

Version 23 Reference Page

RESOURCES

BELOW ARE LINKS TO KEY RESOURCES REGISTRIES MAY FIND USEFUL AS THEY PLAN TO TRANSITION TO V23.

- NAACCR 2023 Implementation Guidelines
- V23 NAACCR Data Standards and Data Dictionary
- NAACCR XML Dictionaries
- NAACCR V23 Edits Metafile (Including Changes Spreadsheet)
- SEER Program Coding and Staging Manual (Includes Summary of Changes)
- Commission on Cancer STORE Manual
- Site Specific Data Items (SSDI) and Grade Manual v3.0 (includes change log)
- AJCC Cancer Staging System
- SEER RSA (EOD, Summary Stage, SSDI's, Grade) v3.0 (includes summary of changes)
- Summary Stage 2018 (includes revision history)
- Extent of Disease (EOD) 2018 (includes change log)
- Solid Tumor Rules (includes summary and changes)
- ICD O 3.2 (includes new codes, coding guidelines, and changes for 2023 implementation)
- SEER Site/Histology Validation List
- Hematopoietic Manual and Database (see revision history on the left)

V23 Updates

LOIS DICKIE, CTR
JENNIFER RUHL, CTR
JIM HOFFERKAMP, CTR

1/11/23

1

Q&A

- Please submit all questions concerning the webinar content through the Q&A panel.
- If you have participants watching this webinar at your site, please collect their names and emails.
- We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

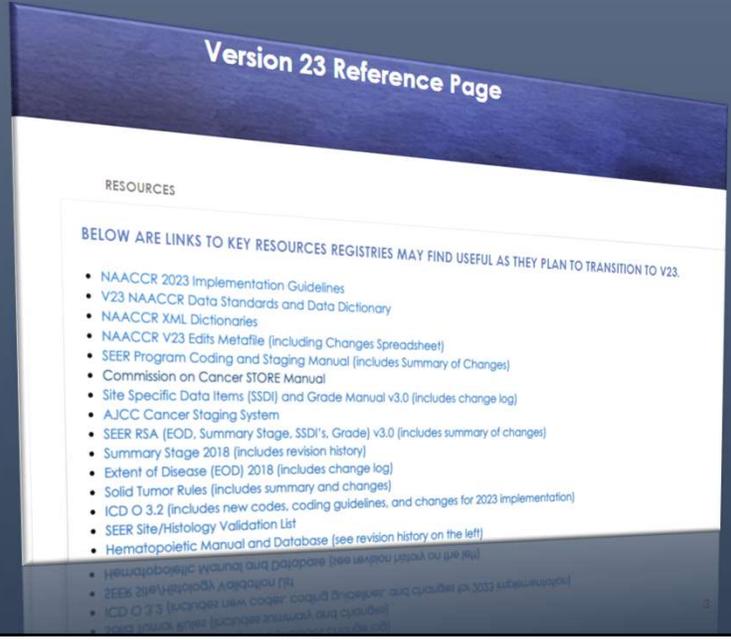
A recording, slides, Q&A, and link to the CE Quiz will be posted at <https://education.naaccr.org/updates-implementation>

2

2

Agenda

- Overview v23
- Histology updates
- Minor updates to current Solid Tumor Rules
- New *Other* Rules
- SSDI Updates
- Surgery Codes



3

Speakers

Lois Dickie

- Public Health Analyst, National Cancer Institute, SEER Program, Data Quality, Analysis, and Interpretation Branch
- Senior Editor, Solid Tumor Rules
- Senior Editor, SEER*RX
- Chair, NAACCR ICD-O-3 Implementation Task Force

Jennifer Ruhl

- Public Health Analyst, National Cancer Institute, SEER Program, Data Quality, Analysis, and Interpretation Branch
- Chair, NAACCR SSDI WG

Jim Hofferkamp

- Program Manager of Education and Training

4

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V23 Overview
Jim Hofferkamp, CTR

<https://www.naacr.org/v23referencepage/>

5

NIH NATIONAL CANCER INSTITUTE
Surveillance, Epidemiology, and End Results Program

Home | Cancer Statistics | SEER Data & Software

Home / Registry Operations / Reporting Guidelines / Solid Tumor Rules

2023 Solid Tumor Rules
Updated December 2, 2022 (view Revision History)

Reporting Guidelines

Casefinding Lists		
SEER Coding and Staging Manual	+	
Hematopoietic Project	+	
ICD-O-3 Coding Materials		
Solid Tumor Rules	-	<ul style="list-style-type: none"> • Breast • Colon (includes rectosigmoid and rectum for c • Head & Neck • Kidney

Getting Ready for 2023

- ICD-O Changes for 2023
- Minor Revision: Solid Tumor Rules
- New Other Sites Module

Lois Dickie, CTR

6

2023 ICD-O Changes

- Effective for cases DX'd 1/12023 forward
- Tables provide information on changes to reportability
- Available on NAACCR website
 - <https://www.naacr.org/icdo3/>

7

7

2023 ICD-O-3.2 Update

- The 2023 ICD-O-3.2 histology code & behavior update includes comprehensive tables listing all changes made after the 2022 update and is effective for cases diagnosed **1/1/2023** forward.
- Update based on 5th Ed WHO CNS and Thoracic books
- Majority are new associated terms to existing ICD-O codes
- 6 New ICD-O codes and/or behavior changes
- Tables are in the same format as 2022
- *This update includes important information on behavior changes to pilocytic astrocytoma.*

8

8

Pilocytic Astrocytoma: Changes for 2023

- 1976-2000 coded 9421/3 per WHO and ICD-O
- 2001 forward, behavior changed to /1
 - WHO/ICD-O removed 9421/3 from ICD-O-3
- North America continued collecting as /3
 - This practice did not change once benign/borderline CNS tumors became reportable in 2004 with exception of optic glioma of optic nerve which are coded 9421/1 beginning 2018

9

9

What Changed for 9421

- 5th Ed CNS Tumors reinstated 9421/3 for newly identified neoplasm:
 - **High-grade astrocytoma with piloid features (HGAP)**
- Standard setters approved recommendation to report pilocytic astrocytoma as 9421/1 allowing HGAP be correctly coded & identified in surveillance data

10

10

2023 Reportability & Coding Changes for Pilocytic Astrocytoma

- **IMPORTANT:** Cases Diagnosed 1/1/2023 FORWARD: All cases diagnosed with pilocytic astrocytoma/juvenile pilocytic astrocytoma and related terminology are to be reported with **behavior /1**. They will no longer be collected with malignant behavior (/3). ICD-O code 9421/3 will be valid for the diagnosis of high-grade astrocytoma with piloid features or HGAP **only**. Coding instructions are included in the remarks section for 9421/1 and 9421/3 in the 2023 ICD-O Update Tables 1 and 2.
- The 2023 Solid Tumor Rules Update for Malignant CNS and Non-malignant CNS provides coding instructions based on diagnosis date for pilocytic astrocytoma occurring in the CNS.

11

11

Solid Tumor Minor Revisions

- Breast Module
- Cutaneous Melanoma Module
- Head & Neck Module
- Malignant & Non-malignant CNS Modules

12

12

Breast Updates

- *New for 2023 Section* in Terms & Definitions
- Table 2 Histology Combination Codes
- Table 3 Histology Terms
- New notes or clarifications to existing notes

13

13

Breast Update: M Rules

- + M5 Timing Rule new note 6: subsequent tumor in chest wall, muscle, or skin w/o residual breast tissue is a recurrence.
- + Rule M10 for determining single versus multiple primaries in tumors with carcinoma NST/duct and lobular carcinoma have been revised and now align with ICD-O-3.2. Applicable H rules have also been revised to reflect ICD-O-3.2 histology terminology and corresponding ICD-O codes.
 - + Table 2
 - + M10 (behavior requirement removed)
 - + H15, H24, and H25 (duct & lobular histologies with mixed behaviors)

14

14

Cutaneous Melanoma Update

- +New H rule has been added to assist in coding single melanoma primaries with two subtype/variants (mixed melanoma)
- +Rule developed with assistance from expert dermatopathologists and addresses the more common combinations submitted to Ask A SEER Registrar

15

15

Head & Neck Update

- Terms & Definitions, Table 9: Paragangliomas
 - Entire Table 9 re-written for readability
 - Includes instructions for pre-2021 and 2021 forward cases

16

16

CNS Updates

- Pilocytic Astrocytoma Coding Instructions Updated
- Terms & Definitions, “Instruction” section, malignant & non-malignant CNS rules
- New section titles “New for 2023” added to T&D, malignant & non-malignant
- Malignant CNS Table 3
- Non-malignant CNS, Table 6
- Make sure to check Solid Tumor Change Log

17

17

CNS Updates

- New terminology as noted in 5th Ed WHO CNS have been added to the appropriate CNS module based on behavior
- The CNS histology tables include important information on histologies that share an ICD-O *BUT* are different entities and are listed on separate rows. It is important to read the notes as they will assist with determining multiple primaries.
- Example:
 - DNET and PLNTY have the same ICD-O code but are distinctly different histologies. Because they are different, they are on separate rows. They are not synonyms. They are not an NOS and subtype.
 - DNET= Dysembryoplastic neuroepithelial tumor
 - PLNTY=Polymorphous low-grade neuroepithelial tumor of the young

18

18

Other Sites Solid Tumor Rules

Finally...



19

19

Other Sites Solid Tumor Rules

- Formatting matches current ST Rules
- ST General Instructions now apply to ALL site modules
- Histology coding rules are aligned with all ST rules
- New M and H rules have been added and are *site specific*
- Site specific histology tables included
 - *19 histology tables for majority of sites covered in Other*

20

20

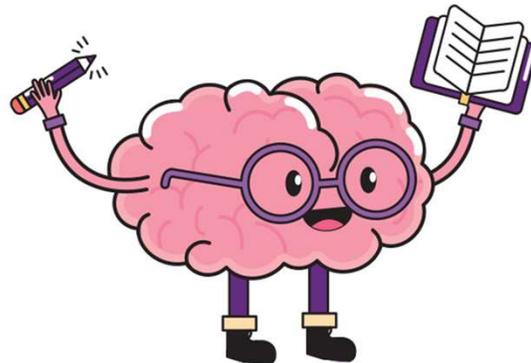
Other Sites Histology Tables

- In place of adding numerous site-based histology rules to the 2023 revision, the histology tables will include additional coding instructions and notes to assign the correct ICD-O code when appropriate.
- Not all sites are included in the tables
- Not all histologies are listed
- Each table may include coding tips specific to that site group
- To assign the correct ICD-O code, it is necessary to refer to the site-specific H table to determine if there are additional coding instructions or criteria that must be met to assign a code

21

21

First Look at the New Module



22

22

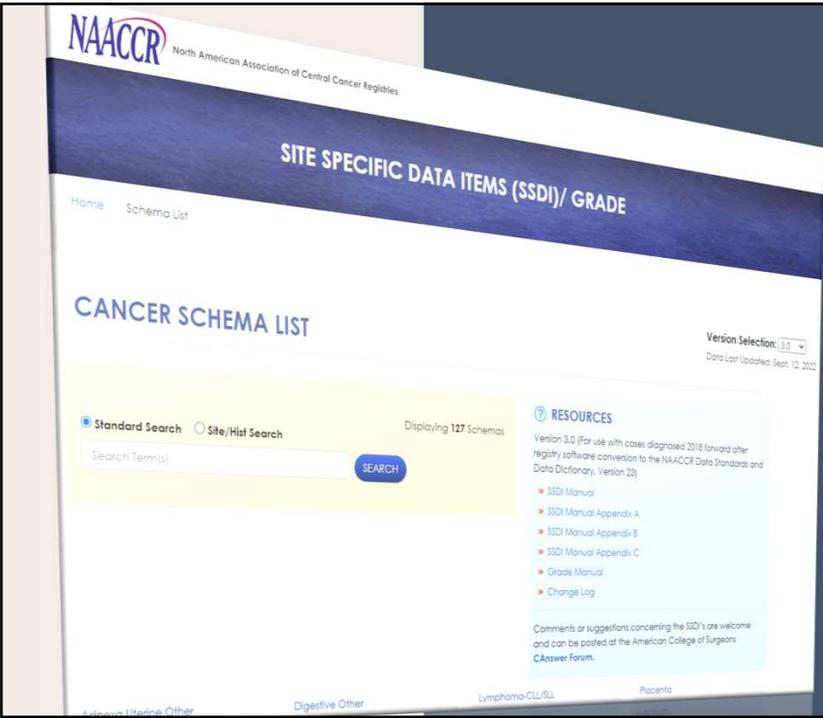
Questions

Submit questions or comments to:
Ask a SEER Registrar @ seer.cancer.gov/registrars



23

23



2023 SSDI Updates

Jennifer Ruhl

24

24

Basic Reminder

- **Remember: It is critical that you assign the correct primary site and histology**
- This combination, along with a Schema Discriminator when applicable, defines the following:
 - Schema ID, AJCC ID, EOD Schema, Summary Stage chapter, SSDIs, Grade and Surgery codes
 - If your primary site and histology are incorrect, then everything else is going to be wrong (staging, SSDIs, Grade, Treatment, Surgery, etc.)
- Use the Solid Tumor Rules to determine primary site and histology

25

Clarification on updates

- Most SSDI updates come from CAnswer forum
- When answering CAnswer Forum questions, explanation for change given and pending changes documented (if applicable)
- Once changes are documented in CAnswer Forum, **they can be used**
 - If a new code being introduced, cannot be used until software updated
 - New/modified notes **cannot be enforced** until in published manual
- Some registrars choose to follow updated guidelines from CAnswer Forum, others wait until revised manual published
 - Whichever path you choose, is up to you

26

26

New SSDI (2023+ diagnoses)

- Histology Subtype (Appendix Schema)

Code	Description
0	Histology is NOT 8480
1	Low-grade appendiceal mucinous neoplasm LAMN
2	High-grade appendiceal mucinous neoplasm HAMN
3	Mucinous Adenocarcinoma/carcinoma Mucus Adenocarcinoma/carcinoma Mucoïd adenocarcinoma/carcinoma Colloid adenocarcinoma/carcinoma
4	Other terminology coded to 8480
BLAN K	NA-Diagnosis year is prior to 2023

- If histology not 8480, code 0
- If histology 8480 (in-situ and malignant), code according to the best description
- As a reminder, LAMN(without mets) becomes reportable 1/1/2022 as 8480/2
- In Field Testing for 2021: Did very well

27

27

New Schemas for 2023+ diagnoses

- 09190: Appendix
- 09210: Anus
- 09721: Brain
- 09722: CNS Other
- 09723: Intracranial Gland
- 09724: Medulloblastoma
 - This is a brand-new schema for 2023
 - *Cases diagnosed prior to 1/1/2023 will be collected in their current schema*

28

28

Change in SSDI Requirements

- Starting with 2023 diagnoses, no longer required by any standard setter
 - 3828: ER Allred Score
 - 3916: PR Allred Score
 - For diagnoses 1/1/2023, leave data item blank (note will be added)
- Decision based on feedback from AJCC physicians
- Registrars can continue to collect data item if their hospital wants to

29

29

Updated code descriptions/notes related to in situ tumors (/2)

- Several SSDIs have "default" values for in-situ tumors/neoplasms
- This is for when behavior is /2
 - NO invasive component found anywhere (primary tumor, regional lymph nodes, metastatic disease)
- **Not** for cases where primary tumor in-situ and positive regional lymph nodes and/or metastatic disease
 - /3 (malignant) case
- Change based on recommendation received from registrar

30

3836: FIGO Stage (GYN Schemas)

Note 1: There must be a statement about FIGO stage from the managing physician in order to code this data item

- Do **not** code FIGO stage based on the pathology report
- Do **not** code FIGO stage based only on T, N, M
- If "FIGO" is not included with a stated stage, then do **not** assume it is a FIGO stage
- This will result in more of your cases being coded as unknown FIGO, but this is the instruction that is coming from AJCC

- **Note: Do not worry if unknowns for this SSDI increase**

31

31

3826/3914: ER/PR Percent Positive or Range (Breast)

- New notes implemented for ranges used by pathologists that are not equivalent to the ranges listed in the CAP Protocol (and the SSDIs)

- If a range in a report is given in steps other than those provided in the R codes, code per the following.
 - If the range is less than or equal to 10, then code the appropriate R code based on the lower number
 - *Example 1:* Report documents 1-5%. Code R10 (1-10%)
 - *Example 2:* Report documents 25-34%. Code R30 (21-30%)

32

32

3826/3914: ER/PR Percent Positive or Range (Breast)

- New notes implemented for ranges used by pathologists that are not equivalent to the ranges listed in the CAP Protocol (and the SSDIs)
- If a range in a report is given in steps other than those provided in the R codes, code per the following.
- If the range is greater than 10, then code to unknown
 - *Example 1:* Report documents 10-25%. Code XX9
 - *Example 2:* Report documents 67-100%. Code XX9

33

33

3869: LDH Level (Melanoma Skin)

- **Note 2:** Record the lab value of the highest serum LDH test results documented in the medical record either before or after surgical resection of the primary tumor with or without regional lymph node dissection. The LDH must be taken prior to systemic (chemo, immunotherapy, hormone), radiation therapy or surgery to a metastatic site. The lab value may be recorded in a lab report, history and physical, or clinical statement in the pathology report.
- For LDH in Melanoma Skin, remember that LDH **can** be taken after initial biopsy/surgical resection (wide resection, re-excision) and sentinel lymph node biopsy/lymph node dissection
- LDH taken after starting systemic therapy **cannot** be used
- Change based on CAnswer Forum question

34

Grade: Priority Order

- Added to “General Grade Coding Instructions for Solid Tumors”
- New Note
- 4: Priority order for grade
 - a. Synoptic report (including CAP protocol)
 - b. Pathology report: Final diagnosis
 - c. Physician statement
- Change based on CAnswer Forum question as to which grade should be used when both the pathology report and synoptic report have grade and they are different. Clarification received from AJCC physicians

35

Grade: New Note (select schemas)

- Several schemas have “low grade,” that is equal to Grade 1
- New note added: Code 1 if stated as “low grade” only
 - *Under current rules, these would have been coded to B (low grade)*
- Applicable schemas: Heart, Mediastinum, and Pleura; Kaposi Sarcoma; Orbital Sarcoma; Retroperitoneum; Soft Tissue Schemas: Soft Tissue and Thoracic, Head and Neck, Soft Tissue Trunk and Extremities, Other, Rare

36

Grade: New Note (select schemas)

- Same schemas also have a new code added
- New code added: H: Stated as "high grade" only
 - *Note: You will not be able to use code H until your 2023 software updates are implemented in your registry*
 - *Until you receive your 2023 software updates, code as D (high grade)*
- Applicable schemas: Heart, Mediastinum, and Pleura; Kaposi Sarcoma; Orbital Sarcoma; Retroperitoneum; Soft Tissue Schemas: Soft Tissue and Thoracic, Head and Neck, Soft Tissue Trunk and Extremities, Other, Rare

37

Default Grades

- A primary site/histology combination having a default grade, does NOT mean you automatically assign that grade to all the grade fields
- You must still meet the criteria for assigning grade
 - Grade must still come from the primary site
 - Grade can come from tumor tissue that has extended to a contiguous adjacent site and the tissue from the primary tumor is not available
 - To assign Clinical Grade, you still need to meet the criteria for Clinical Grade
 - Same for Pathological Grade, Post-Therapy Clinical Grade, Post-Therapy Pathological Grade

38

Default Grades

- Here are Several CAnswer Forums posts related to Grade (some have multiple posts):
- [Lung Grade with generic term - CAnswer Forum \(facs.org\)](#)
- [Well differentiated liposarcoma grade - CAnswer Forum \(facs.org\)](#)
- [CNS Clinical Grade based on Imaging - CAnswer Forum \(facs.org\)](#)
- [Leiomyosarcoma grade - CAnswer Forum \(facs.org\)](#)
- [CNS - coding clinical grade when biopsy done during surgery - CAnswer Forum \(facs.org\)](#)
- [Grade for Angiosarcoma of Breast - CAnswer Forum \(facs.org\)](#)
- [Clarification on Sarcoma Grade - CAnswer Forum \(facs.org\)](#)

39

Version 3.0 SSDI and Grade Manuals

- [Site-Specific Data Item \(SSDI\) Manual v3.0 \(naaccr.org\)](#)
- [Grade Coding Instructions and Tables v3.0 \(naaccr.org\)](#)
- *These manuals can be used for cases diagnosed 2018+*

40

40

Change Log for V3.0

- For a complete listing of all changes to SSDIs and Grade for V3.0
- [Version 3.0 changes for SSDI and grade manual \(naaccr.org\)](https://naaccr.org/naaccr-manual/naaccr-manual-3.0-changes-for-ssdi-and-grade)

<https://cancerbulletin.facs.org/forum/>

41

41

Questions

Submit questions or comments to:
CAnswer Forum <https://cancerbulletin.facs.org/forum/>



42

42

STORE 2023

APPENDIX A: Site-Specific Surgery Codes

COLON

C18.0–C18.9

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294).

Codes

- A000 None; no surgery of primary site; autopsy ONLY
- A100 Local tumor destruction, NOS
- A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events A100–A120.

- A200 Local tumor excision, NOS
- A260 Polypectomy, NOS

V23 Surgery
Jim Hofferkamp,
CTR

43

Surgery Codes 2003-2022

- RX Hosp--Surg Prim Site [670]
- RX Summ--Surg Prim Site [1290]

STORE 2022

<ul style="list-style-type: none"> 20 Local tumor excision, NOS 26 Polypectomy, NOS 27 Excisional biopsy 28 Polypectomy-endoscopic 29 Polypectomy-surgical excision Any combination of 20 or 26–29 WITH 22 Electrocautery 	<ul style="list-style-type: none"> 30 Partial colectomy, segmental resection 32 Plus resection of contiguous organ; example: small bowel, bladder
<ul style="list-style-type: none"> 40 Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon) 41 Plus resection of contiguous organ; example: small bowel, bladder 	

Continue to code for all cases diagnosed through 2022

44

v23 Surgery Codes

- New data item for cases diagnosed 2023+
 - RX Hosp--Surg Prim Site 2023 [671]
 - Rx Summ- Surg 2023 [1291]
- Name change

RX Hosp--Surg Prim Site [670]

↓

RX Hosp--Surg Prim Site 03-2022 [670]

RX Summ--Surg Prim Site [1290]

↓

RX Summ--Surg Prim Site 03-2022 [1290]

(These fields will be used for cases diagnosed 2003-2022)

45

45

v23 Surgery Codes

Colon

<p>20 Local tumor excision, NOS</p> <p>26 Polypectomy, NOS</p> <p>27 Excisional biopsy</p> <p>28 Polypectomy-endoscopic</p> <p>29 Polypectomy-surgical excision</p> <p>Any combination of 20 or 26-29 WITH</p> <p style="padding-left: 20px;">22 Electrocautery</p> <p>30 Partial colectomy, segmental resection</p> <p style="padding-left: 20px;">32 Plus resection of contiguous organ; e</p> <p>40 Subtotal colectomy/hemicolectomy (total</p> <p style="padding-left: 20px;">41 Plus resection of contiguous organ; e</p>	<p>A200 Local tumor excision, NOS</p> <p>A260 Polypectomy, NOS</p> <p>A270 Excisional biopsy</p> <p>A280 Polypectomy-endoscopic</p> <p>A290 Polypectomy-surgical excision</p> <p>Any combination of A200 or A260-A290 WITH</p> <p style="padding-left: 20px;">A220 Electrocautery</p> <p>A300 Partial colectomy, segmental resection</p> <p style="padding-left: 20px;">A320 Plus resection of contiguous organ; example: sm</p> <p>A400 Subtotal colectomy/hemicolectomy (total right or left co</p> <p style="padding-left: 20px;">A410 Plus resection of contiguous organ; example: sm</p> <p>A500 Total colectomy (removal of colon from cecum to the re</p> <p style="padding-left: 20px;">the rectum)</p> <p style="padding-left: 20px;">A510 Plus resection of contiguous organ; example: sma</p>
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46

46

v23 Surgery Codes

- Code format is different
 - Code starts with alpha character and ends with zero
- Little or no change to code definitions for most sites.
 - Skin codes are the exception

Colon

A200 Local tumor excision, NOS
 A260 Polypectomy, NOS
 A270 Excisional biopsy
 A280 Polypectomy-endoscopic
 A290 Polypectomy-surgical excision
 Any combination of A200 or A260-A290 WITH
 A220 Electrocautery

A300 Partial colectomy, segmental resection
 A320 Plus resection of contiguous organ; example: sm

A400 Subtotal colectomy/hemicolectomy (total right or left co
 A410 Plus resection of contiguous organ; example: sm

A500 Total colectomy (removal of colon from cecum to the re
 the rectum)
 A510 Plus resection of contiguous organ; example: smal

47

47

Skin Surgery Codes

- Codes begin with a B
 - This indicates a major change from previous versions

B000 None; no surgery of primary site; autopsy ONLY

B100 Local tumor destruction, NOS

B110 Photodynamic therapy (PDT)

B120 Electrocautery; fulguration (includes use of hot forc

B130 Cryosurgery

B140 Laser

B200 Local tumor excision, NOS; Excisional biopsy, NOS

B220-Shave Biopsy, NOS

B230-Punch Biopsy, NOS

B240-Elliptical Biopsy (aka fusiform)

B300 Mohs Surgery NOS

B310 Mohs surgery performed on the same day (all Mohs

B320 Mohs surgery performed on different days (slow M
 day)

48

48

Big Changes

- Assume surgical procedure is “excisional” and code using surgery codes unless the procedure is a needle or core biopsy.
- “Margins” are not a factor when assigning surgery.
 - See *Clinical Surgical Margins*

B200 Local tumor excision, NOS; Excisional biopsy, NOS
 B220-Shave Biopsy, NOS
 B230-Punch Biopsy, NOS
 B240-Elliptical Biopsy (aka fusiform)

B500 Biopsy (NOS) of primary tumor followed wide excision of the lesion; Wide Excision NOS, Re-excision

B510-Incisional Biopsy followed by wide excision

B520-Shave Biopsy followed by wide excision

B530-Punch Biopsy followed by wide excision

B540-Elliptical Biopsy (aka fusiform) followed by wide excision

Note: An incisional biopsy would be a needle or core biopsy of the primary tumor. An incisional biopsy would be coded as a Diagnostic Staging Procedure (NAACCR Item 1350).

49

Clinical Margin Width (Item 3961)

- Melanoma of the Skin (Schema 00470) for cases diagnosed 2023 only
- Code XX.9 if no wide excision
- Code the peripheral surgical margins from the operative report from a wide excision
 - Do not use the pathology report to code this data item
 - Order of priority:
 - Operative Note
 - Physician statement in medical record

50

50

Example-Diagnosis Year 2023

- Patient presents for excision of a suspicious mole on her left arm
- Operative Report: Shave biopsy
- Pathology Report: Malignant melanoma, with extension to a single peripheral margin. Breslow's depth 2.1mm

Data Item	Value
RX Summ–DX/Stg Proc [1350]	00
Rx Summ- Surg 2023 [1291]	B220
Clinical Margin Width [3961]	XX.9

B200 Local tumor excision, NOS; Excisional biopsy, NOS
 B220-Shave Biopsy, NOS
 B230-Punch Biopsy, NOS
 B240-Elliptical Biopsy (aka fusiform)

For a 2022 case this would be coded as dx/stg proc due to margin status.

51

51

Example-Diagnosis Year 2023

- Patient returns for wide excision
- Operative report: Wide excision. Surgical margins 2cm.
- Pathology report:
 - Results from wide excision: Microscopic residual melanoma present at site of previous surgery.
 - All other margins negative.

Data Item	Value
RX Summ–DX/Stg Proc [1350]	00
Rx Summ- Surg 2023 [1291]	B520
Clinical Margin Width [3961]	2.0

B500 Biopsy (NOS) of primary tumor followed wide excision of the lesion; Wide Excision NOS, Re-excision
 B510-Incisional Biopsy followed by wide excision
 B520-Shave Biopsy followed by wide excision
 B530-Punch Biopsy followed by wide excision
 B540-Elliptical Biopsy (aka fusiform) followed by wide excision

For a 2022 case this would be coded as 31 Shave biopsy followed by a gross excision of the lesion (no margin info)

52

52

Questions

Submit questions or comments to:
CAnswer Forum <https://cancerbulletin.facs.org/forum/>



53

53

CE Quiz/Survey

- CE Link
 - <https://survey.alchemer.com/s3/7172669/2023-Updates-ICD-O-Solid-Tumor-Rules-SSDs-Surgery-Codes>
- Change Log

54

54

Thank you!

- JHOFFERKAMP@NAACCR.ORG
- AMARTIN@NAACCR.ORG

55