

Quiz 1

1. Which of the following statements about the incidence of melanoma in the US over the last 30 years is true?
 - a. Melanoma incidences have been going down for both men and women.
 - b. Melanoma incidences have been going up for men, but down for women
 - c. Melanoma incidences have been going down for men, but up for women have been going down.
 - d. Melanoma incidences have been going up for both men and women.
2. Which of the following sites is not considered paired?
 - a. Skin of the external ear (C44.2)
 - b. Skin of the scalp (C44.4)
 - c. Skin of the trunk (C44.5)
 - d. Skin of the arm (C44.7)
3. Which of the following statements about superficial spreading melanoma is false?
 - a. Accounts for nearly 70% of all melanoma cases
 - b. Usually has a radial growth phase before a vertical growth phase
 - c. Is the most aggressive type of melanoma
 - d. Often arises from pigmented nevus
4. A “subungual” melanoma
 - a. Is not reportable
 - b. Indicates a melanoma occurring under a finger nail or toe nail
 - c. Is associated with superficial spreading melanoma
 - d. Indicates a melanoma occurring in the eye
5. Which of the following is not an important prognostic factor for melanoma?
 - a. Thickness of the tumor
 - b. Ulceration
 - c. Mitotic rate
 - d. Color of the lesion
6. Which patients with a distant metastasis have the best prognosis?
 - a. Metastasis to distant lymph nodes and a normal LDH
 - b. Metastasis to the lung and a normal LDH
 - c. Metastasis to the distant lymph nodes and an elevated LDH
 - d. Metastasis to the liver and an elevated LDH

A patient presented with an enlarged axillary lymph node. This was excised and pathology revealed metastatic melanoma. A thorough exam failed to identify the primary or any further metastasis.

7. The primary site for this case would be...
 - a. Skin of the axilla (C44.5)
 - b. Axillary lymph node (C77.3)
 - c. Skin, Nos (C44.9)
 - d. Unknown primary (C80.9)
8. The metastatic axillary lymph node would be coded in...
 - a. CS Ext
 - b. CS Lymph Nodes
 - c. CS Mets
 - d. Cannot be included in CS coding. We don't know if it is regional or distant metastasis.

See MP/H rules on the slides if you do not have your manual.

9. Pathology-final diagnosis-lentigo maligna with superficial spreading melanoma. Code the histology as...
 - a. Lentigo maligna (8742/2)
 - b. Lentigo maligna melanoma (8742/3)
 - c. Melanoma, nos (8720/3)
 - d. Superficial spreading melanoma (8743/3)
10. Which of the following histologies would be coded as regressing melanoma (8723/3)
 - a. Path-superficial spreading melanoma, regression present
 - b. Path-malignant melanoma, lentigo melanoma type, level II. Regression present and prominent.
 - c. Malignant melanoma with features of regression
 - d. None of the above

Quiz 2

Axillary lymph node biopsy diagnosed metastatic malignant melanoma. An extensive skin search was performed, but no primary site of melanoma was identified.

1. What is the code for CS Tumor Size?
 - a. 000: No mass/tumor found
 - b. 999: Unknown; size not stated

2. What is the code for CS Extension?
 - a. 950: No evidence of primary tumor
 - b. 999: Unknown; extension not stated

Punch biopsy left ankle: Clark level II malignant melanoma with microscopically positive margins; papillary-reticular dermis invasion. Wide excision of left ankle: no residual melanoma.

3. What is the code for CS Extension?
 - a. 100: Papillary dermis invaded; Clark level II
 - b. 200: Papillary-reticular dermal interface invaded; Clark level III
 - c. 950: No evidence of primary tumor
 - d. 999: Unknown

Wide excision of right upper arm lesion: Malignant Melanoma, Clark level IV; Breslow depth 3 mm. Right sentinel lymph node and in-transit metastasis biopsy: 1/13 lymph nodes positive for micrometastasis; 3/8 in-transit metastasis positive. Right axillary levels 1 and 2 lymph node dissection: 0/9 level 1 nodes; 0/3 level 2 nodes.

4. What is the code for CS Lymph Nodes?
 - a. 100: Regional lymph nodes by primary site – arm/shoulder – axillary
 - b. 151: Satellite nodules or in-transit metastases (distance from primary tumor not stated) WITHOUT regional lymph node involvement
 - c. 200: Satellite nodules or in-transit metastases WITH regional lymph nodes listed in code 100
 - d. 999: Unknown

5. What is the code for Regional Nodes Positive?
 - a. 01
 - b. 04
 - c. 33
 - d. 99: Unknown

6. What is the code for Regional Nodes Examined?
- a. 11
 - b. 13
 - c. 25
 - d. 33

Final diagnosis wide excision right upper back: Residual melanoma in-situ, Clark level I. Margins clear.

7. What is the code for SSF1 [Measured Thickness (Depth), Breslow Measurement]?
- a. 000: No mass/tumor found
 - b. 999: Unknown
8. What is the code for SSF2 (Ulceration)?
- a. 000: No ulceration present
 - b. 010: Ulceration present
 - c. 999: Unknown

PE: 2 cm left shoulder lesion, biopsy proven melanoma; palpable satellite lesion; no axillary lymphadenopathy. Wide excision of left shoulder lesion: residual melanoma, Clark II, Breslow depth 1 mm; 0.5 cm satellite lesion with melanoma. Sentinel lymph node biopsy: 1 of 3 axillary nodes with isolated tumor cells.

9. What is the code for SSF3 (Clinical Status of Lymph Node Mets)?
- a. 005: Clinically negative lymph node metastasis AND no pathologic exam performed or nodes negative on pathologic exam
 - b. 010: Clinically occult (microscopic) lymph node metastasis only
 - c. 100: Clinically apparent in transit metastasis only
 - d. 150: Clinically apparent in transit metastasis and clinically apparent nodal metastasis (at least 1 node)

Patient had melanoma of left calf. LDH level prior to wide excision of lesion was 95 U/L (45-90 U/L normal range for lab). Second test was not done.

10. What is the code for SSF4 (Serum LDH)?
- a. 000: Within normal limits
 - b. 010: Range 1: Less than 1.5 x upper limit of normal
 - c. 998: Test not done
 - d. 999: Unknown

11. What is the code for SSF5 (LDH Lab Value)?
- a. 095
 - b. 995: Stated as within normal limits, no further information in the chart
 - c. 998: Test not done
 - d. 999: Unknown

12. What is the code for SSF6 (LDH Upper Limits of Normal)?
- a. 045
 - b. 090
 - c. 998: Test not done
 - d. 999: Unknown

Final path diagnosis wide excision of mid back lesion: Malignant melanoma, localized, Breslow 1.3 mm. Mitotic count is 5 mitoses per 50 HPF.

13. What is the code for SSF 7 (Primary Tumor Mitotic Count/Rate)?
- a. 001
 - b. 005
 - c. 996: Mitotic rate described with denominator other than square mm
 - d. 999: Unknown

Final path diagnosis wide excision of left abdominal lesion: Malignant melanoma confined to dermis, Breslow 4 mm. Regression is ruled out; however, vertical growth phase cannot be ruled out.

14. What is the code for SSF8 (Primary Tumor Regression)?
- a. 000: No regression present; regression not identified; regression absent
 - b. 010: Regression present
 - c. 998: No histologic exam of primary site
 - d. 999: Unknown
15. What is the code for SSF9 (Vertical Growth Phase –VGP)?
- a. 000: No VGP present; VGP not identified; VGP absent
 - b. 010: VGP present
 - c. 998: No histologic exam of primary site
 - d. 999: Unknown

Quiz 3

1. If a melanoma is suspected, a physician will usually try to excise the lesion with margins of about...
 - a. 1-3mm
 - b. 1cm
 - c. 2cm
 - d. More than 2cm
2. A punch biopsy with grossly positive margins would be coded as...
 - a. 02 Diagnostic Staging procedure
 - b. 27 excisional biopsy
 - c. 30 Biopsy of primary tumor followed by a gross excision of the lesion
 - d. 32 Punch biopsy followed by a gross excision of the lesion
3. Patient had a punch biopsy followed by a wide excision. Per the pathology report the nearest surgical margin was 1cm from the melanoma. The wide excision would be coded as...
 - a. 27 excisional biopsy
 - b. 30 Biopsy of primary tumor followed by a gross excision of the lesion
 - c. 32 Punch biopsy followed by a gross excision of the lesion
 - d. 46 Wide excision with margins more than 1 cm and less than or equal to 2 cm
4. A sentinel lymph node biopsy...
 - a. Can help identify metastasis to lymph nodes that are not clinically evident
 - b. Can identify metastasis to lymph nodes in areas that are not typical lymph node drainage basins for the primary site
 - c. Is not required for all melanomas
 - d. All of the above
5. Interferon should be coded as
 - a. Chemotherapy
 - b. Biologic Response Modifier
 - c. Hormone therapy
 - d. Other treatment

Surgery Codes

27 Excisional biopsy

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

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 does not have microscopically negative margins greater than 1 cm, use the appropriate code, 20–36.

