

Melanoma

Reportability per SINQ:

SINQ 20130022	
Reportable Skin Histologies	Non-Reportable Skin Histologies
Melanoma NOS	Early Melanoma
<i>In Situ</i> Melanoma	Evolving Melanoma
Early <i>in situ</i> Melanoma	Early/evolving Melanoma
Early/evolving <i>in situ</i> melanoma	

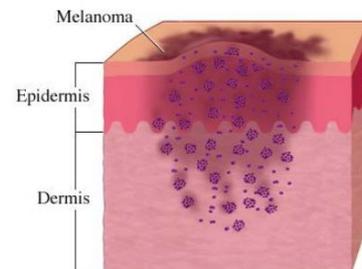
<http://seer.cancer.gov/seer inquiry/index.php>

Histology & MP/H Rules - How is histology coded for:

- Malignant baso-melanocytic tumor - See SINQ 20110137
- Melanoma in situ, lentiginous type - See SINQ 20091100
- Invasive melanoma superficial spreading growth pattern - See SINQ 20120032
- Melanoma arising in a compound nevus, NOS or a nevus, NOS - See SINQ 20091029
- When the term “spitz or spitzoid” is used in association with melanoma - See SINQ 20091014

Unknown Primary Site:

- Assign C449 (Skin, NOS) if metastatic melanoma (8720-8790) is found but the primary site is unknown.



Code a Biopsy as Surgery when:

- Shave, punch bx, incisional biopsy or biopsy NOS are most often diagnostic. **Code as a surgical procedure ONLY if it removes all of the melanoma.** This means when there is no residual tumor present in the re-excision, the biopsy should be coded using surgery codes, **not the Dx/Stg codes.** The re-excision is coded as the 2nd procedure and will become the SUMMARY Surg code.

Surgical Margins and Surgery codes:

- For gross excision, wide excision or re-excision, assign the appropriate surgery code based on the size of clear margins taken from the **pathology** report following the CAP protocol guidelines. Measurements may be found in the “micro” section of the pathology report. Do not make assumptions about margins based on the *clinical assessment of margin size (operative or other procedure report)* or their presumed negativity.



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Los Angeles County Cancer Surveillance Program

Surgical margins and surgery codes continued:

- Assign surgery codes 30-35 as applicable when the excision or re-excision surgical margins are:
 - LESS than 1 cm
 - OR equal to 1cm
 - OR status of margin is unknown.
 - **Regardless of whether margins are microscopically confirmed positive, negative, or unknown.**
- Assign surgery code 45, 46 or 47 as applicable when excision or re-excision surgical margins:
 - **ARE microscopically confirmed negative and MORE than 1 cm** (must be both).
- If margins are given for length, width and depth, code from the smallest margin
- If there is no mention of surgical margins in the medical record, document in text that margin status was not stated.

Site Specific Factor Reminders:

SSF1 - Breslow’s depth:

Examples for coding Breslow’s depth:						
0.2 mm =020	0.20 mm=020	1.1 mm=110	1.11 mm=111	1 mm =100	0.26 cm=260	
0.4 mm =040	0.26 mm=026	1.7 mm=170	2.01 mm=201	4 mm =400	0.2 cm =200	
0.8 mm =080	0.40 mm=040	2.1 mm=210	3.25 mm=325	7 mm =700	1 cm =980	
	0.71 mm=071	4.4 mm=440	7.59 mm=759	10 mm=980		

- Code 999 for an in situ-melanoma (behavior 2).
- Code 000 for metastatic melanoma where there is no primary site identified or found.

SSF2 - Ulceration

- Code 000 when there is a statement in the pathology report that no ulceration is present.
- Code 000 when there is no mention of ulceration in the pathology report; assume ulceration is not present.

SSF7 - Mitosis

- Use code 999 when there is no mention of mitosis in the pathology report.
- Use code 990 if the pathologist states there is less than 1 mitosis per square millimeter.
- Use code 996 if the mitotic rate is described as number of mitoses per high power field (HPF), or any other denominator than square mm.

Resources:

(a) DSQC Memo 2005-04 remains a primary source for melanoma surgery codes, and can be found on the CCR website → http://www.ccrca.org/DSQC_Pubs/DSQC_Memos/DSQC_Memos.htm

(b) CCR Volume 1, Appendix Q2: Skin Surgery Codes