

## Melanoma Surgical Coding:

<http://cancerbulletin.facs.org/forums/showthread.php?327-Melanoma-Surgery-codes&highlight=extends+peripheral+margin>

A biopsy (incisional, shave, punch, elliptical, biopsy nos) with **GROSS** positive margins is coded to a diagnostic and staging procedure code of 02.

- If the **biopsy removes all of the tumor** it is **coded** to an excisional biopsy **code of 27**.
- If the biopsy removes all gross disease and there is only microscopic residual at the margin, code also to an excisional biopsy code of 27. This includes melanoma that extends to the peripheral margins as well as deep margins.

**\*\*Make sure to check for a post op office visit following the biopsy. If the physician states that there is residual clinically tumor, this clinical statement will take priority over the path report margin status. In this scenario, the biopsy should be coded to 02\*\***

- If initial biopsy is done elsewhere and no information is available, assume it is excisional biopsy **code of 27**

The biopsy of the primary tumor is normally followed by a wide excision which removes a margin of healthy or normal tissue around the tumor.

Code the subsequent wide excision based on the surgical margin measurements: Use the margins measurement from the **PATHOLOGY** report.

- If the margin of tissue is less than or equal to 1 cm code to 30-33.
- If the margin of tissue is unknown or not stated use codes 30-33.
  - Use code 30 if the initial biopsy is an excisional biopsy, not stated to be shave or punch biopsy.
  - Use code 31 if the initial biopsy was a shave biopsy.
  - Use code 32 if the initial biopsy was a punch biopsy.
  - Use code 33 if the initial biopsy was incisional (diagnostic and staging procedure code of 02).
- If the margin of tissue is **more than 1 cm** and microscopically negative code to 45-47.
  - Use code 45 if the margins are more than 1 cm but unknown if less than 2 cm.
  - Use code 46 if the margins are more than 1 cm but less than 2 cm.
  - Use code 47 if margins are more than 2 cm.

If the subsequent procedure is a Mohs, use codes 34-36. Mohs surgery is performed by a specially trained surgeon and a pathologist is present to review the cuts or thin layers of skin removed until the margins are negative.

### **Example 1:**

1<sup>st</sup> Procedure: Back lesion, skin punch biopsy of large lesion: Lentiginous malignant melanoma, Clarks level II, 1 mm depth of invasion, ulceration absent, mitoses not identified, all margins are grossly positive.

2<sup>nd</sup> Procedure: Wide Excision: Residual melanoma, the lesion is .9 cm from the nearest margin. completely excised.

1<sup>st</sup> Procedure is coded to a diagnostic and staging procedure code of 02 due to gross positive margins.

2<sup>nd</sup> Procedure is coded to a code 32 (punch biopsy followed by a gross excision of a lesion) due to margins are less than 1cm.

### **Example 2:**

1<sup>st</sup> Procedure Back lesion, skin punch biopsy of large lesion: Lentiginous malignant melanoma, Clarks level II, 1 mm depth of invasion, ulceration absent, mitoses not identified, peripheral margin positive.

2<sup>nd</sup> Procedure Wide Excision Residual melanoma. Margins negative by 1.2cm

1<sup>st</sup> procedure coded to 27 due to only peripheral margin positive.

2<sup>nd</sup> procedure 46 – margins stated to be negative between 1-2cm.

**Example 3:**

1<sup>st</sup> Procedure Back lesion, skin punch biopsy of large lesion: Lentiginous malignant melanoma, Clarks level II, 1 mm depth of invasion, ulceration absent, mitoses not identified, peripheral margin positive. Follow up visit after the punch biopsy and the physician states there is residual tumor, wide excision recommended.

2<sup>nd</sup> Procedure Wide Excision Residual melanoma. Margins negative by 1.2cm

1<sup>st</sup> procedure coded to 02 due to physicians statement of residual tumor. This will take priority over path report statement of + peripheral margins.

2<sup>nd</sup> procedure 46 – margins stated to be negative between 1-2cm.

**Example 4:**

1<sup>st</sup> procedure – Skin right forearm shave biopsy: Superficial spreading malignant melanoma, Breslow depth 0.47 mm, no ulceration, invasive melanoma extends to peripheral edge, regression not present.

2<sup>nd</sup> procedure – Wide Excision of right forearm: Biopsy site changes with focal residual melanoma completely excised.

1<sup>st</sup> procedure is coded to 27 due to only peripheral margins positive

2<sup>nd</sup> procedure is coded to 31 (shave biopsy followed by a gross excision of a lesion). Pathology report does not provide the margin of tissue