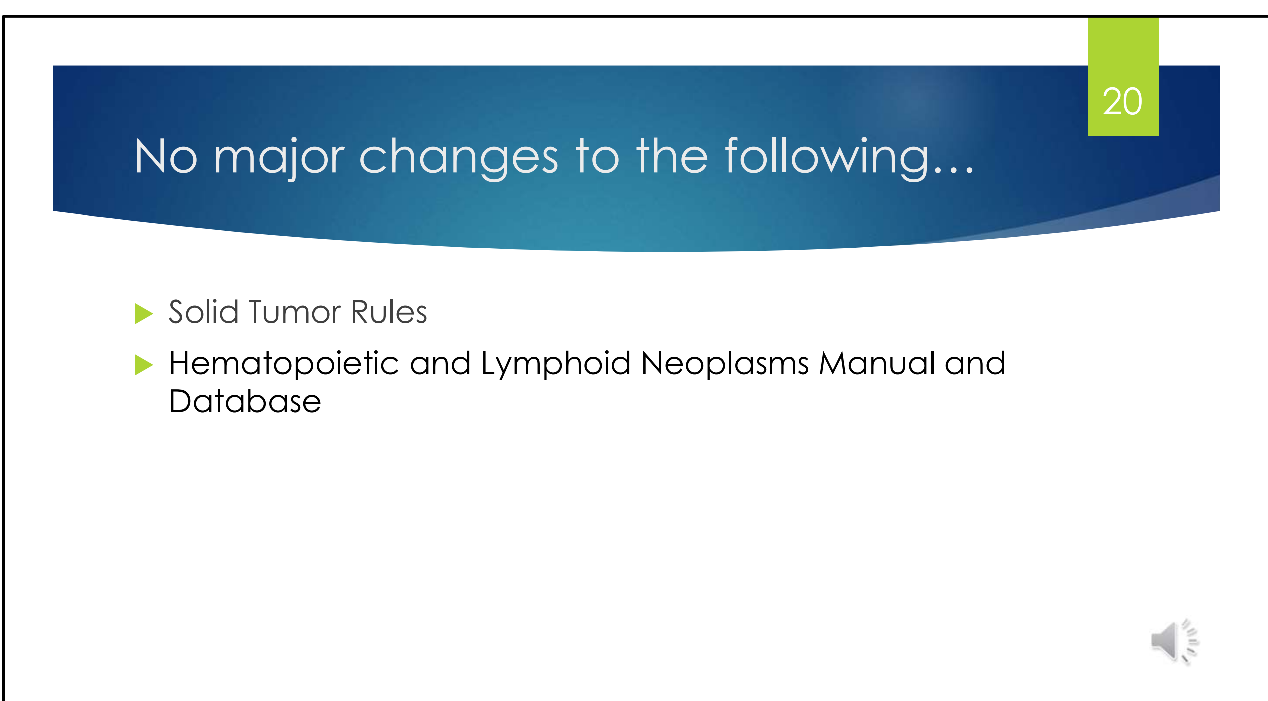
Visual Editing / Accuracy Rates

18

- CCR will be moving away from the current definition of Visual Editing and Accuracy Rates.
- As of June 1, 2024, reporting facilities will no longer receive reports related to these quality measures. CCR is working to evolve our definition of Visual Editing to better support education and overall data quality.
- A Data Alert went out on 5/31/2024 communicating this information.

- Due to these changes, there will not be a **Visually Edited Data Items** list for 2024.


19
Major Standard Setter Changes


20
No major changes to the following…
Solid Tumor Rules
Hematopoietic and Lymphoid Neoplasms Manual and Database

ICD-O-3.2 Updates for 2024 (Highlights)

21

- See ICD-O-3 Implementation Guidelines located on the NAACCR website for the comprehensive set of ICD-O-3.2 Updates for 2024.
  - Use of these guidelines is required for determining reportability and accurate coding.
- 2024 ICD-O-3.2 Update Tables 1 and 2 (Numeric and Alpha) include all changes to ICD-O-3.2 made after the 2023 update and are effective for cases diagnosed 1/1/2024.
- **This presentation only includes the more notable changes**

This presentation only includes the more notable changes. For the comprehensive list of updates, see the implementation guidelines by following the link in this slide. As a reminder, use of the guidelines is required for determining reportability and accurate coding.

The 2024 Update tables include all changes to ICD0 made after the 2023 update and are effective for cases diagnosed 2024 and forward.

ICD-O-3.2 Updates for 2024 (Highlights)

22

- Not many changes for 2024
- **NO** New Codes!
- ONE behavior change
- SOME but not ALL of the changes have been incorporated into the Solid Tumor Rules

The current *Solid Tumor Rules*, the *Hematopoietic and Lymphoid Neoplasm Coding Manual and Database*, and the *International Classification of Diseases for Oncology, Third Edition, Second Revision Morphology (ICD-O-3.2)* are the standard references for histology codes.

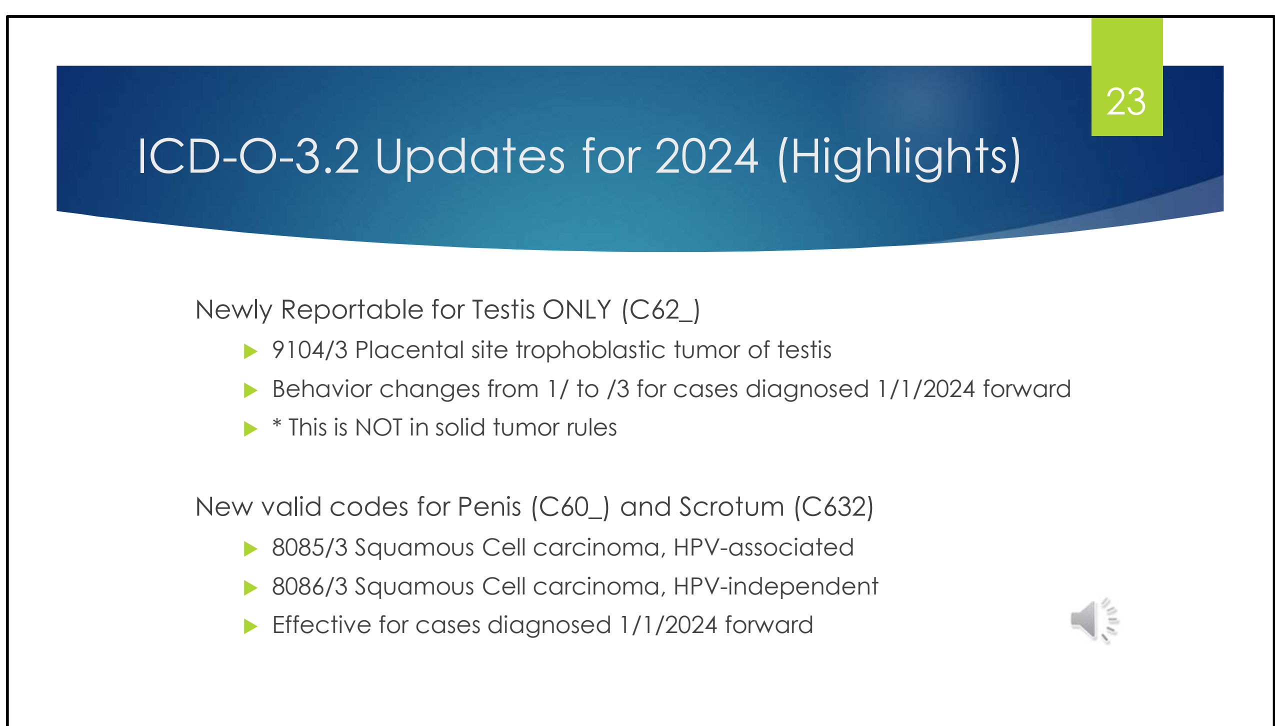
Thankfully, there are not many changes for 2024.

First off, there are NO new codes!

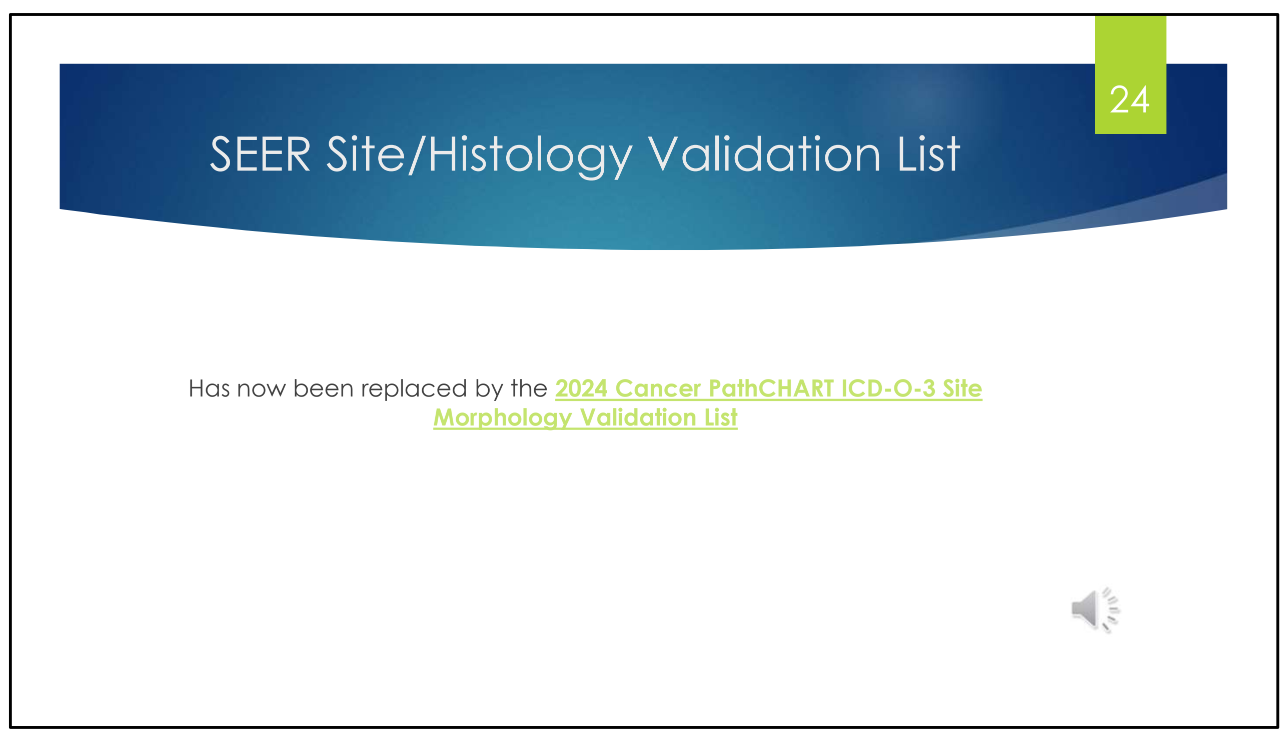
There was only one behavior change to a code and we will get to that on the next slide.

All the rest were new terms, but not many compared to prior years. The Update table is only about 2.5 pages long this year.

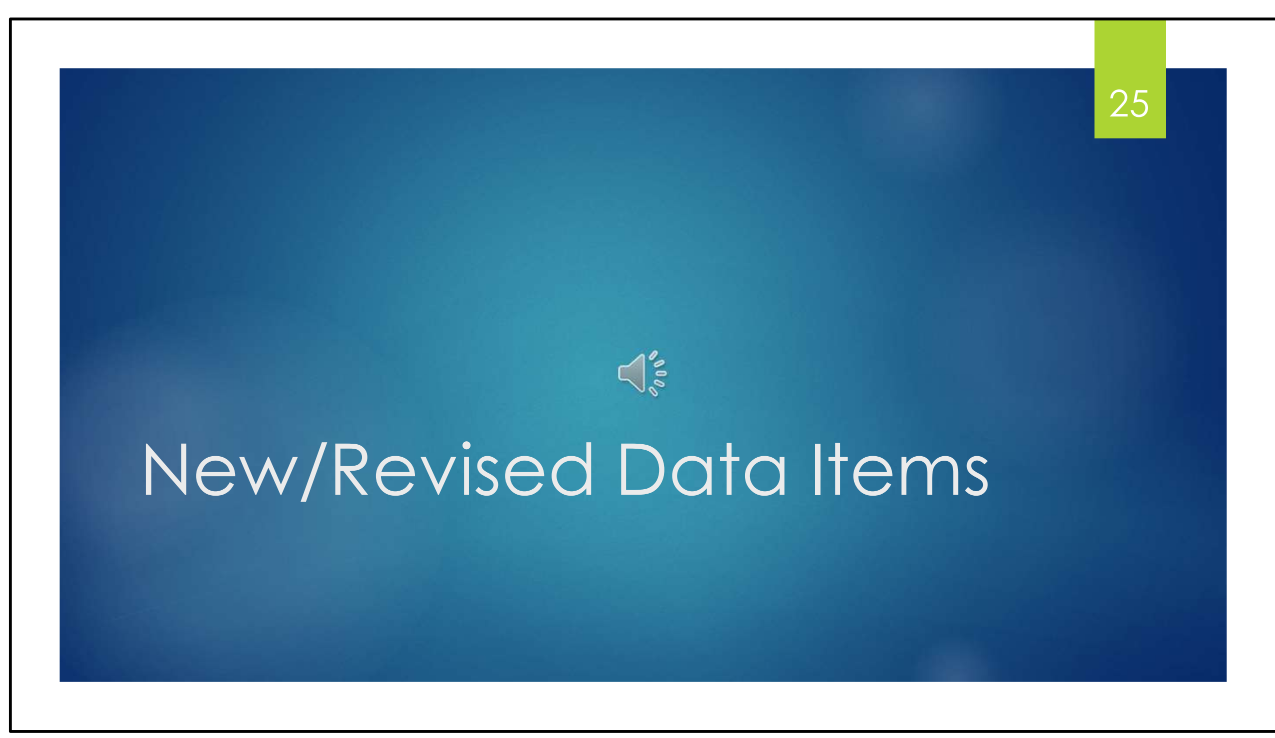
I wanted to point out that some (most) of the changes have been incorporated into Solid Tumor Rules, but not all of the them. On inspection I saw a few that did not make it over for one reason or another and the non-reportable terms are not be in there. The moral of the story is that you need to use ICDO in conjunction with solid tumor rules and the Heme manual and database when determining reportability and assigning histology codes.



The two “big” changes for 2024 are on this slide.



Also note the SEER Site/Histology Validation List has been replaced starting in 2024.


25
New/Revised Data Items

New/Revised Data Items Effective 1/1/2024

26

- Breast Reconstruction (discussed with STORE surgery code changes) ***New***
- Tumor Size Clinical and Tumor Size Pathologic no longer collected 1/1/24 forward
  - Tumor Size Summary will continue to be collected
- SSDIS:
  - Brain Primary Tumor Location (Brain V9 schema) ***New***
  - SEER SSF1 has changed from a 1-digit code to a 2-digit code, added new codes
  - Brain Molecular Markers (many new codes)
  - P16 (now collected for Vulva V9 schema)

Breast Reconstruction is a new data item for 2024 and I will discuss that later in the presentation.

As I mentioned earlier, Tumor Size Clinical and pathologic are being retired and will no longer be collected.

There have also been several SSDI changes.

First, there is a new SSID for the Brain version 9 schema called Brain Primary Tumor Location

SEER Site specific factor 1 has been changed from a 1-digit to a 2-digit code and some new codes have been added

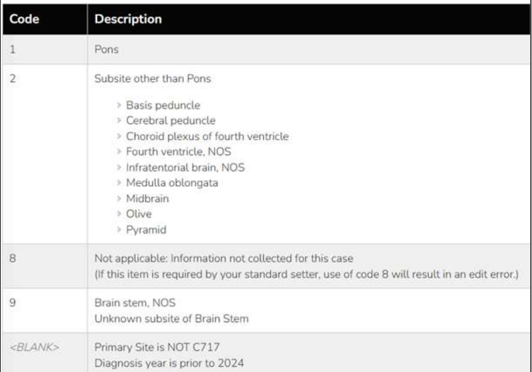
Many new codes have been added to Brain Molecular Markers which is collected for the Brain schemas

And p16 is now collected for the Vulva v9 schema

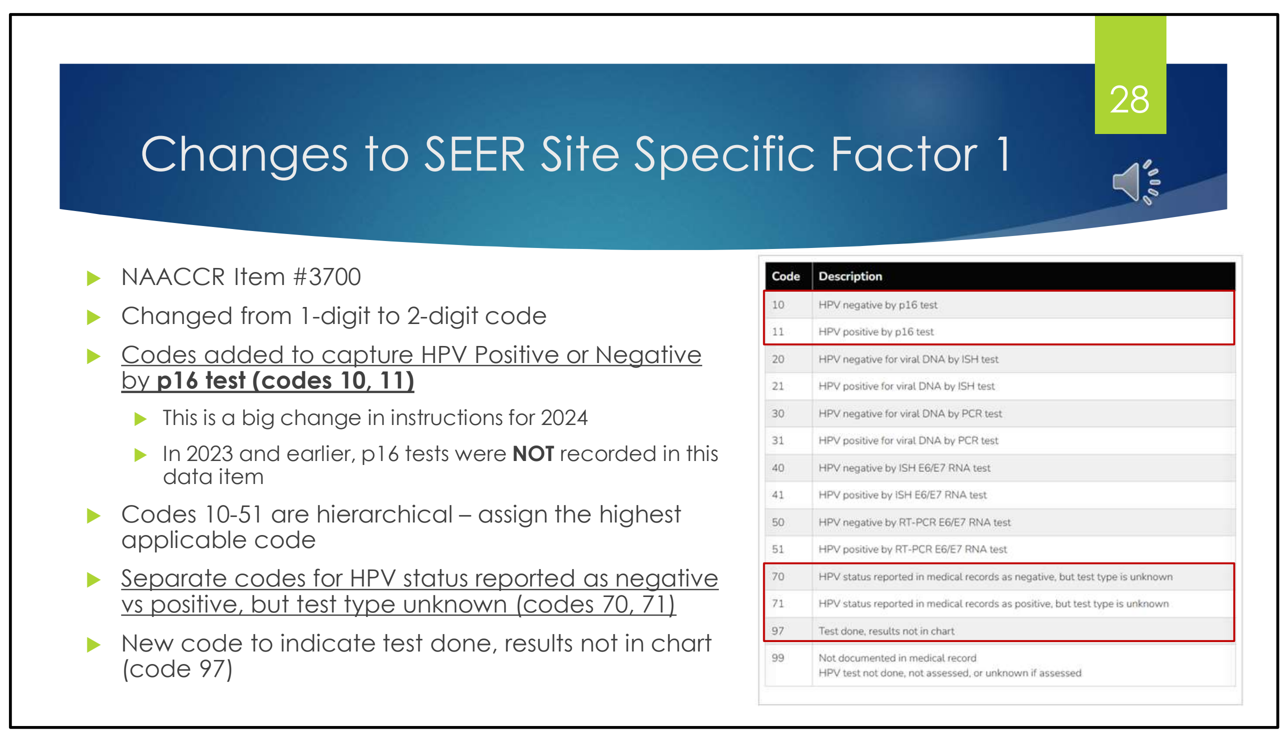
Brain Primary Tumor Location – New Data Item

27

- New SSDI for Brain v9 Schema
- NAACCR Item #3964
- Required by CCR for cases diagnosed 2024+
- Needed to distinguish between the Pons and all other subsites within the Brain Stem (C717)
- Radiology reports and physician's notes are the best sources to determine the appropriate code
  - Needle Biopsies and surgery are usually too dangerous for these types of tumors

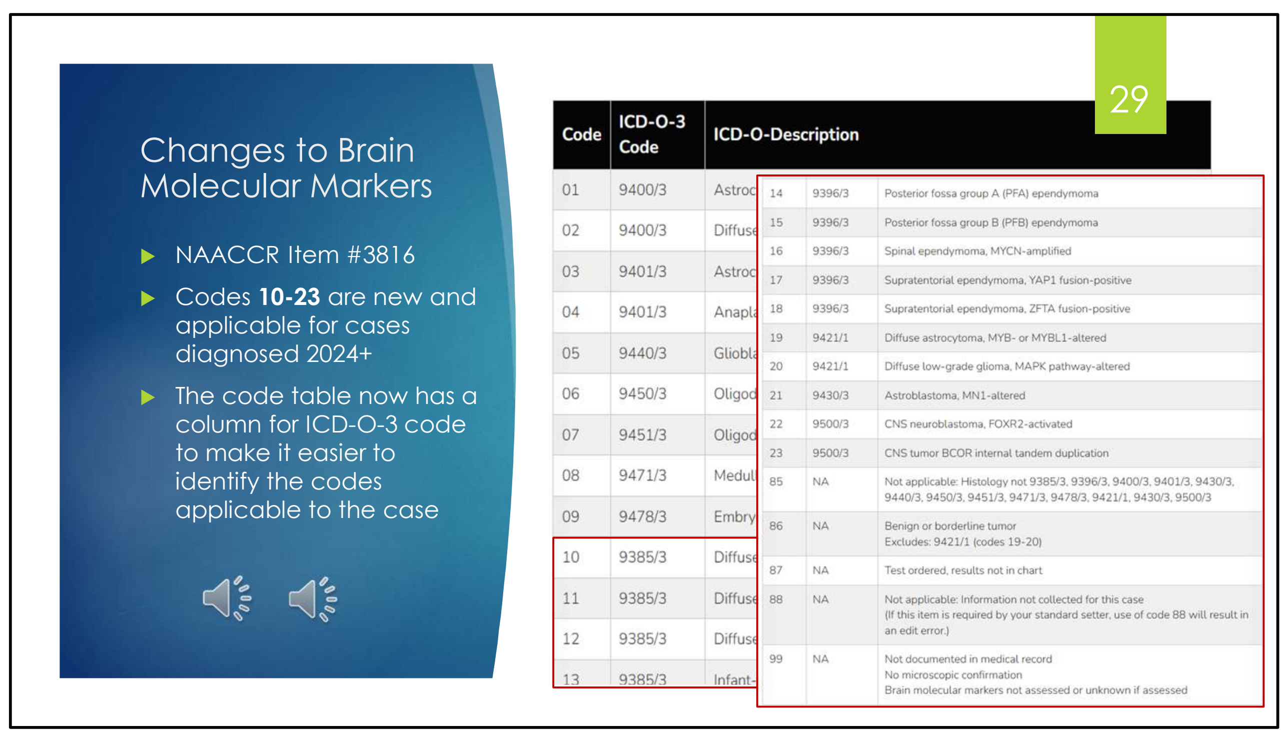


Code	Description
1	Pons
2	Subsite other than Pons › Basis peduncle › Cerebral peduncle › Choroid plexus of fourth ventricle › Fourth ventricle, NOS › Infratentorial brain, NOS › Medulla oblongata › Midbrain › Olive › Pyramid
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error.)
9	Brain stem, NOS Unknown subsite of Brain Stem
<BLANK>	Primary Site is NOT C717 Diagnosis year is prior to 2024

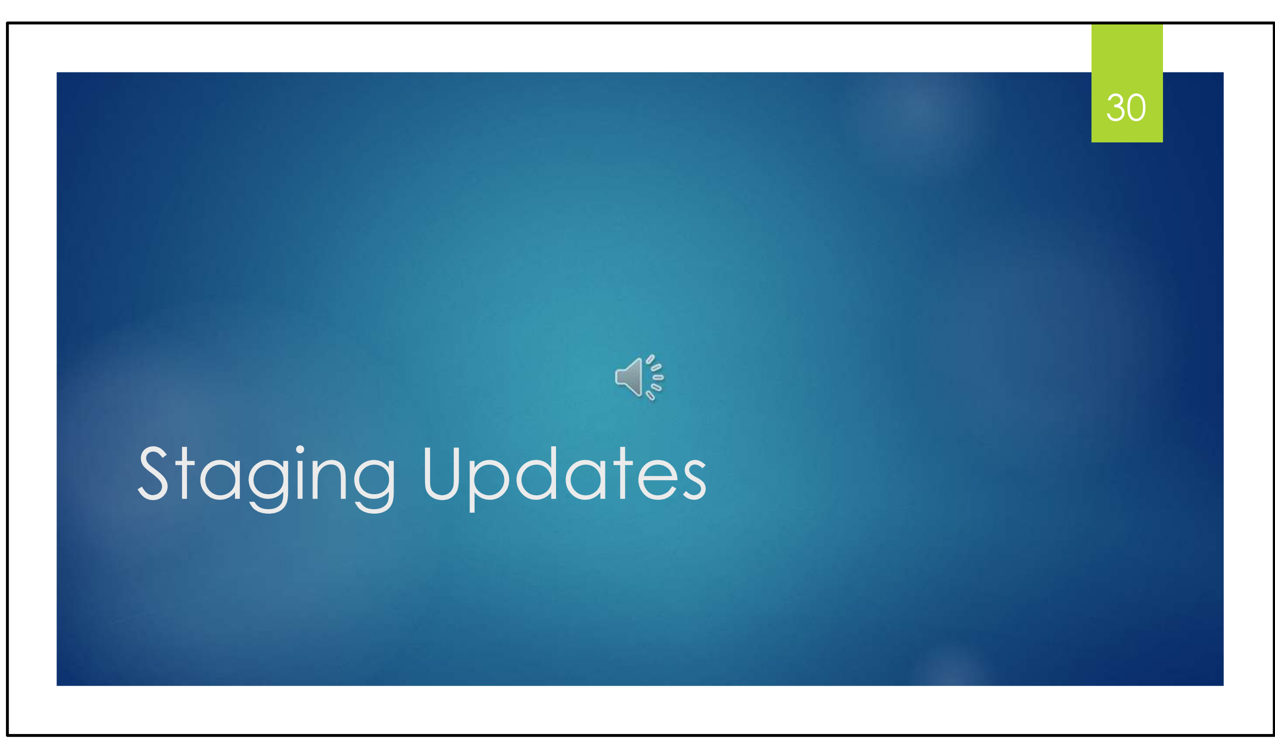


Code	Description
10	HPV negative by p16 test
11	HPV positive by p16 test
20	HPV negative for viral DNA by ISH test
21	HPV positive for viral DNA by ISH test
30	HPV negative for viral DNA by PCR test
31	HPV positive for viral DNA by PCR test
40	HPV negative by ISH E6/E7 RNA test
41	HPV positive by ISH E6/E7 RNA test
50	HPV negative by RT-PCR E6/E7 RNA test
51	HPV positive by RT-PCR E6/E7 RNA test
70	HPV status reported in medical records as negative, but test type is unknown
71	HPV status reported in medical records as positive, but test type is unknown
97	Test done, results not in chart
99	Not documented in medical record HPV test not done, not assessed, or unknown if assessed

Hierarchical codes - If an additional HPV test is done in addition to p16, code the HPV test results in this data item



You can use the new ICD-O-3 column in the table to quickly identify any codes that are applicable to your case.


30
Staging Updates

New AJCC Version 9 Protocols for 2024

31

- Vulva Version 9
- Neuroendocrine Tumors of the Stomach Version 9
- Neuroendocrine Tumors of the Duodenum and Ampulla of Vater Version 9
- Neuroendocrine Tumors of the Jejunum and Ileum Version 9
- Neuroendocrine Tumors of the Appendix Version 9
- Neuroendocrine Tumors of the Colon and Rectum Version 9
- Neuroendocrine Tumors of the Pancreas Version 9

32

Extent of Disease (EOD) Updates

- New schemas added to align with AJCC Version 9:
  - NET Ampulla of Vater [V9: 2024+] (09302)
  - NET Appendix [V9: 2024+] (09320)
  - NET Colon and Rectum [V9: 2024+] (09330)
  - NET Duodenum [V9: 2024+] (09301)
  - NET Jejunum and Ileum [V9: 2024+] (09310)
  - NET Pancreas [V9: 2024+] (09340)
  - NET Stomach [V9: 2024+] (09290)
  - Vulva [V9: 2024+] (09500)
- EOD code descriptions/notes have been updated to address questions raised in various forums.
  - Registrars are **not** required to update previously coded information based on these updates.

Impact on Site/Histology Combinations

33

The following site/histology combinations have moved to different AJCC/EOD schemas to align with the new AJCC V9 Protocols

- 8041 with C51._ moves from Merkel Cell Skin to Vulva V9
- 8272 with C25._ moves from Pancreas to NET Pancreas V9
- 8982, 9064 with C51._ moves from Soft Tissue Abdomen and Thoracic to Vulva V9

There were some site/histology combinations that move from one staging protocol to another and those are listed on the slide. Your registry software should take care of this for you, but it is good for you to be aware of these changes.

Summary Stage 2018 Updates

34

- Notes for **Prostate** are updated to align with the EOD fields to improve clarity.
  - Registrars are **not** required to update previously coded information
  - New Note 8
  - Rest of notes (original 8, 9, 10) renumbered

Note 8: If a needle core biopsy confirms extraprostatic extension, that information can be used for Summary Stage

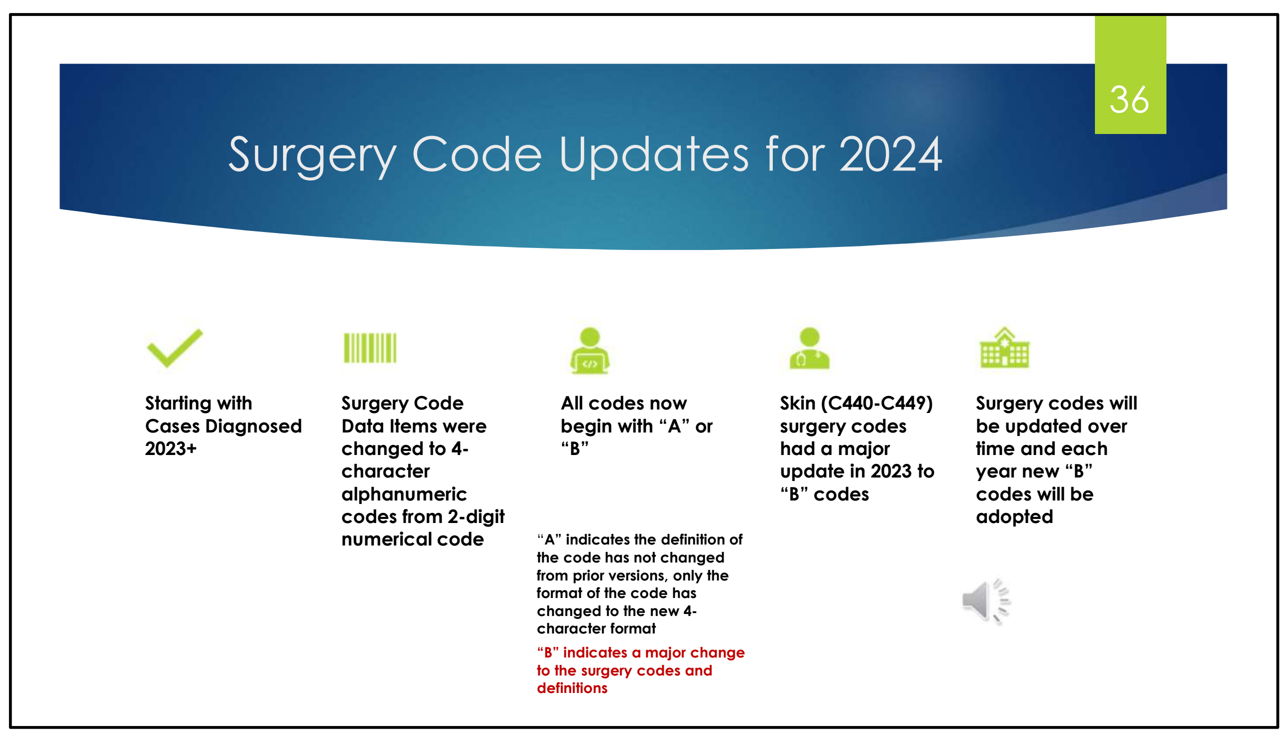
Friendly Reminder….

Always use the most current version of Summary Stage 2018, Solid Tumor Rules for cases diagnoses 2018 and forward.

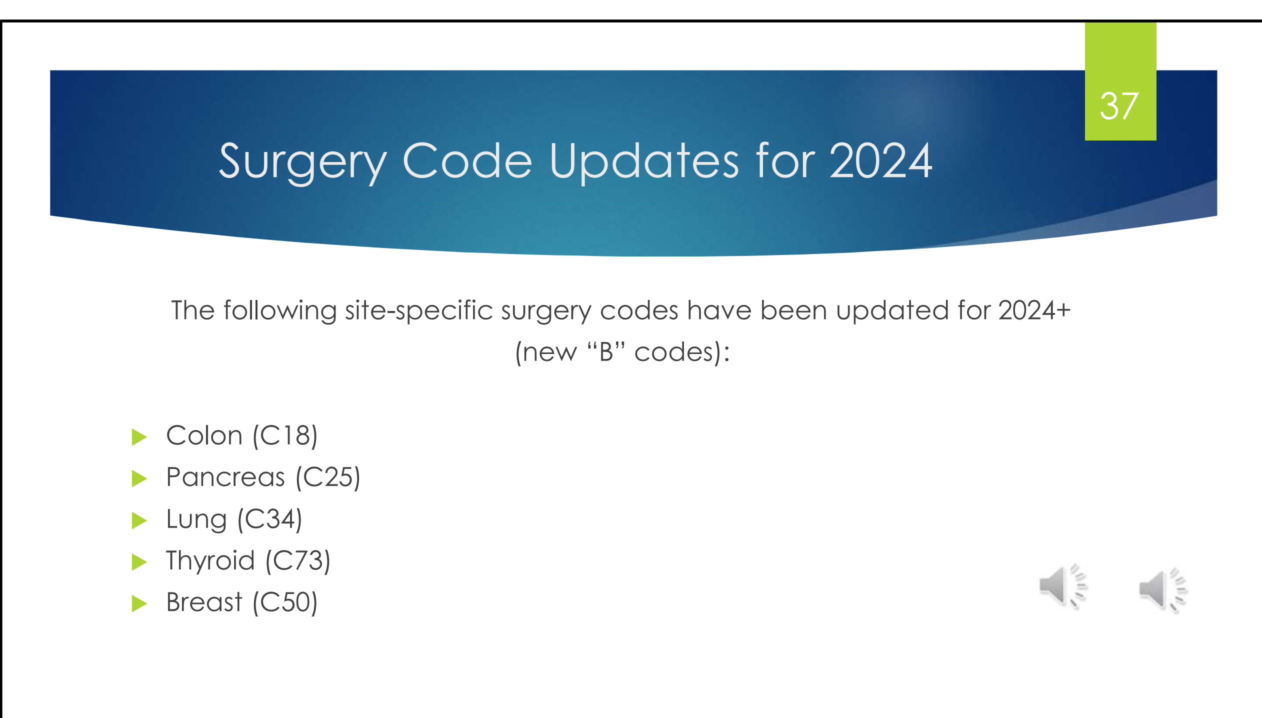
There are NOT different manuals by year of diagnosis.

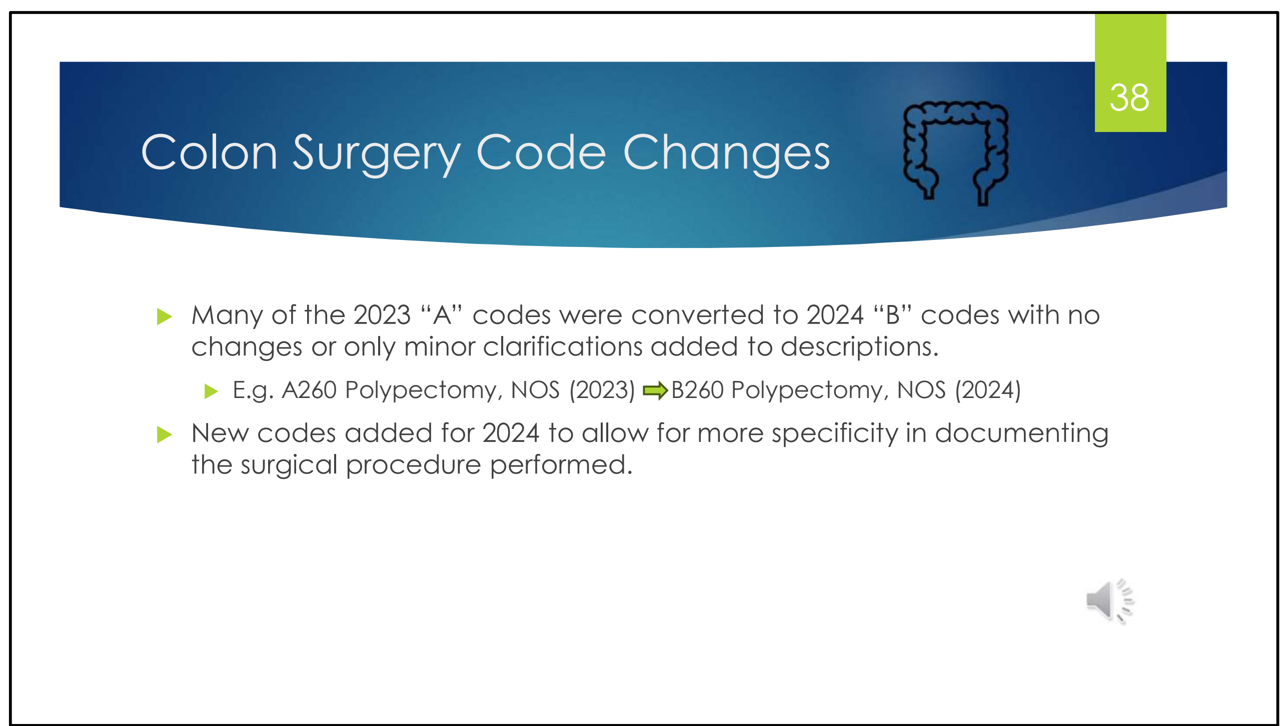
Any differences in coding instructions by year of diagnosis are documented in the manuals.

You are NOT required to go back and update cases already completed when a new update is published.

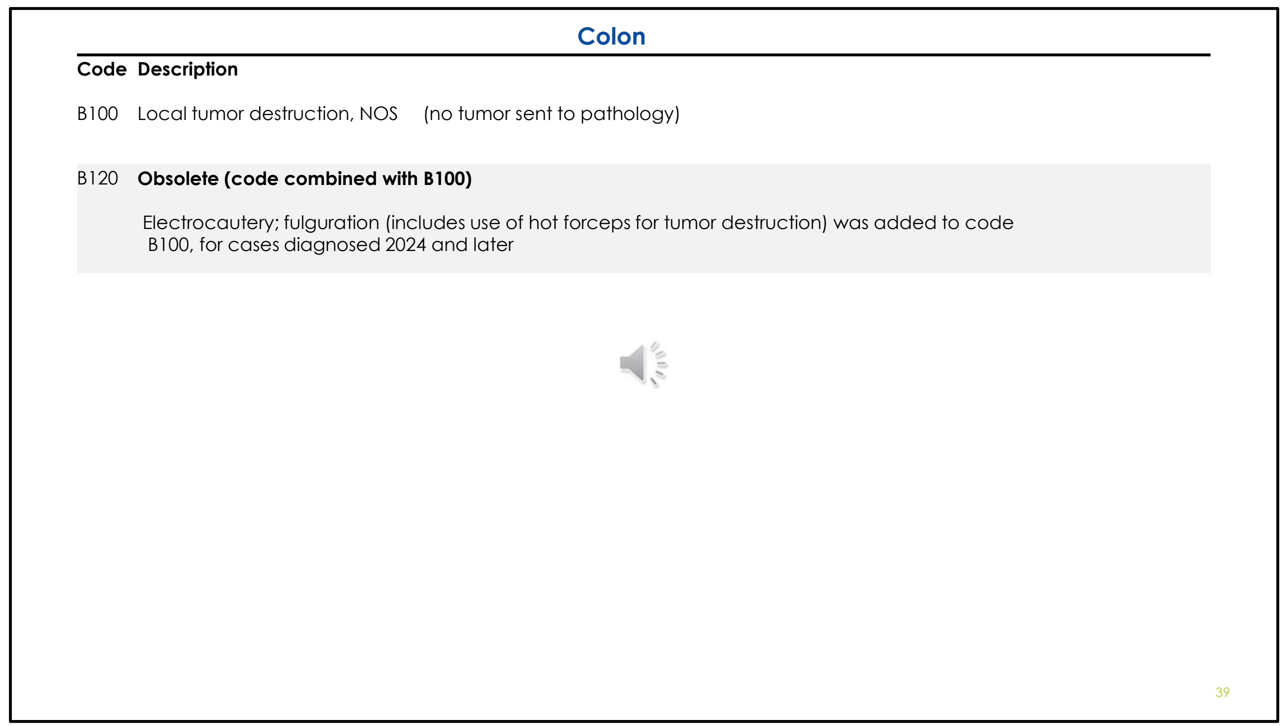


Now lets' talk about the store surgery code updates for 2024. Before we do that, let's do a recap of the history of these codes…


37
Surgery Code Updates for 2024
The following site-specific surgery codes have been updated for 2024+
(new "B" codes):
Colon (C18)
Pancreas (C25)
Lung (C34)
Thyroid (C73)
Breast (C50)



There are not wholesale changes to the colon surgery codes. Many of the A codes for 2023 simply were converted to B codes by replacing A with B, but no change in description.



Note B120 (formerly A120) is obsolete. This is now coded under B100.

Colon

Code	Description
B200	Local tumor excision, NOS
B260	Polypectomy, NOS
B270	Excisional breast biopsy
B280	Polypectomy-endoscopic ***Note:*** Code B280 includes a polypectomy during an initial colonoscopy for screening or symptoms without knowledge of whether the polyp is benign or malignant.
B281	Polypectomy-endoscopic mucosal resection or dissection ***New*** ***Note:*** Code B281 includes a more complicated polypectomy performed during a colonoscopy. Usually, the polyp is known to be a superficial malignancy. (This was coded to A280/28 in prior dx years)
B290	Polypectomy-open approach surgical excision, or laparoscopic

40

There was no equivalent to code B281 for 2023 surgery codes. Endoscopic mucosal resection was coded to A280/28 in prior years (polypectomy – endoscopic). Now there is a specific code.

Colon

Code	Description
B220	**Any combination of B200, B260, B270, B280, B281, or B290 WITH Electrocautery** ***Note:*** Code B220 should be used when electrocautery is used to destroy the tumor but there is still tumor sent to pathology. Rarely used. ***SEER Note:*** Code B220 above combines B200 Local tumor excision, NOS, B260 Polypectomy, NOS, B270 Excisional biopsy, B280 Polypectomy-endoscopic, B281 Polypectomy-endoscopic mucosal resection or dissection, or B290 Polypectomy-surgical excision WITH B220 Electrocautery.
B291	**Wide Local Excision with Tumor** ***New*** ***Note:*** Code B291 includes procedures focused on just removing the primary tumor and not removing a portion of colon or rectum. In these local procedures the adjacent colon, rectum and lymph nodes are not removed, just the tumor with a bit of margin. Procedures are typically reserved for removal of early tumors that are superficial and not known to be associated with lymph node involvement. Alternate names for B291 include: Wide local excision, Wide excision, Local tumor resection, or Transanal resection.

41

There was also no equivalent code for B291 in 2023. In prior years, these were typically coded to A200/20 (local tumor excision)

Colon

Code	Description
B300	Partial colectomy, removal of one or more segments with colon resection but less than half of colon is removed ***Note:*** Code B300 includes removal of one or more colon segments, but **less than** half of the colon. Segments include cecum, ascending colon, hepatic flexure, transverse colon, splenic flexure, sigmoid colon, and/or the descending colon. Transverse colectomy includes transverse colon Splenic flexure colectomy includes transverse colon and the splenic flexure Sigmoidectomy includes removal of sigmoid colon and descending colon ***SEER Note:*** Code B300 includes but is not limited to the following procedures:, enterocolectomy, ileocolectomy, partial colectomy, NOS, partial resection of transverse colon and flexures, and segmental resection (such as cecectomy or sigmoidectomy).
B320	Plus resection of contiguous organ; example: small bowel, bladder ***SEER Note:*** Removal of a short portion of the distal ileum is **not** "removal of a contiguous organ."
B330	Appendectomy for an appendix primary only, includes incidental findings ***New*** ***Note:*** When an appendix primary is found incidentally during resection for a colon primary, code the extent of the surgical resection for the colon primary. Assign B330 for the appendix primary site.

42

There was no equivalent to code B330. In prior years, Appendectomies were assigned the code for Partial colectomy (A300/30)

Colon

Code	Description
B400	Hemicolectomy (total right or left colon and a ***portion*** of the transverse colon) ***Note:*** Code B400 includes removal of the total right or left colon with a portion of the transverse colon. A total left hemicolectomy includes removal of the splenic flexure, descending colon, and the sigmoid colon A total right hemicolectomy includes removal of the cecum (with appendix, if present), ascending colon and the hepatic flexure ***Note:*** Assign code B400 for extended left/right hemicolectomy. ***SEER Note:*** Code B400 includes extended (but less than total) right or left colectomy. ***SEER Note:*** Code B300 includes but is not limited to the following procedures:, enterocolectomy, ileocolectomy, partial colectomy, NOS, partial resection of transverse colon and flexures, and segmental resection (such as cecectomy or sigmoidectomy).
B401	Subtotal colectomy (total right or left colon and ***entire/all of*** transverse colon) ***New***
B410	Plus resection of contiguous organ; example: small bowel, bladder ***Note:*** The removal of a short portion of the distal ileum is **not** “removal of a contiguous organ.”

43

B401 is a new code for 2024 forward, which provides a different code when entire/all of the transverse colon is removed along with the total right or left colon.

Comparison 2023 vs 2024 Colon Surgery Codes B500-B700 Range

44

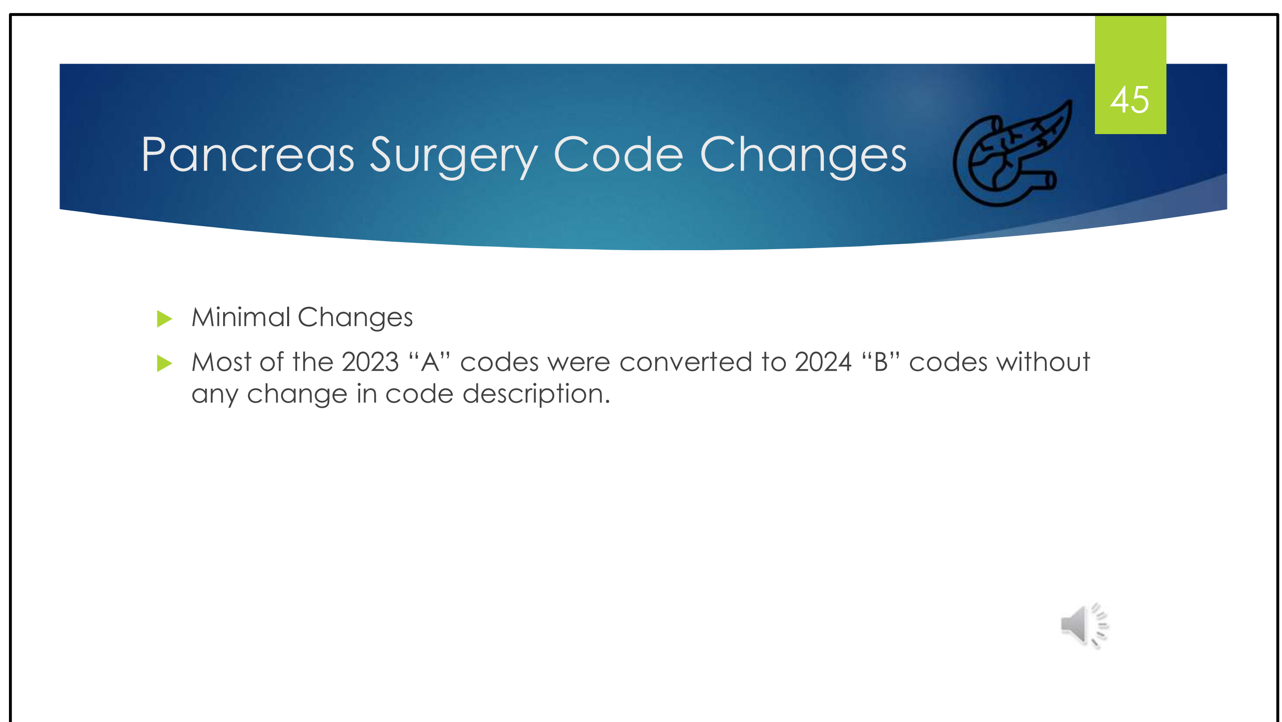
2023

A500	Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum) **SEER Note**: Removal of a short portion of the distal ileum is not "removal of a contiguous organ
A510	PLUS resection of contiguous organ; example: small bowel, bladder
A600	Total proctocolectomy (removal of colon from cecum to the rectosigmoid junction, including the entire rectum) **SEER Note:** Commonly used for familial polyposis or polyposis coli
A610	PLUS resection of contiguous organ; example: small bowel, bladder **SEER Note**: Removal of a short portion of the distal ileum is not "removal of a contiguous organ"
A700	Colectomy or coloproctotectomy with resection of contiguous organ(s), NOS (where there is not enough information to code A320, A410, A510, or A610) **Note:** Code A700 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 **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

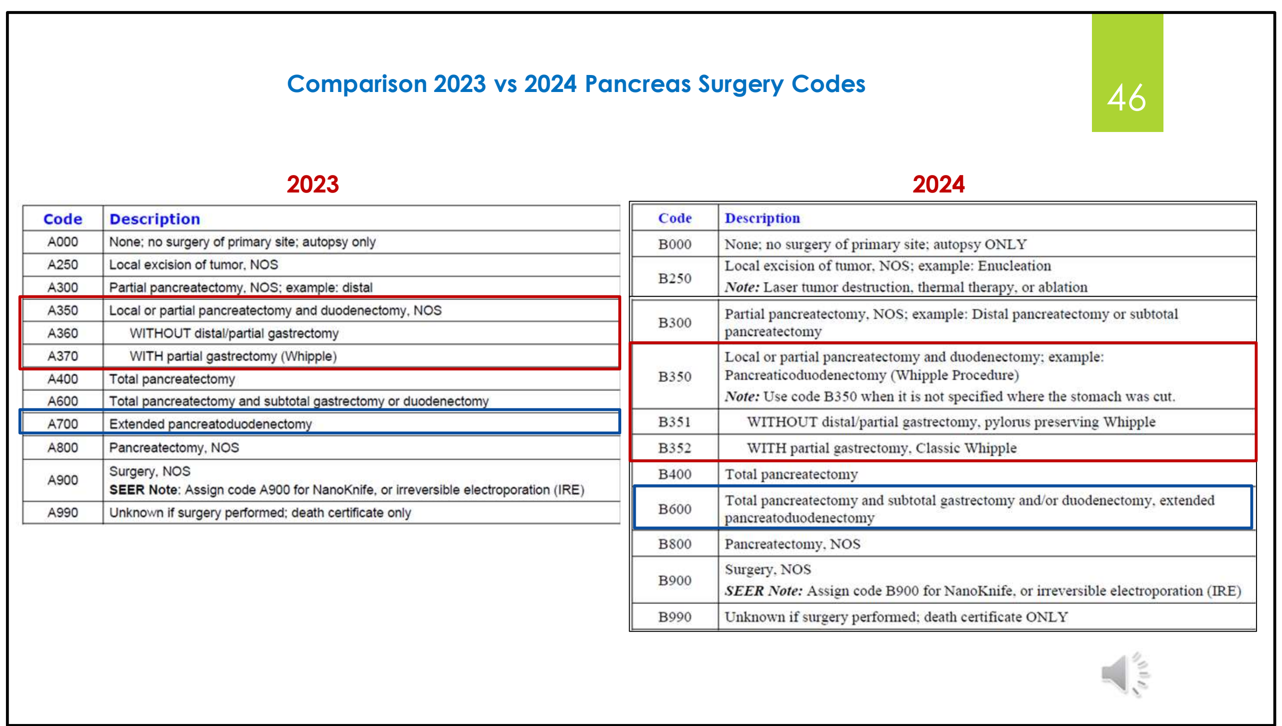
2024

B500	Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include a **portion** of the rectum) ***Note:*** Code B500 includes removal of all segments of colon, **not** including the entire rectum.
B510	Plus resection of contiguous organ; example: small bowel, bladder ***SEER Note:*** Removal of a short portion of the distal ileum is **not** "removal of a contiguous organ."
B600	Total proctocolectomy (removal of colon from cecum to the rectosigmoid junction, including the **entire** rectum) ***Note:*** Code B600 includes removal of the entire colon, including the entire rectum ***SEER Note:*** Commonly used for familial polyposis or polyposis coli.
B610	Plus resection of contiguous organ; example: small bowel, bladder ***SEER Note:*** Removal of a short portion of the distal ileum is **not** "removal of a contiguous organ."
B700	Colectomy or proctocolectomy with resection of contiguous organ(s), NOS ***Note:*** Use code B700 when there is not enough information to assign code B320, B410, B510, or B610. Code B700 includes any colectomy (partial, hemicolectomy, or total) WITH a resection of any other organs in continuity with the primary site (en bloc resection). 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. ***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.

These codes are not materially different for 2023 vs 2024 with the exception that they now begin with B instead of A and there is more clarification added to some of the code descriptions.



There were minimal changes to the Pancreas surgery codes for 2024.



2023

Code	Description
A000	None; no surgery of primary site; autopsy only
A250	Local excision of tumor, NOS
A300	Partial pancreatectomy, NOS; example: distal
A350	Local or partial pancreatectomy and duodenectomy, NOS
A360	WITHOUT distal/partial gastrectomy
A370	WITH partial gastrectomy (Whipple)
A400	Total pancreatectomy
A600	Total pancreatectomy and subtotal gastrectomy or duodenectomy
A700	Extended pancreatoduodenectomy
A800	Pancreatectomy, NOS
A900	Surgery, NOS **SEER Note**: Assign code A900 for NanoKnife, or irreversible electroporation (IRE)
A990	Unknown if surgery performed; death certificate only

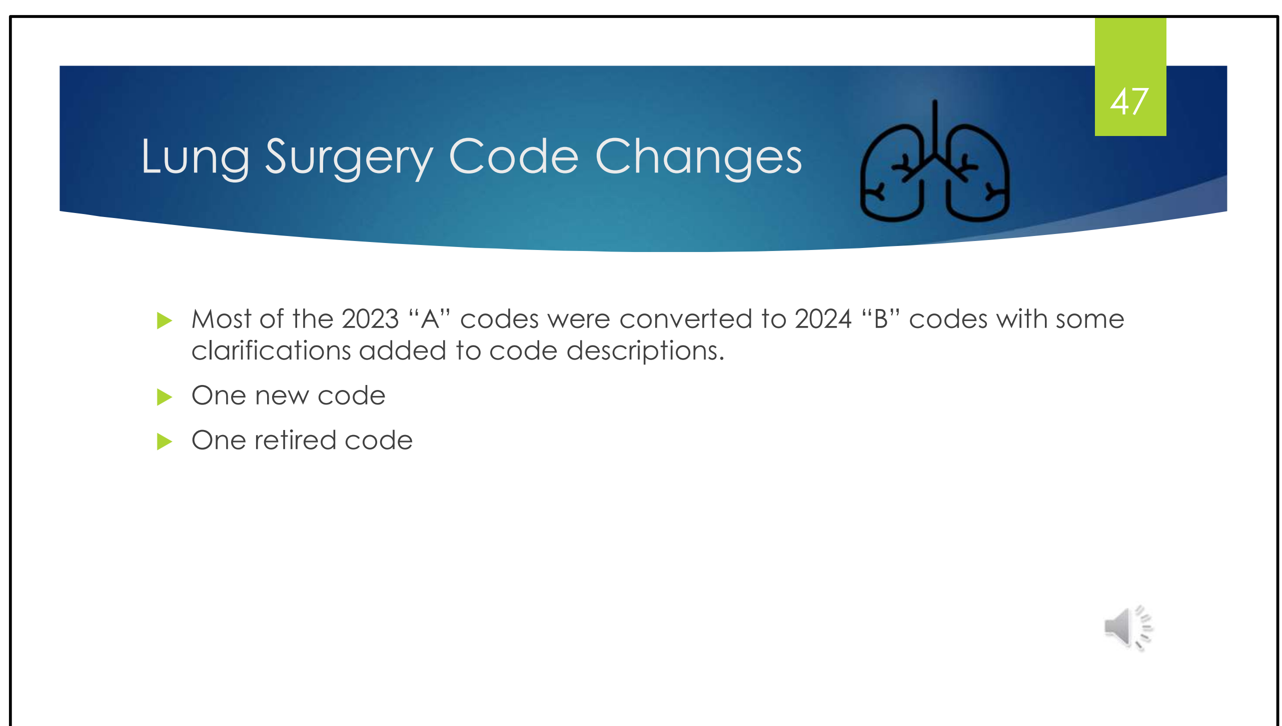
2024

Code	Description
B000	None; no surgery of primary site; autopsy ONLY
B250	Local excision of tumor, NOS; example: Enucleation ***Note:*** Laser tumor destruction, thermal therapy, or ablation
B300	Partial pancreatectomy, NOS; example: Distal pancreatectomy or subtotal pancreatectomy
B350	Local or partial pancreatectomy and duodenectomy; example: Pancreaticoduodenectomy (Whipple Procedure) ***Note:*** Use code B350 when it is not specified where the stomach was cut.
B351	WITHOUT distal/partial gastrectomy, pylorus preserving Whipple
B352	WITH partial gastrectomy, Classic Whipple
B400	Total pancreatectomy
B600	Total pancreatectomy and subtotal gastrectomy and/or duodenectomy, extended pancreatoduodenectomy
B800	Pancreatectomy, NOS
B900	Surgery, NOS ***SEER Note:*** Assign code B900 for NanoKnife, or irreversible electroporation (IRE)
B990	Unknown if surgery performed; death certificate ONLY

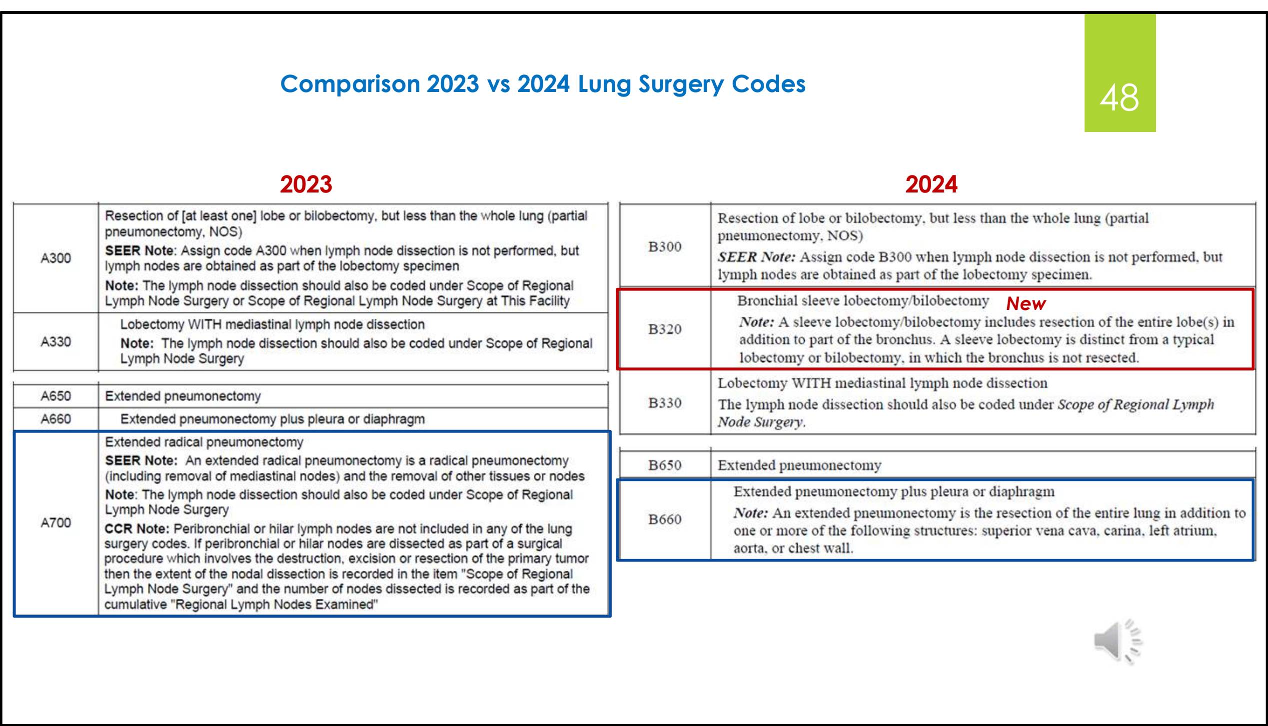
If you compare the two boxes in red for 2023 and 2024 codes, you will notice 3 changes:

- the new B codes have more information in the description
- The number is different for the with and without partial gastrectomy codes: B351, B352 instead of A360, A370. This was for consistency since these are more detailed codes under the broader B350 code.
- B351 specifies that pylorus preserving Whipple is included under this code and that B352 includes Classic Whipple.

The last difference is that the specific code for Extended Pancreatoduodenectomy has been retired. For 2024 this is now coded under B600. See the two boxes in blue.



There are also only a few changes to the Lung Surgery codes.

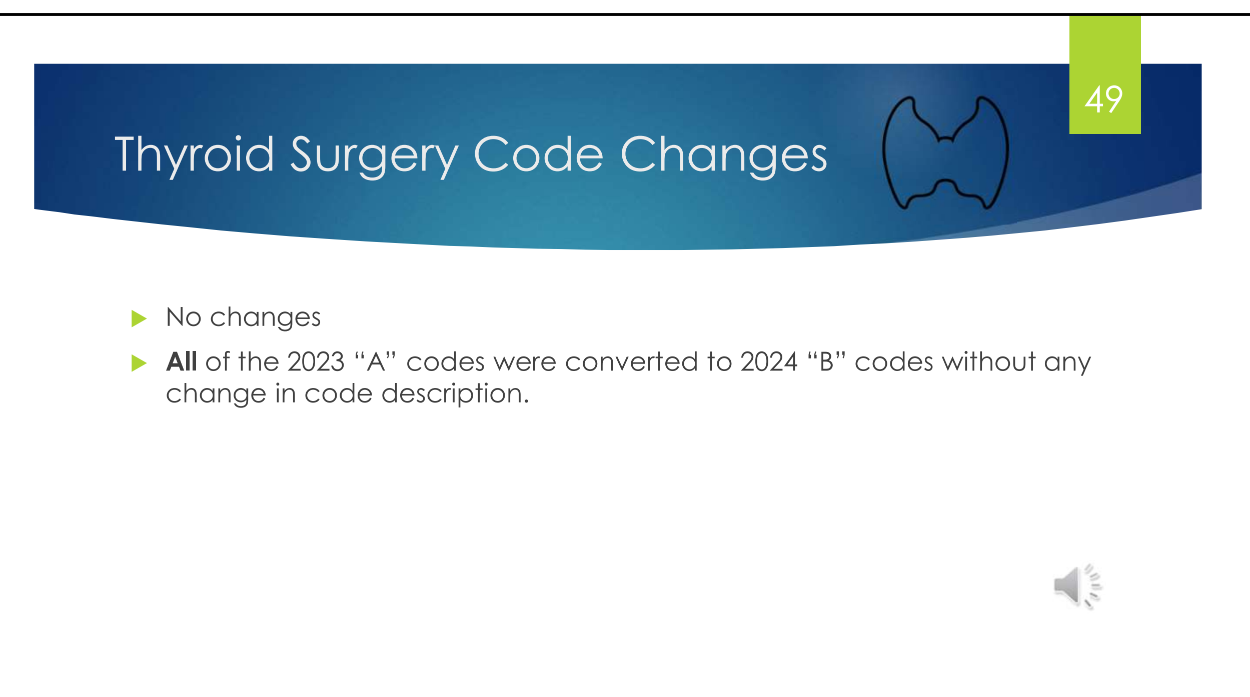


A300	Resection of [at least one] lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS) **SEER Note:** Assign code A300 when lymph node dissection is not performed, but lymph nodes are obtained as part of the lobectomy specimen **Note:** The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery or Scope of Regional Lymph Node Surgery at This Facility
A330	Lobectomy WITH mediastinal lymph node dissection **Note:** The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery
A650	Extended pneumonectomy
A660	Extended pneumonectomy plus pleura or diaphragm
A700	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 Scope of Regional Lymph Node Surgery **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"

B300	Resection of lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS) ***SEER Note:*** Assign code B300 when lymph node dissection is not performed, but lymph nodes are obtained as part of the lobectomy specimen.
B320	Bronchial sleeve lobectomy/bilobectomy **New** ***Note:*** A sleeve lobectomy/bilobectomy includes resection of the entire lobe(s) in addition to part of the bronchus. A sleeve lobectomy is distinct from a typical lobectomy or bilobectomy, in which the bronchus is not resected.
B330	Lobectomy WITH mediastinal lymph node dissection The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery*.
B650	Extended pneumonectomy
B660	Extended pneumonectomy plus pleura or diaphragm ***Note:*** An extended pneumonectomy is the resection of the entire lung in addition to one or more of the following structures: superior vena cava, carina, left atrium, aorta, or chest wall.

The red box show the new code B320, bronchial sleeve lobectomy/bilobectomy. There was not an equivalent code in 2023.

Also, the specific code for Extended radical pneumonectomy has been retired. For 2024 this is now coded under B660. See the two boxes in blue.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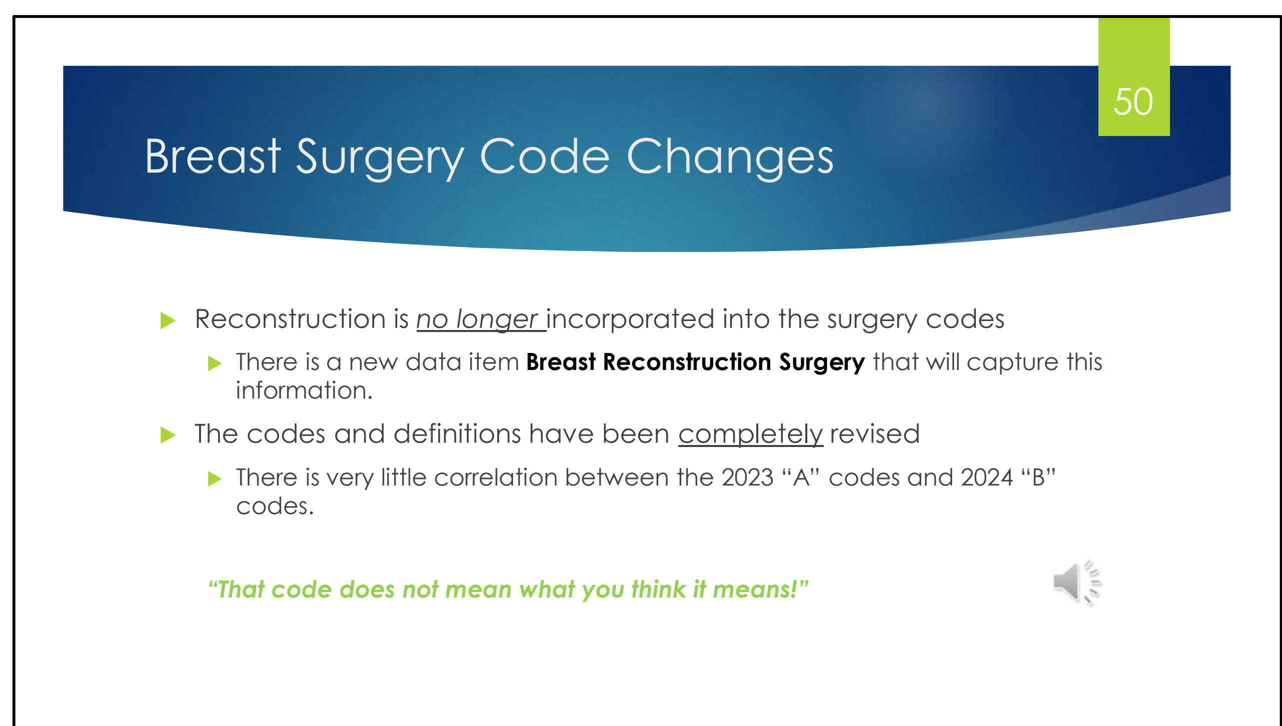
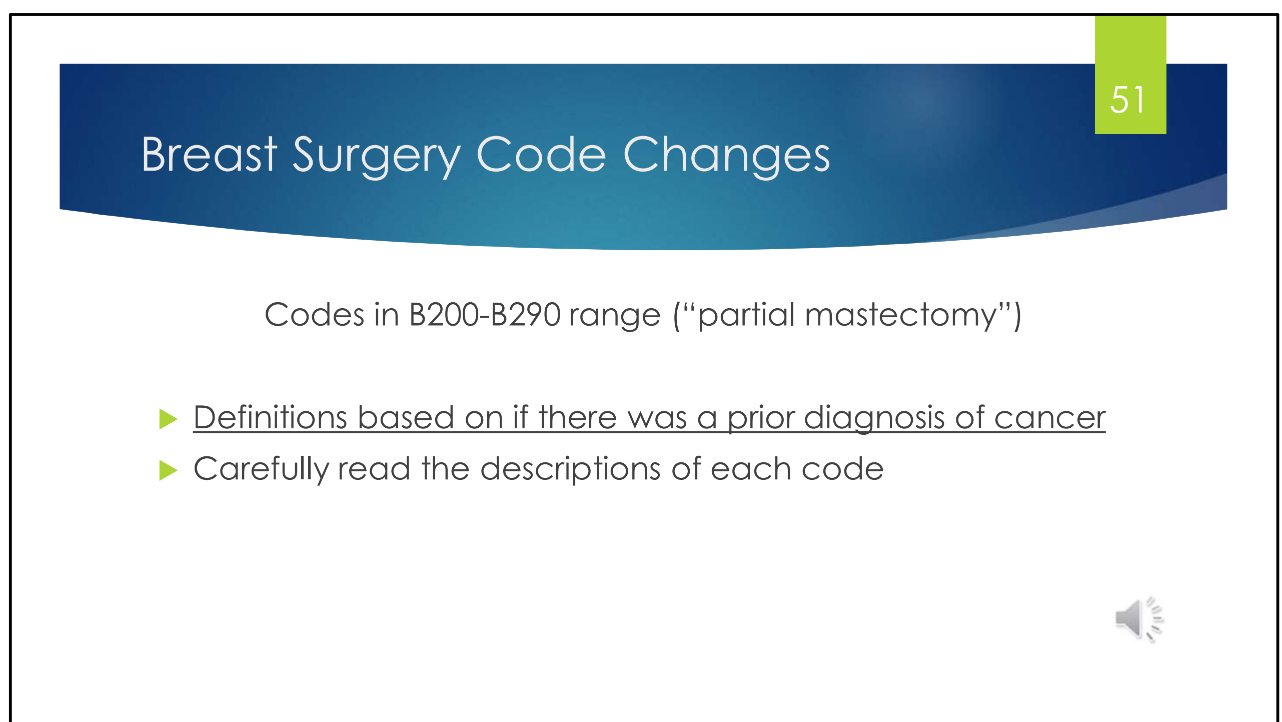
Thyroid Surgery Code Changes
No changes
All of the 2023 "A" codes were converted to 2024 "B" codes without any change in code description.



Breast surgery codes had a significant overhaul for 2024. You really need to look at the new table for 2024 to assign the correct codes.



The new definitions are based on if there was a prior diagnosis of cancer. Whereas prior to 2024 the codes were just different flavors of partial mastectomy.

Breast surgery Codes

Code	Description
B200	Partial mastectomy; less than total mastectomy; lumpectomy, segmental mastectomy, quadrantectomy, tylectomy, with or without nipple resection ***Note:*** Use code B200 when there is a **previous positive biopsy** (either core or FNA).
B210	Excisional breast biopsy - Diagnostic excision, no pre-operative biopsy proven diagnosis of cancer ***Note:*** Use code B210 when a surgeon removes the (positive) mass and there was **no biopsy** (either core or FNA) done prior to the mass being removed. An excisional biopsy can occur when the nodule was previously not expected to be cancer.
B215	Excisional breast biopsy, for atypia ***Note:*** Use code B215 when patient has biopsy that shows atypical ductal hyperplasia (ADH), an excision is then performed, and pathology shows in situ or invasive cancer. The excisional breast biopsy for ADH diagnosed the cancer, not the core biopsy. An excisional breast biopsy removes the entire tumor and/or leaves only microscopic margins. This surgical code was added for situations when atypia tissue is excised and found to be reportable. Approx. 10-15% of excised atypia are cancer and reportable.
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:*** Use code B290 when the nipple areolar complex needs to be removed for patients with Paget disease or cancer directly involving the nipple areolar complex. A central lumpectomy removes the nipple areolar complex, whereas a lumpectomy does not. Central lumpectomy and central portion lumpectomy, central portion excision, central partial mastectomy are interchangeable terms.

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The first thing I want to point out is the note for B200 which states you assign this code when there is a previous positive biopsy.

Codes B210 and B215 are codes assigned when there is not a diagnosis of cancer prior to the excisional bx. B215 is specifically for patients that have an excisional biopsy for a diagnosis of atypia but then the path shows cancer.

Also note code B290 is only assigned when there is a central lumpectomy done for a prior diagnosis of cancer.

Breast Surgery Code Changes

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Mastectomies

- Definitions based on what was removed
- No codes for reconstruction
- Different codes for with and without removal of contralateral breast

Breast Surgery Codes

Code	Description
B300	**Skin-sparing mastectomy** ***Note:*** A skin-sparing mastectomy removes all breast tissue and the nipple areolar complex and preserves native breast skin. It is performed with and without sentinel node biopsy or axillary lymph node dissection (ALND). ***SEER Note:*** Code Goldilocks mastectomy in *Surgery of Primary Site 2023* (NAACCR #1291). Breast surgery codes B300, B310, and B320 are the best available choices for "Goldilocks" mastectomy. It is essentially a skin-sparing mastectomy with breast reconstruction. The choice between codes in the B300-B320 range and codes in the B400-B420 range depends on the extent of the breast removal and the contralateral breast removal. Review the operative report carefully and assign the code that best reflects the extent of the breast removal.
B310	WITHOUT removal of uninvolved contralateral breast.
B320	WITH removal of uninvolved contralateral breast.

Code	Description
B400	**Nipple-sparing mastectomy** ***Note:*** A nipple-sparing mastectomy removes all breast tissue but preserves the nipple areolar complex and breast skin. It is performed with and without sentinel node biopsy or ALND.
B410	WITHOUT removal of uninvolved contralateral breast.
B420	WITH removal of uninvolved contralateral breast.

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The B300 and B400 codes are a perfect example of how the codes really do not mean what they used.

You can see that B400 is for nipple-sparing mastectomies. In 2023 those were assigned code A**3**00. And now B300 is for skin sparing mastectomies, which did not have their own code in 2023. You can see how relying on memory of the old surgery codes could really get you into trouble!

You cannot just swap out an “A” for a “B” and assume you have the right code.

Breast Surgery Codes

Code	Description
B500	**Areolar-sparing mastectomy** ***Note:*** An areolar-sparing mastectomy removes all breast tissue and the nipple but preserves the areola and breast skin. It is performed with and without sentinel node biopsy or ALND. ***SEER Note:*** Code the most invasive, extensive, or definitive surgery in *Surgery of Primary Site 2023* (NAACCR #1291). Assign code B500, B510 or B520 if a patient has an excisional biopsy followed by an areolar-sparing mastectomy during the first course of therapy. Code the cumulative result of the surgeries, which is an areolar-sparing mastectomy in this case.
B510	WITHOUT removal of uninvolved contralateral breast.
B520	WITH removal of uninvolved contralateral breast.

Code	Description
B600	Total (simple) mastectomy ***Note:*** A total (simple) mastectomy removes all breast tissue, the nipple, areolar complex, and breast skin. It is performed with and without sentinel node biopsy or ALND. **Use code B600, B610, B620 if patient had a modified radical mastectomy.**
B610	WITHOUT removal of uninvolved contralateral breast.
B620	WITH removal of uninvolved contralateral breast.

In 2023 and earlier areolar sparing mastectomies did not fit into any of the code definitions and per instructions were coded A800. In 2024 there are now specific codes for them, (B500-B520), which is nice.

Also note that the B600 codes for Total Mastectomy include modified radical mastectomy. There is not a separate code for MRM for cases diagnosed 2024 forward.

Breast Surgery Codes

Code	Description
B700	Radical mastectomy, NOS ***Note:*** A radical mastectomy removes all breast tissue, the nipple areolar complex, breast skin, and pectoralis muscle. It is performed with level I-III ALND
B710	WITHOUT removal of uninvolved contralateral breast.
B720	WITH removal of uninvolved contralateral breast.

Code	Description
B760	Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma ***SEER Note:*** Assign code B760 for a more extensive bilateral mastectomy for a single primary involving both breasts. Assign code 0 in *Surgical Procedure of Other Site* (NAACCR #1294).
B800	Mastectomy, NOS **(including extended radical mastectomy)**

Extended radical mastectomy no longer has its own code. It is now coded under B800.

Breast Reconstruction – New Data Item

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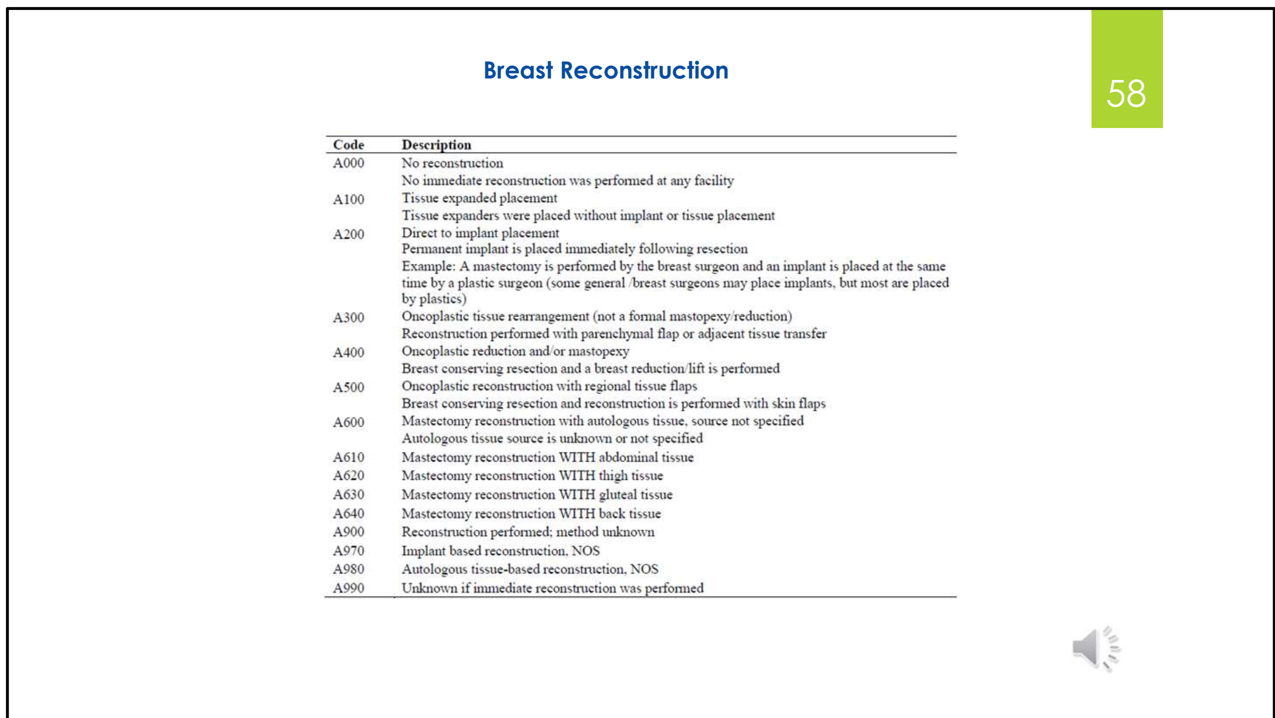
- NAACCR Item #1335
- Required by CCR for cases diagnosed 2024+

- Describes the reconstruction procedure immediately following resection of the breast.
- This information was previously collected within the Breast surgery codes.
- Collection of this new data item supports the Synoptic Operative Report and allows for more descriptive reconstruction codes.

As I mentioned earlier and as you saw going the breast surgery codes, reconstruction is no longer incorporated into the surgery codes and there is a new data item Breast Reconstruction that will capture this information.

This data item is required by CCR for cases diagnosed 2024 and forward.

It describes the reconstruction procedure immediately following the resection of the breast.



Code	Description
A000	No reconstruction No immediate reconstruction was performed at any facility
A100	Tissue expanded placement Tissue expanders were placed without implant or tissue placement
A200	Direct to implant placement 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)
A300	Oncoplastic tissue rearrangement (not a formal mastopexy/reduction) Reconstruction performed with parenchymal flap or adjacent tissue transfer
A400	Oncoplastic reduction and/or mastopexy Breast conserving resection and a breast reduction/lift is performed
A500	Oncoplastic reconstruction with regional tissue flaps Breast conserving resection and reconstruction is performed with skin flaps
A600	Mastectomy reconstruction with autologous tissue, source not specified Autologous tissue source is unknown or not specified
A610	Mastectomy reconstruction WITH abdominal tissue
A620	Mastectomy reconstruction WITH thigh tissue
A630	Mastectomy reconstruction WITH gluteal tissue
A640	Mastectomy reconstruction WITH back tissue
A900	Reconstruction performed; method unknown
A970	Implant based reconstruction, NOS
A980	Autologous tissue-based reconstruction, NOS
A990	Unknown if immediate reconstruction was performed

You can see that this data items allows for coding reconstruction in more granular detail than was previously captured in the Breast surgery codes.

Breast Reconstruction – New Data Item

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- Immediate reconstruction is defined as reconstruction performed during the same operative session as the procedure coded in *Surgery of Primary Site 2023.*
  - ***DO NOT*** *record reconstruction performed on a different day (assign code A000)*
- Code only the **ipsilateral** breast reconstruction.
- Assign code A000 if the reconstruction was started but not completed.

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Thank You!
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