



The diagram illustrates the five levels of melanoma invasion into the skin layers. Level I is confined to the epidermis. Level II extends into the papillary dermis. Level III reaches the papillary-reticular dermal interface. Level IV invades the reticular dermis. Level V reaches the subcutaneous tissue. Labels on the left identify the skin layers: Epidermis, Papillary dermis, Papillary-reticular dermal interface, Reticular dermis, and Subcutaneous tissue. The NAACCR logo is in the top right corner.


# Melanoma 2023

JANINE SMITH, CTR  
JIM HOFFERKAMP, CTR

8/3/2023

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## 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.

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# Fabulous Prizes



3

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# Guest Presenter



- Janine Smith, CTR
  - Statewide Auditor and Education & Training Coordinator, California Cancer Registry

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# Agenda

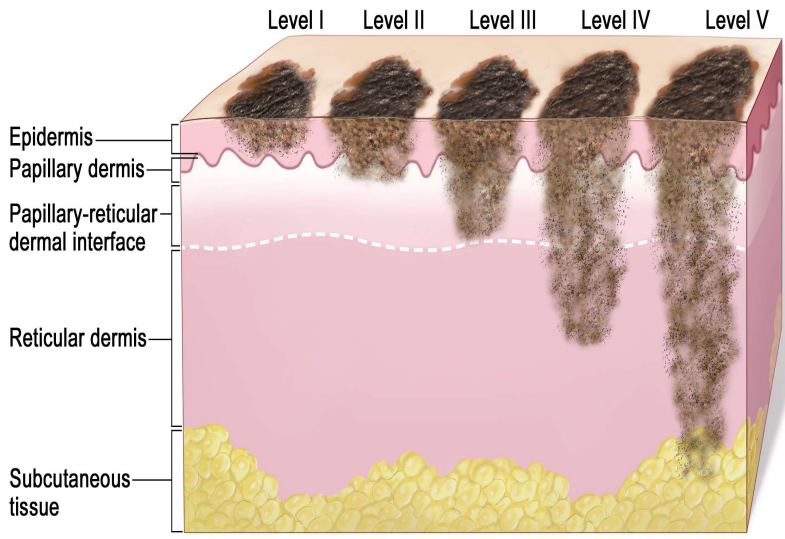
- Overview
- Solid Tumor Rules
- Staging
- Surgery

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## Layers of the Skin

- Epidermis
- Dermis
  - Papillary
  - Papillary-reticular interface
  - Reticular
- Subcutaneous

### Clark Levels



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## Stage 0 Melanoma

### Skin Cells

- Squamous
  - Flat cells
  - Outer part of epidermis
- Basal
  - Divide to replace squamous cells that shed
  - Lower part of epidermis
- Melanocytes
  - Melanin
  - Protects deeper layers of skin
  - Exposed to sun make more pigment

Abnormal melanocytes

Epidermis

Dermis

Subcutaneous tissue

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*New slide*

## Melanoma

### Common

- Superficial Spreading Melanoma (8743)
- Nodular Melanoma (8721)
- Lentigo Maligna Melanoma (8742)
- Acral Lentiginous Melanoma (8744)

### Less Common

- Desmoplastic melanoma (8745)
- Mucosal lentiginous melanoma (8746)
- Amelanotic melanoma (8730)
- Balloon cell melanoma (8722)
- Malignant blue nevus (8780)

Stratum corneum

Stratum lucidum

Stratum granulosum

Stratum spinosum

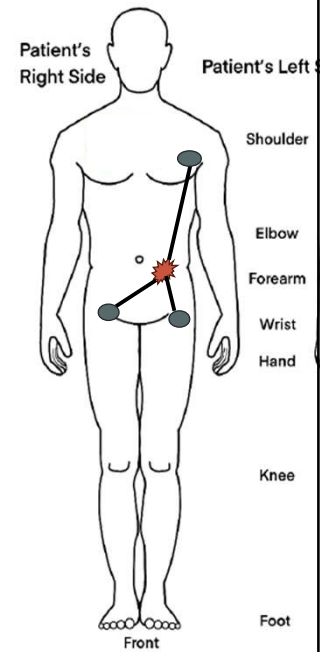
Stratum basale

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## Lymphatics

- Bilateral or contralateral nodes are classified as regional nodes for head, neck, and truncal tumors with bidirectional drainage to primary nodal basins, as shown on lymphoscintigraphy.
- Truncal tumors may also drain to both cephalad (toward the head) and caudal (toward the tail) primary nodal basins as shown on lymphoscintigraphy.

Note 8: Summary Stage 2018

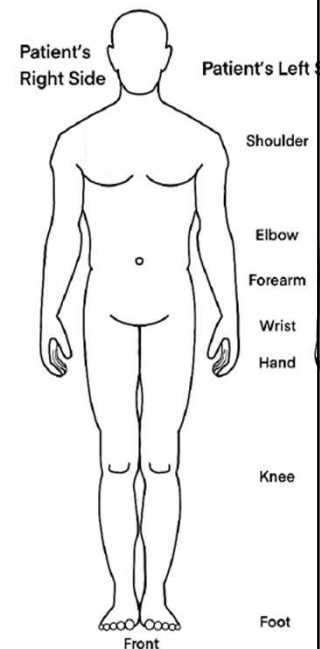


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## Distant Metastasis

1. Skin, subcutaneous tissue, muscle, distant lymph nodes
2. Lung
3. Visceral sites
4. Central nervous system

Prognosis gets progressively worse 1-4



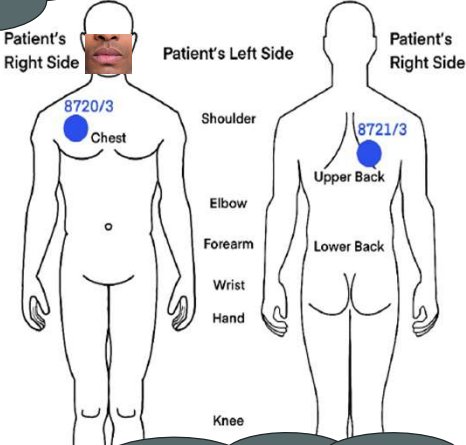
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For cases dx 2021+, all skin sites have laterality except skin of lip (C44.0)

# Laterality

- 0 Not a paired site
- 1 Right: origin of primary
- 2 Left: origin of primary
- 3 Only one side involved, right or left origin unspecified
- 4 Bilateral involvement at time of diagnosis, lateral origin unknown for a single primary; or bc ovaries involved simultaneously, single histology bilateral retinoblastomas; bilateral Wilms tumor:
- 5 Paired site: midline tumor (effective with 01/01/2010 dx)
- 9 Paired site, but no information concerning laterality



Shoulder

Elbow

Forearm


Wrist

Hand

Knee

Edit tip: Edits will trigger if paired site coded 0.  
Edits will NOT trigger if unpaired site coded with laterality.

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**Cutaneous Melanoma Multiple Primary Rules**  
C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)  
Rules Apply to Cases Diagnosed 1/1/2021 forward

*Note 1:* These rules are NOT used for tumor(s) described as metastases. Metastatic tumors include but are not limited to:

- Distant metastasis in skin, subcutaneous tissue including muscle
- Bone
- Brain
- Regional lymph nodes as identified in Summary Stage Manual
- Distant lymph nodes as identified in Summary Stage Manual
- Liver
- Lung
- In-transit metastases – metastases which occur along the lymph pathways between the primary tumor > 2 cm from the scar and the regional lymph nodes
- Satellites – new tumor within a radius of 2 cm from the scar after removal of primary tumor. Satellites may be caused by remains of the primary tumor.

*Note 2:* 2007 MPH Rules and 2021 Cutaneous Melanoma Solid Tumor Rules are used based on **date of diagnosis**.

- Tumors diagnosed 01/01/2021 and later: Use 2007 MPH Rules and 2007 General Instructions
- Tumors diagnosed *before* 1/1/2021 and a subsequent tumor diagnosed 1/1/2021 or later in the same primary site: Use the 2021 Solid Tumor Rules

**Unknown if Single or Multiple Melanomas**

**Rule M1** Abstract a **single primary**<sup>1</sup> when it is not possible to determine if there is a single melanoma or multiple melanomas. Abstract only after all information sources have been exhausted.

*Note 2:* Examples of cases with minimal information include

- Death certificate only (DCO)
- Cases for which information is limited to pathology report only
  - Outpatient biopsy with no follow-up information available
  - Multiple pathology reports which do not specify whether a single tumor or multiple tumors have been biopsied and/or resected

**This is the end of instructions for Unknown if Single or Multiple Melanomas**

<sup>1</sup> Prepare one abstract. Use the [histology rules](#) to assign the appropriate histology code.

Jump to [Equivalent Terms and Definitions](#)  
Jump to [Histology Rules](#)

Cutaneous Melanoma Solid Tumor Rules  
2023 Update

# Review of Solid Tumor Rules: Cutaneous Melanoma

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## STR 1

### How Many Primaries?

- 8/4/23 L lower arm invasive melanoma, s/p wide local excision 9/9/23 C44.6  
8720/3
- 11/5/23 Patient returns for skin screening and there are two new lesions. C44.5  
8743/3
  - One on the left upper back C44.5  
8743/3
  - One on the mid-back. C44.5  
8743/3
  - Both are biopsy proven superficial spreading melanoma

3 Primaries per rule  
M3 and M4

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## STR 2

### How Many Primaries?

- 1/15/23 Patient presents for skin screening and is found to have two lesions. C44.5  
8743/3
  - Left upper chest C44.5  
8743/3
  - Left upper back.
- Both are biopsy proven superficial spreading melanoma

One primary  
per rule M6

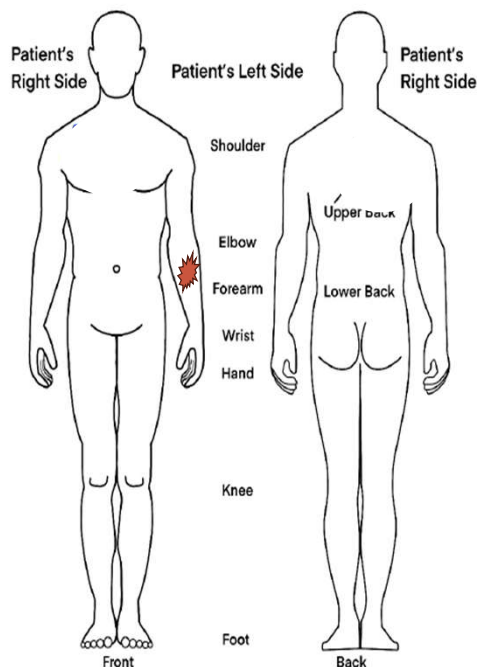
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# STR 3 What is the Histology?

- 4/5/23 Excision of lesion on left lower arm
  - Invasive melanoma (8720/3)
- Wide local excision 5/8/23
  - Residual focus of superficial spreading melanoma (8743/3)

8743/3 per H7



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**MELANOMA SKIN**  
8720-8790 (C000-C002, C006, C440-C449, C500, C510), C609, C632)

Note 1: The following sources were used in the manual:

- SEER Extent of Disease 1988: Codes 2 (<https://seer.cancer.gov/archive/manual>)
- SEER Summary Staging Manual-2000 (<https://seer.cancer.gov/tools/ssm/ssm2>)
- Collaborative Stage Data Collection System (<https://cancerstaging.org/cstage/Pages/Chapter-47-Melanoma-of-the-Skin-in-the-2017-published-by-Springer-International-American-College-of-Surgeons-Chicago>)

Note 2: For melanoma of sites other than those listed below:

- C003-C005, C008-C069, C090-C148, C690: See Melanoma Conjunctiva

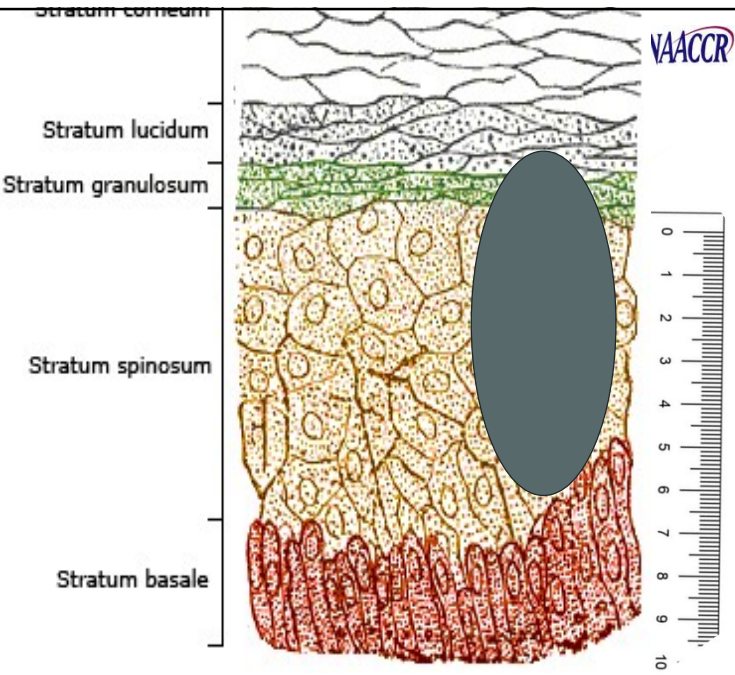
## Staging

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## Things to Look for *Primary Tumor*

- Breslow's thickness
  - Measurement in mm
- Clark's level
  - Anatomic depth

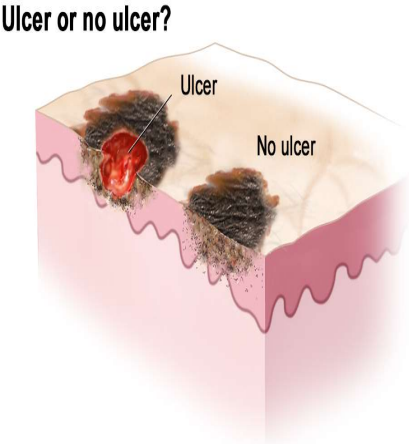


The diagram shows a cross-section of the skin with the following layers labeled on the left: Stratum corneum, Stratum lucidum, Stratum granulosum, Stratum spinosum, and Stratum basale. A dark grey oval representing a tumor is shown extending from the stratum basale into the stratum spinosum. To the right of the skin is a vertical ruler with markings from 0 to 10 millimeters. The NAACCR logo is in the top right corner.

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## Things to Look for When Staging: *Primary Tumor*

- Is ulceration mentioned on the pathology report?



The diagram shows two cross-sections of skin. The left one shows a melanoma with a red crater-like ulcer on its surface, labeled 'Ulcer'. The right one shows a melanoma without an ulcer, labeled 'No ulcer'. The NAACCR logo is in the top right corner.

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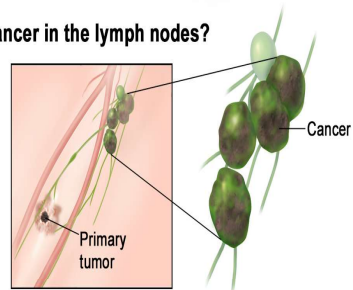
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## Things to Look for When Staging: *Lymph Nodes*



- Are the lymph nodes involved?
  - Is there enough cancer in the lymph node that it is palpable?
    - Clinically occult
    - Clinically detected
  - Number of positive lymph nodes
    - 1,2,3, or 4+
    - Number of clinically detected lymph nodes
- Are the lymph nodes matted?

Cancer in the lymph nodes?



Are lymph nodes matted?



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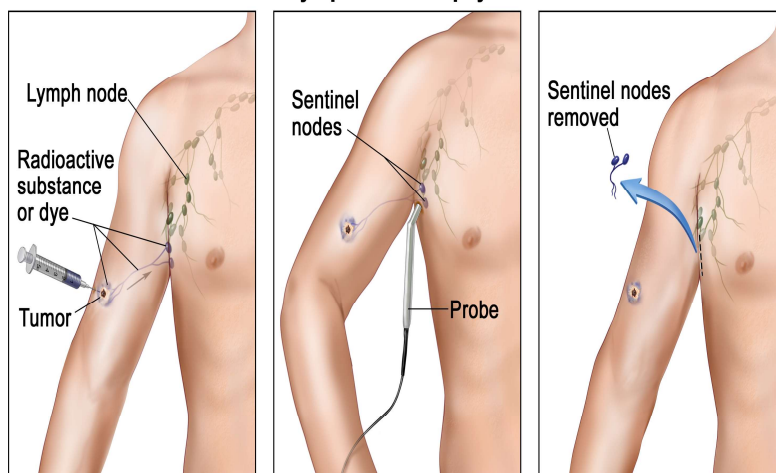
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## Sentinel Node Biopsy



- Used to identify clinically occult malignancy lymph nodes
- Often done after lymphoscintigraphy
- Usually done prior to wide excision

Sentinel Lymph Node Biopsy of the Skin



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## Things to Look for When Staging: *Lymph Nodes*

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**Have cancer cells spread near the primary tumor?**

- Are satellite or microsatellite mets present?
- Is in-transit mets present?

**In-transit metastases**

**Satellite tumors**

**Microsatellite tumors (only seen with a microscope)**

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## Things to Look for When Staging: *Distant Metastasis*

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- Where is the mets?
  - Skin, soft tissue, muscle, distant lymph nodes
  - Lung
  - Visceral sites (not including CNS)
  - CNS
- Does the patient have an elevated Lactate Dehydrogenase (LDH)

**Metastatic tumor**

**Cancer cells in lymph system**

**Cancer cells in the blood**

**Primary cancer**

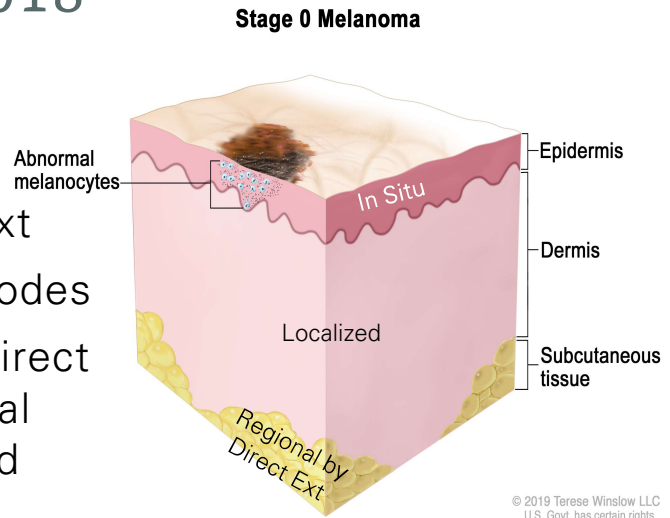
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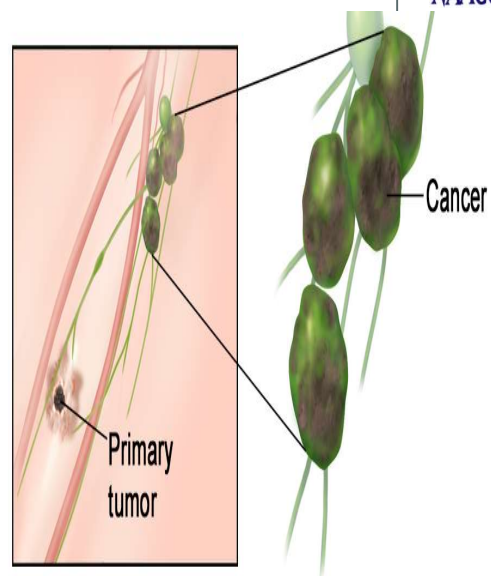
## Summary Stage 2018

- 0 In Situ
- 1 Localized
- 2 Regional by direct ext
- 3 Regional to lymph nodes
- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
- 7 Distant



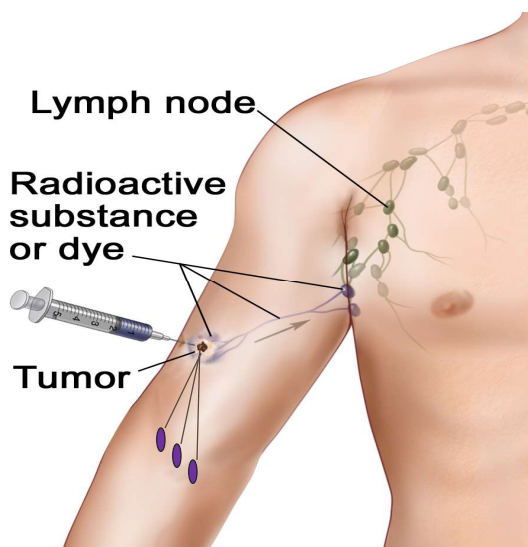
## Notes on Lymph node

- Note 6: Lymph nodes with isolated tumor cells (ITCs) are counted as positive lymph nodes
- Note 7: In-transit, satellite, and/or microsatellite metastasis are counted as positive nodes



## Notes on Lymph nodes

- Note 8: Clinical assessment of bilateral/contralateral or cephalad/caudal regional nodal involvement is required for tumors where lymphoscintigraphy is not performed
- Note 9: Contiguous or secondary nodal basins are the next nodal drainage basins beyond the primary nodal basins and are coded as regional nodes.

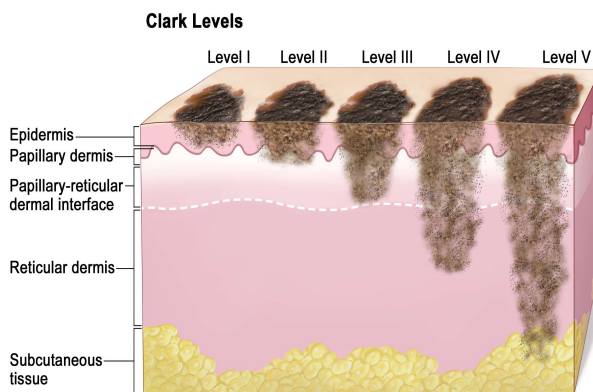


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## EOD Primary Tumor

Code	Description
000	In situ, intraepidermal, intraepithelial, noninvasive (Basement membrane of the epidermis is intact) Clark level I
100	Papillary dermis invaded Clark level II
200	Papillary-reticular dermal interface invaded Clark level III
300	Reticular dermis invaded Clark level IV
400	Skin/dermis, NOS Localized, NOS
500	Subcutaneous tissue (through entire dermis) Clark level V
700	Bone Skeletal muscle Underlying cartilage Further contiguous extension



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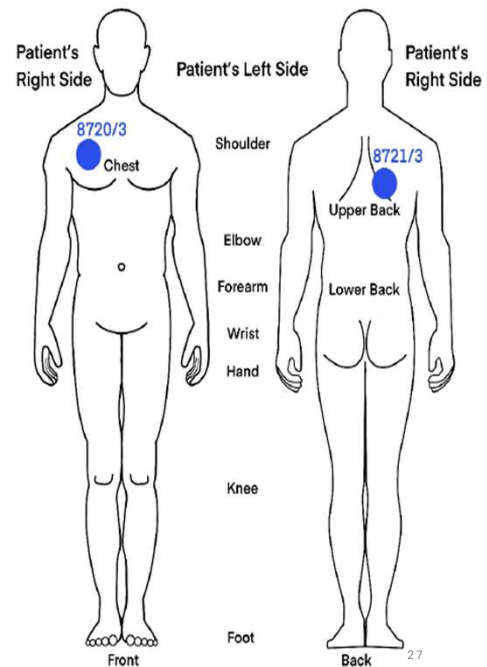
- Code 000: Level I (In situ)
- Code 100: Level II (< 0.75 mm Breslow's Depth)
- Code 200: Level III (0.76 mm to 1.50 mm Breslow's Depth)
- Code 300: Level IV (> 1.50 mm Breslow's Depth)

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## EOD Mets

- 10 Distant Nodes
- 20 Bone, skeletal muscle, skin or subcutaneous tissue beyond regional nodes
- 30 Lung
- 50 Visceral mets
- 60 CNS Mets



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## AJCC TNM Staging

- Clinical Classification
  - Excisional biopsy required for cT
  - Clinically occult vs clinically detected lymph node metastasis

See page 563

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# AJCC TNM Staging

Mohs procedure meet criteria for pT if required clinical margins are documented

- Pathologic Classification
  - Wide excision (must meet NCCN Guidelines) for pT
  - cN may be used for in situ or T1 melanomas
  - Sentinel node biopsy is typically done prior to wide excision but is included in the pN.

Tumor Thickness	Recommended Clinical Margin
In situ	0.5 - 1.0cm
≤1.00mm	1.0cm
1.01 - 2.00mm	1-2cm
2.01 - 4.00mm	2cm
≥4.00mm	2cm

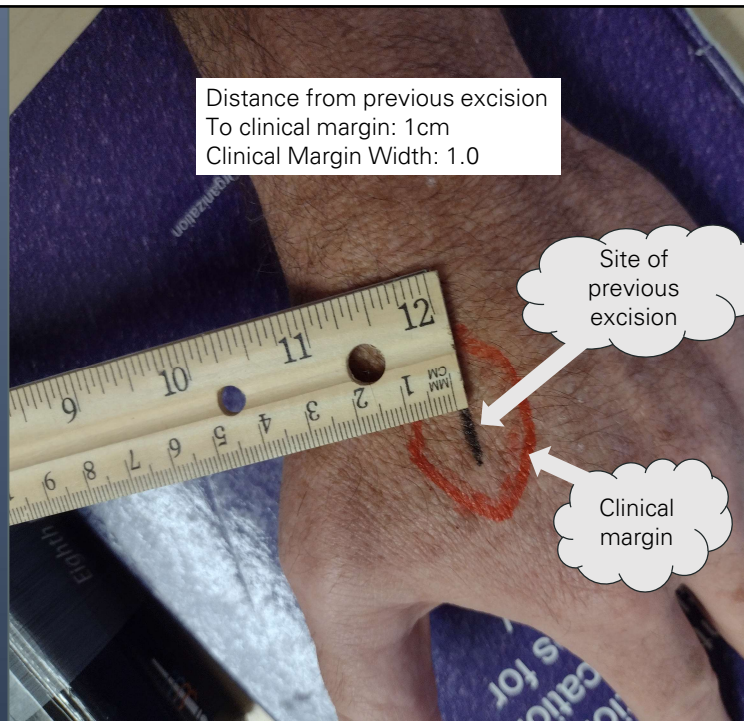
See page 577

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## SSDI: Clinical Margin Width

- "The appropriate [wide local excision] margins are measured from the periphery of any gross residual tumor or the edges of the entire previous biopsy scar (shave or excisional)."
- Operative Standards for Cancer Surgery, Volume 2, page 392.

Tumor Thickness	Recommended Clinical Margin
In situ	0.5 - 1.0cm
≤1.00mm	1.0cm
1.01 - 2.00mm	1-2cm
2.01 - 4.00mm	2cm
≥4.00mm	2cm



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## SSDIs

- Breslow Thickness
  - How many millimeters has the tumor invaded into the skin?
- Ulceration
  - Is the epidermis intact?
  - Must be based on pathologic assessment
- Mitotic Rate
  - How many cells are in a state of division per square millimeter?

### How deep is the cancer?

### Ulcer or no ulcer?

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## SSDIs

- LDH Lab Value
  - LDH is important in melanoma staging in the setting of DISTANT metastasis.
  - The LDH must be taken prior to systemic radiation therapy or surgery to a metastatic site.
- LDH (Lactate Dehydrogenase) Upper Limits of Normal
- LDH Level
  - Is the LDH Elevated?

### Has cancer spread to other parts of the body?

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## Staging Case Scenario

- A patient is found to have a 6mm suspicious lesion on her left calf.
  - No palpable nodes.
  - A shave biopsy is done to remove the lesion.
- Pathology revealed a malignant melanoma
  - Breslow’s depth: 1.2 mm.
  - No ulceration was identified
  - Mitotic rate 3/mm
- The patient returned for a SLNB and wide excision.
  - Per the operative report margins were 1.5cm.
- Pathology from wide excision was negative for residual carcinoma.
  - Isolated tumor cells present in 1 of 4 sentinel lymph nodes.

Data Item	Value	Data Item	Value
Summary Stage	3 Regional to Lymph Nodes	Breslow	1.2
EOD Primary Tumor	200 Papillary reticular dermal interface invaded	Ulceration	0 Ulceration not present
EOD Regional Nodes	100 One clinically occult lymph node	Mitotic rate	03
EOD Mets	00 None	LDH Value	XXXXX.9
		LDH ULN	XX9
		LDH Level	9
		Clinical Margin Width	1.5

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## Staging Case Scenario




- A patient is found to have a 6mm suspicious lesion on her calf.
  - No palpable nodes.
  - A shave biopsy is done to remove the lesion.
- Pathology revealed a malignant melanoma.
  - **Breslow’s depth: 1.2 mm.**
  - **No ulceration was identified**
- The patient returned for a **SLNB** and **wide excision**.
  - Per the operative report margins were 1.5cm.
- Pathology from wide excision was negative for residual carcinoma.
  - Isolated tumor cells present in 1 of 4 sentinel lymph nodes.
  - No further surgery performed.

Data Item	Value	Data Item	Value
cT	cT2a	pT	pT2a
cN	cN0	pN	pN1a
cN Suffix		pN Suffix	(sn)
cM	cM0	pM	cM0
cStage	1B	pStage	3A

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STORE 2023

Appendix M: Case Studies for Coding Melanoma in STORE v23

## Case Studies for Coding Melanoma in STORE v23

January 1, 2023

STORE 2023

APPENDIX A: Site-Specific Surgery Codes

**SKIN**

**C44.0-C44.9**

All 2023 site specific surgery codes begin with a letter **A** except for skin which start with a letter **B** to indicate significant change in coding.

*The priority order for sources used to assign surgery codes is:*  
*Operative report, statement from a physician, description of the surgical procedure on a pathology report, the pathology report. Code based on the description of the procedure.*

*Do not code based on margin status documented in the pathology report.*


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 forceps for tumor destruction)  
 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)

# Surgery


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## Surgery Code Changes 2023



Effective for Cases Diagnosed 2023+




Surgery Code Data Items will be 4-character alphanumeric codes instead of 2-digit codes




All codes will begin with "A" or "B"

"A" indicates the definition of the code has not changed from prior versions, only the format of the code has changed to the new 4-character format  
 "B" indicates a major change to the surgery codes and definitions



Only surgery codes for Skin (C440-C449) have had a major change in 2023 and are "B" codes



Surgery codes will be updated over time and each year new "B" codes will be adopted

8/05/20XX
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## Surgery Code Changes 2023



Surgery codes for cases diagnosed **2023+** will be recorded in new data items:

RX Hosp–Surg Prim Site 2023 [671]  
RX Summ–Surg Prim Site 2023 [1291]



Surgery codes for cases diagnosed **2022** and earlier will be recorded in the existing data items (which are being renamed):

RX Hosp–Surg Prim Site 03-2022 [670]  
RX Summ–Surg Prim Site 03-2022 [1290]

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## Skin Surgery Codes (C440-C449)

- Major Changes for cases diagnosed 2023
  - Changes were made to align procedure codes with Synoptic Operative Reports.
1. Margin Status is **NO LONGER** incorporated into the Surgery Codes
    - The clinical margin for Melanoma cases is captured separately in a new SSDI effective for cases diagnosed 2023+: **Clinical Margin Width** (\*required by CoC and SEER)

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## Skin Surgery Codes (C440-C449)

2. Excisional, Shave, Punch, Elliptical Biopsies are **ALWAYS** coded as surgery, *regardless of margin status (pos/neg)*
3. Assign biopsy procedures to the Surgical Diagnostic and Staging Procedure (SDSP) **ONLY** when there is a small specimen of tissue taken from the melanoma tumor, such as a needle or core biopsy.
  - An incisional biopsy would be a needle or core biopsy of the primary tumor and coded as SDSP.

See [STORE Manual 2023](#) Appendix M: The CTR Guide to Coding Melanoma Cases

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## Skin Surgery Codes (C440-C449)

4. Assign the surgery code based on the description of the procedure
5. Priority Order for sources used to assign surgery codes:
  - Operative Report
  - Statement from a Physician
  - Description of the procedure on a path report
  - Results of the path report
  - DO NOT code based on margin status documented in the path report

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**2023 Surgery Codes**

**NAACCR**

**SKIN**  
C44.0-C44.9

All 2023 site specific surgery codes begin with a letter A except for skin which start with a letter B to indicate a significant change in coding.

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 B120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)  
 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 procedures performed during the same day).  
 B320 Mohs surgery performed on different days (slow Mohs)(each Mohs procedure performed on different day)

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).*

B600 Major Amputation

B900 Surgery, NOS

B990 Unknown if surgery performed; Death certificate ONLY

Code format has changed, no material change to descriptions

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**2023 Surgery Codes**

**NAACCR**

**SKIN**  
C44.0-C44.9

All 2023 site specific surgery codes begin with a letter A except for skin which start with a letter B to indicate a significant change in coding.

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B600 Major Amputation

B900 Surgery, NOS

B990 Unknown if surgery performed; Death certificate ONLY

- Codes/definitions under the category of **Local Tumor Excisions** have been completed revised.
- There are specific codes for shave, punch, elliptical biopsies

↓ vs 2022

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26-27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

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### 2023 Surgery Codes

**SKIN**  
C44.0–C44.9

All 2023 site specific surgery codes begin with a letter A except for skin which start with a letter B to indicate a significant change in coding.

*The priority order for sources used to assign surgery codes is: Operative report, statement from a physician, description of the surgical procedure on a pathology report, results of the pathology report. Code based on the description of the procedure.*

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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 procedures performed during the same day).  
 B320 Mohs surgery performed on different days (slow Mohs)[each Mohs procedure performed on different day]


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).*

B600 Major Amputation

B900 Surgery, NOS

B990 Unknown if surgery performed; Death certificate ONLY



- Codes/definitions for MOHS surgery and Wide Excisions have been completely revised.
- Margin size/status is no longer a factor in assigning the surgery code

↓ vs 2022

30 Biopsy of primary tumor followed by a gross excision of the lesion (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

35 Mohs with 1-cm margin or less

36 Mohs with more than 1-cm margin


45 Wide excision or reexcision 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

If the excision or reexcision has microscopically confirmed negative margins less than 1 cm OR the margins are 1cm or more but are not microscopically confirmed; use the appropriate code, 29–36.


43

		
	<p><b>Poll Question #1</b></p> <ul style="list-style-type: none"> <li>3/14/23 During a skin screening, patient is found to have a lesion on the right chest wall and the dermatologist performs a punch biopsy per the MD note.                     <ul style="list-style-type: none"> <li>Path report shows invasive melanoma with negative margins</li> </ul> </li> <li>4/1/23 Patient has Wide Local Excision per the operative report, and the path report comes back with no residual melanoma.</li> </ul>	<p>Is the biopsy coded as a surgery or a diagnostic/staging procedure and why?</p> <ol style="list-style-type: none"> <li>a) Diagnostic/staging procedure – the biopsy was not definitive treatment since the patient had a wide local excision</li> <li>b) Surgery – the punch biopsy had negative margins on the path report and therefore should be coded as surgery</li> <li>c) Surgery – Punch biopsies are always coded as surgery</li> </ol>


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	<p><b>Poll Question #1</b></p> <ul style="list-style-type: none"> <li>• 3/14/23 During a skin screening, patient is found to have a lesion on the right chest wall and the dermatologist performs a punch biopsy per the MD note.             <ul style="list-style-type: none"> <li>• Path report shows invasive melanoma with negative margins</li> </ul> </li> <li>• 4/1/23 Patient has Wide Local Excision per the operative report, and the path report comes back with no residual melanoma.</li> </ul>	<table border="1"> <thead> <tr> <th>Data Item</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Diagnostic/Staging Procedure</td> <td>00</td> </tr> <tr> <td>Surgery of Primary Site (1)</td> <td>B230</td> </tr> <tr> <td>Surgery of Primary Site (2)</td> <td>B530</td> </tr> </tbody> </table>	Data Item	Code	Diagnostic/Staging Procedure	00	Surgery of Primary Site (1)	B230	Surgery of Primary Site (2)	B530
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Diagnostic/Staging Procedure	00									
Surgery of Primary Site (1)	B230									
Surgery of Primary Site (2)	B530									


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	<p><b>Poll Question #2</b></p> <ul style="list-style-type: none"> <li>• 9/1/23 MD Clinic Note: Patient with history of skin cancer presents for skin follow-up screening. PE: 10mm hyperpigmented patch on Rt cheek. Shave biopsy performed.</li> <li>• 9/1/23 Path report: Skin Rt Cheek Punch Biopsy melanoma in-situ; extends to margins</li> <li>• 9/20/23 MOHs surgery: no residual melanoma</li> </ul>	<div style="background-color: #444; color: white; padding: 10px;"> <p>How should the biopsy be recorded:</p> <ul style="list-style-type: none"> <li>a) As surgery; B220 – Shave Biopsy</li> <li>b) As surgery; B230 – Punch Biopsy</li> <li>c) As a Diagnostic/Staging Procedure; 02</li> </ul> </div>

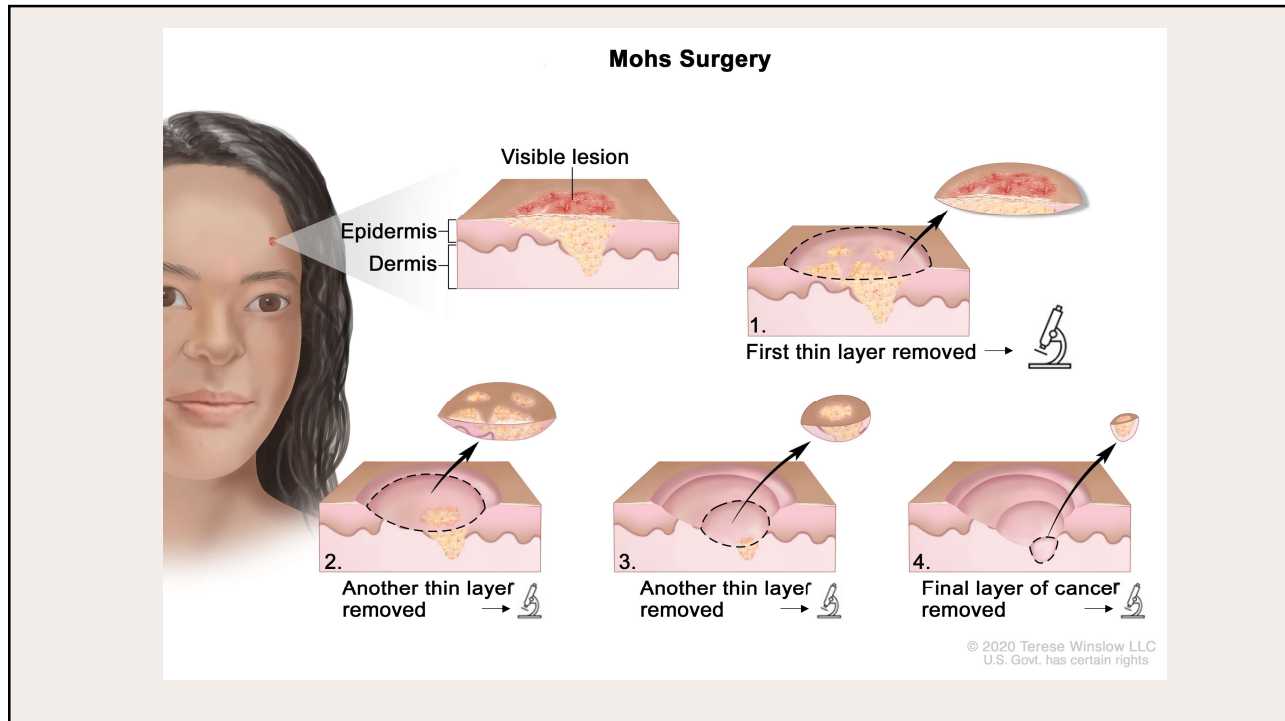
46

		
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47

										
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Diagnostic/Staging Procedure	00									
Surgery of Primary Site (1)	B220									
Surgery of Primary Site (2)	B310									


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	<p><b>Poll Question #3</b></p> <ul style="list-style-type: none"> <li>10/18/23 Shave biopsy of L upper cheek dark brown patch;             <ul style="list-style-type: none"> <li>Path: melanoma in-situ extending to the edges of the specimen</li> </ul> </li> <li>11/18/23 Op Report: First stage of slow MOHs excision;             <ul style="list-style-type: none"> <li>Path: residual MIS extends to within 0.5mm of inked surgical margins</li> </ul> </li> <li>11/19/23 Op Report: Second stage of slow MOHs excision;             <ul style="list-style-type: none"> <li>Path: no residual MIS</li> </ul> </li> </ul>	<p>What is the date of the most definitive surgical procedure and what is the surgery code?</p> <p>a) 11/18/23; B310              b) 11/19/23; B310              c) 11/19/23; B320              d) 11/18/23; B320</p>

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### Poll Question #3

- 10/18/23 Shave biopsy of L upper cheek dark brown patch;
  - Path: Melanoma in-situ extending to the edges of the specimen
- 11/18/23 First stage of slow MOHs excision;
  - Path: residual MIS extends to within 0.5mm of inked surgical margins
- 11/19/23 Second stage of slow MOHs excision;
  - Path: no residual MIS

Data Item	Code
Diagnostic/Staging Procedure	00
Date First Surgical Procedure	<b>10/18/23 (based on Surgery 1)</b>
Date Most Definitive Surgical Resection of Primary Site	<b>11/19/23 (based on Surgery 3)</b>
Date Surgery 1	10/18/23
Surgery of Primary Site (1)	B220
Date Surgery 2	11/18/23
Surgery of Primary Site (2)	B320
Date Surgery 3	11/19/23
Surgery of Primary Site (3)	<b>B320</b> (code that will be transmitted in RX Summ Surg Prim Site)

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### Poll Question #4

- 9/30/23 Skin L lower ear incisional biopsy; Path: Malignant Melanoma
- 10/28/23 Op Report: L ear wide local excision, SNL biopsy
- 10/28/23 Path: residual melanoma 6.5 mm in this specimen, completely excised. Clark IV with ulceration. No LVI. Margins neg by at least 5 mm. 0+/6 SLNs


What is the date of the first surgical procedure?

a) 9/30/23 – the date of the incisional biopsy

b) 10/28/23 – the date of the wide local excision

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**Poll Question #4**

- 9/30/23 Skin L lower ear incisional biopsy; Path: Malignant Melanoma
- 10/28/23 L ear wide local excision, SNL biopsy
- 10/28/23 Path: residual melanoma 6.5 mm in this specimen, completely excised. Clark IV with ulceration. No LVI. Margins neg by at least 5 mm. 0+/6 SLNs

Data Item	Code
Date of Surgical/Diagnostic Staging Procedure	9/30/23
Diagnostic/Staging Procedure	02
Date of First Surgical Procedure	<b>10/28/23 (based on surgery 1)</b>
Date Most Definitive Surgical Resection of Primary Site	<b>10/28/23 (based on surgery 1)</b>
Date Surgery 1	10/28/23
Surgery of Primary Site (1)	<b>B510</b> (code that will be transmitted in RX Summ Surg Prim Site)

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**Poll Question #4**

- 9/30/23 Skin L lower ear incisional biopsy; Path: Malignant Melanoma,
- 10/28/23 L ear wide local excision, SNL biopsy
- 10/28/23 Path: residual melanoma 6.5 mm in this specimen, completely excised. Clark IV with ulceration. No LVI. Margins neg by at least 5 mm. 0+/6 SLNs


Data Item	Code
Scope of Regional Lymph Node Surgery	2
Date of SLN Biopsy	10/28/23
SLNs Examined	06
SLNs Positive	00
Date of Region LN Dissection	<blank>
Regional LNs Examined	06
Regional LNs Positive	00

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**Poll Question #5**


- 2/22/23 Wide local excision Rt Dorsal Hand melanoma with Rt Axillary SLN bx, R Axillary node dissection
- 2/22/23 Path: Malignant melanoma, Clark's level IV, Breslow depth 5.6mm, skin ulceration present, mitotic rate 7 mitoses/mm<sup>2</sup>, margins are neg, closest deep surg margin 4mm, 2+/4 rt axil SLNs; 0+/9 additional rt axillary LNs



How many regional lymph nodes examined?

a) 13  
b) 4  
c) 9  
d) 7

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**Poll Question #5**

- 2/22/23 Wide local excision Rt Dorsal Hand melanoma with Rt Axillary SLN bx, R Axillary node dissection
- 2/22/23 Path: Malignant melanoma, Clark's level IV, Breslow depth 5.6mm, skin ulceration present, mitotic rate 7 mitoses/mm<sup>2</sup>, margins are neg, closest deep surg margin 4mm, 2+/4 rt axil SLNs; 0+/9 additional rt axil LNs

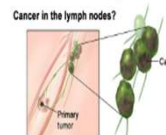
Data Item	Code
Scope of Regional Lymph Node Surgery	6
Date of SLN Biopsy	2/22/23
SLNs Examined	04
SLNs Positive	02
Date of Region LN Dissection	2/22/23
Regional LNs Examined	13
Regional LNs Positive	02

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# Sentinel Lymph Node Spot-Check

How is Scope of Regional Lymph Node Surgery coded for these scenarios?



Scenario	Scope of Reg LN Surgery Code
1. SLN biopsy and nodes fail to map, there is no regional LN dissection	2
2. SLN biopsy, nodes fail to map, surgeon does a reg LN dissection in the same procedure	6
3. SLN biopsy followed by a regional LN dissection at a later time	7
4. SLN biopsy, during the procedure non-sentinel lymph nodes are selectively removed (surgeon may or not be aware as they may be found by pathologist)	2

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## Poll Question #6

- 12/27/23 Pt has a shave biopsy of pink shiny plaque on L neck; Path report: Inv Melanoma, Breslow depth 1.8mm
- 1/4/24 Operative report: Lesion excised with 2cm margins of normal skin circumferentially; Path report: Inv melanoma with margins positive for melanoma in-situ
- 1/13/24 Operative report: 1cm of additional skin margins excised from the posterior aspect of the wound on L neck; Path report: melanoma in-situ, margins clear



What is the surgery code for the procedure on 1/4/24?

- a) B200 - Local Tumor Excision NOS
- b) B500 – Biopsy NOS followed by wide excision
- c) B520 – Shave Biopsy followed by wide excision

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<p><b>Poll Question #6</b></p> <ul style="list-style-type: none"> <li>12/27/23 Pt has a shave biopsy of pink shiny plaque on L neck; Path report: Inv Melanoma, Breslow depth 1.8mm</li> <li>1/4/24 Operative report: Lesion excised with 2cm margins of normal skin circumferentially; Path report: Inv melanoma with margins positive for melanoma in-situ</li> <li>1/13/24 Operative report: 1cm of additional skin margins excised from the posterior aspect of the wound on L neck; Path report: melanoma in-situ, margins clear</li> </ul>	<table border="1"> <thead> <tr> <th>Data Item</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Diagnostic/Staging Procedure</td> <td>00</td> </tr> <tr> <td>Date First Surgical Procedure</td> <td><b>12/27/23 (based on Surgery 1)</b></td> </tr> <tr> <td>Date Most Definitive Surgical Resection of Primary Site</td> <td><b>1/13/24</b></td> </tr> <tr> <td>Date Surgery 1</td> <td>12/27/23</td> </tr> <tr> <td>Surgery of Primary Site (1)</td> <td>B220</td> </tr> <tr> <td>Date Surgery 2</td> <td>1/4/24</td> </tr> <tr> <td>Surgery of Primary Site (2)</td> <td>B520</td> </tr> <tr> <td>Date Surgery 3</td> <td>1/13/24</td> </tr> <tr> <td>Surgery of Primary Site (3)</td> <td><b>B520</b> (code that will be transmitted in RX Summ Surg Prim Site)</td> </tr> </tbody> </table>	Data Item	Code	Diagnostic/Staging Procedure	00	Date First Surgical Procedure	<b>12/27/23 (based on Surgery 1)</b>	Date Most Definitive Surgical Resection of Primary Site	<b>1/13/24</b>	Date Surgery 1	12/27/23	Surgery of Primary Site (1)	B220	Date Surgery 2	1/4/24	Surgery of Primary Site (2)	B520	Date Surgery 3	1/13/24	Surgery of Primary Site (3)	<b>B520</b> (code that will be transmitted in RX Summ Surg Prim Site)
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Surgery of Primary Site (2)	B520																				
Date Surgery 3	1/13/24																				
Surgery of Primary Site (3)	<b>B520</b> (code that will be transmitted in RX Summ Surg Prim Site)																				

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## Wide Excision

- Removes the melanoma tumor as well as some normal looking tissue surrounding it (the surgical margin).
- The size of the surgical margin depends on the thickness of the tumor (Breslow depth) and the location of the tumor.

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### Principles of Surgical Margins for Wide Excision of Primary Melanoma

Tumor Thickness (Breslow Depth)	Recommended Peripheral Surgical Margins
In situ	0.5-1cm
<=1.0mm	1cm
>1.0-2.0mm	1-2cm
>2.0-4.0mm	2cm
>4.0m	2cm

Surface of Skin

2cm Surgical Margin

2mm

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Melanoma

Surgical Margin

Clinical Margin Width

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## Clinical Margin Width (Item #3961)

New SSDI for Melanoma Skin


- Records the clinical margins from a wide excision for a melanoma primary
- Margin width is measured by the surgeon prior to the procedure
- **DO NOT** use the path report to code this data item
- **DO NOT** record the deep margin
- If multiple wide excisions performed, code from the procedure with the largest margin, **DO NOT** add the margins together

Code	Description
0.1	Documented as 0.1cm or less (1mm or less)
0.2-9.9	0.2cm – 9.9cm
XX.1	10 centimeters or greater
XX.9	Not documented in medical record No Wide Excision performed <b>MOHs or similar procedure</b> Wide Excision performed, but clinical margin width not documented No surgical resection performed (B000) Unknown if procedure performed
BLANK	N/A-Diagnosis year is prior to 2023

- The clinical margin width in the operative report takes the highest priority
- A physician statement in the medical record can be used when there is no other information available, or it is ambiguous
- Required data item for CoC and SEER

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**Poll Question #7**

- 12/27/23 Pt has a shave biopsy of pink shiny plaque on L neck; Path report: Inv Melanoma, Breslow depth 1.8mm
- 1/4/24 Operative report: Lesion excised with 2cm margins of normal skin circumferentially; Path report: Inv melanoma with margins positive for melanoma in-situ
- 1/13/24 Operative report: 1cm of additional skin margins excised from the posterior aspect of the wound on L neck; Path report: melanoma in-situ, margins clear

What is the clinical margin width?


- a) 3.0
- b) 2.0
- c) 1.0
- d) 5.0

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**Poll Question #7**

- 12/27/23 Pt has a shave biopsy of pink shiny plaque on L neck; Path report: Inv Melanoma, Breslow depth 1.8mm
- 1/4/24 Operative report: Lesion excised with 2cm margins of normal skin circumferentially; Path report: Inv melanoma with margins positive for melanoma in-situ
- 1/13/24 Operative report: 1cm of additional skin margins excised from the posterior aspect of the wound on L neck; Path report: melanoma in-situ, margins clear



What is the clinical margin width?

- a) 3.0
- b) 2.0
- c) 1.0
- d) 5.0

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Poll Question #8

- 10/28/23 Operative Report: L ear wide local excision, SNL biopsy
- 10/28/23 Path report: residual melanoma 6.5 mm in this specimen, completely excised. Clark IV with ulceration. No LVI. Margins neg by at least 5 mm. 0+/6 SLNs



What is the clinical margin width?

- a) XX.9
- b) 0.7
- c) 0.6
- d) 0.5

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**Primary tumor**

**Cancer**

**Are lymph nodes matted?**

**Have cancer cells spread near the primary tumor?**

**In-transit metastases**

**Satellite tumors**

2 cm

Questions?

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# Fabulous Prizes



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## CE Certificate Quiz/Survey




CE Phrase

Link

- <https://survey.alchemer.com/s3/7032828/Melanoma-2023>

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## Coming UP...


### Coding Pitfalls

- Guest Host: Janet Vogel
- 9/7/2023

### 2023-2024 NAACCR Webinar Series

- Begins October 5, 2023
- Link to purchase:
- <https://education.naacr.org/next-year-webinar-series>

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# Thank you!

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[amartin@naacr.org](mailto:amartin@naacr.org)

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