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## Treatment Traps

### Melanoma Surgery and Systemic Treatment/Surgery Sequence for All Sites

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We're back at it with the next installment of treatment traps! The "traps" refer to common errors we make when we don't consider all the information available in the medical record before coding treatment fields. In this installment, we'll touch on two topics:

1. Melanoma Surgery of Primary Site codes (an old favorite)
2. Coding Systemic Treatment/Surgery Sequence field when a patient has multiple surgeries and multiple courses of systemic treatment

### Melanoma Surgery of Primary Site Codes

In a prior Treatment Trap installment, we discussed the traps associated with coding Surgery of Primary Site for melanoma primaries. After receiving subsequent clarification via the SEER Inquiry System (SINQ), we thought it was important to discuss melanoma surgery coding again. The challenging aspect of coding this field for melanoma primaries typically involves a patient who has an initial shave or punch biopsy followed by a reexcision of the lesion. Do we use codes 30-32 or codes 45-47?

Reference Table 1, which represents the applicable section of the Surgery of Primary Site Codes for Skin, when going over the melanoma examples in the article.

**Table 1 – Section of the Surgery of Primary Site**

**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 negative margins less than 1 cm OR the margins are more than 1 cm but are not microscopically confirmed; use the appropriate code, 20-36.


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Previously, we based our selection of surgery code on the size of the excised specimen when the reexcision was negative and then made an assumption about the size of the margins based on the excision specimen size. However, SINQ 20170030 states that we need to look for a specific statement that margins are at least more than 1 cm in order to assign surgery codes in the 45-47 range. Let's look at an example.

- A patient has a punch biopsy with positive margins per the final diagnosis that proves malignant melanoma. The patient has a reexcision about a month later. The reexcision pathology report states in the final diagnosis that the peripheral margins are widely free (>1 cm) and the melanoma is 0.2 cm from the deep margin. Which surgery code is correct?

  While the final diagnosis states that the peripheral margins are widely free (>1cm), the deep margin is less than 1 cm (0.2 cm) from the melanoma margin. Therefore, because the final diagnosis explicitly addresses the issue of margins and states that the deep margin is less than 1 cm, we cannot code surgery in the 45-47 range. We must remember that all margins need to be considered and must meet the coding requirement for a particular code before assigning a more extensive surgery code

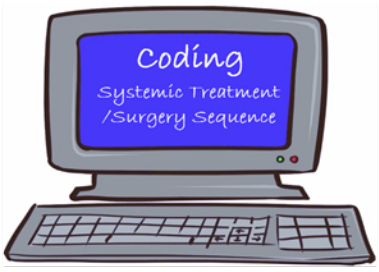
Here's another example.

- A patient has a shave biopsy that diagnosed melanoma in situ followed by a wide excision that shows no residual disease. The size of the wide margin surgical specimen is 1.5 x 1.5 x 1.5 cm. Margins are not stated on either pathology report. Which surgery code applies?

  Surgery code 31 is the correct code for this case. Even though no residual disease is found on the wide excision, there is no statement regarding the status of the margins only the size of the surgical specimen. Without an assessment of the margins we are unable to assign a more extensive code than 31.

## Coding Systemic Treatment/Surgery Sequence

The Systemic Treatment/Surgery Sequence field captures the sequence of any systemic therapy and any surgery given as first course of therapy for those patients who had both systemic therapy and surgery. "Surgery" in this case is defined as a surgical procedure involving the primary site, the regional lymph nodes, or an "other" site such as distant lymph nodes, or another distant organ. If one or more of the surgery fields (Surgery of Primary Site, Scope of Regional Lymph Node Surgery, or Surgical Procedure of Other Site) are coded as being given, then the Systemic Treatment/Surgery Sequence field must take into account the timing of each surgical procedure coded in these fields in relation to when the patient received systemic treatment.




Systemic therapy is defined as any of the following: chemotherapy, hormone therapy, biological response therapy/immunotherapy, bone marrow transplant, stem cell harvest, or surgical and/or radiation endocrine therapy. Let's take a look at some examples. Refer to Table 2 for the Systemic Treatment/Surgery Sequence codes.


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**Table 2**
**Systemic Treatment/Surgery Sequence Codes**

| Code | Label | Definition |
|---|---|---|
| 0 | No systemic therapy and/or surgical treatment; unknown if surgery and/or systemic therapy given | The patient did not have both systemic therapy and surgery. It is unknown whether or not the patient had surgery and/or systemic therapy |
| 2 | Systemic therapy before surgery | The patient has systemic therapy prior to surgery |
| 3 | Systemic therapy after surgery | The patient had systemic therapy after surgery |
| 4 | Systemic therapy both before and after surgery | Systemic therapy was administered prior to surgery and also after surgery |
| 5 | Intraoperative systemic therapy | The patient had intraoperative systemic therapy |
| 6 | Intraoperative systemic therapy with other systemic therapy administered before or after surgery | The patient had intraoperative systemic therapy and also had systemic therapy before and/or after surgery |
| 7 | Surgery both before and after systemic therapy (effective for cases diagnosed | Systemic therapy was administered between two separate surgical |

- SINQ 20130191: How is the Systemic Treatment/Surgery Sequence field coded for a 2013 case if the patient has a TURBT followed by multi-agent chemotherapy, and then a cystoprostatectomy followed by post-operative multi-agent chemotherapy?

  For this case, the Systemic/Surgery Sequence field is coded to 7 (surgery both before and after systemic therapy). Both a TURBT (code 27) and a cystoprostatectomy (code 71) are considered surgical procedures for bladder primaries because they are in the code definitions for the Surgery of Primary Site field. Therefore, the patient had surgery, followed by chemotherapy, which was again followed by surgery. Unfortunately, the adjuvant multi-agent chemotherapy given following the cystoprostatectomy is lost in the sequencing for cases like this. However, it is not appropriate to use code 4 (chemotherapy before and after surgery) because that ignores the initial surgical procedure performed (i.e., TURBT).

- The patient had a breast biopsy that diagnosed ductal carcinoma of the right breast. She then went on to have a sentinel lymph node biopsy that confirmed lymph node metastasis, followed by neoadjuvant multi-agent chemotherapy, a mastectomy once chemotherapy was completed, and then a 5-year course of hormone therapy initiated after the resection. How is the Systemic/Surgery Sequence field coded?

  This case also has the Systemic/Surgery Sequence field coded to 7. The patient had a surgical procedure performed prior to chemotherapy when she had a sentinel lymph node biopsied thus making the sequence of events as follows: surgery (SLN biopsy), systemic (chemotherapy), surgery


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(mastectomy), systemic (hormone therapy). It is important to remember that the Systemic/Surgery Sequence field is not specific to only the Surgery of Primary Site field, but to any surgical procedure coded in any of the three surgery coding fields (i.e., Surgery of Primary Site or Scope of Regional Lymph Node Surgery or Surgical Procedure of Other Site).

**Conclusion**

It is easy to make mistakes if we don't consider all the information available in the medical record prior to coding or if we forget to check whether clarifications to coding guidelines may result in a change in how we are to code a particular field. We all know with cases diagnosed in 2018 there are a number of new fields for all of us to learn but there are also a number of existing fields with revised guidelines that will impact how we code them. We need to be sure we are applying the latest rules and coding instructions correctly, and submitting questions when there is ambiguity. Data quality begins with us!


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