Quiz 1

1. Melanoma is a malignant tumor of melanocytes. Melanocytes play a role in which of the following functions?
   a. Support the immune system
   b. Provide pigmentation to our skin
   c. Grow hair
   d. Perspiration

2. Which of the following is not considered a paired organ?
   a. C44.1 Skin of eyelid
   b. C44.2 Skin of external ear
   c. C44.4 Skin of the scalp
   d. C44.5 Skin of trunk

3. Which of the following is not a strong prognostic indicator for melanoma?
   a. Ulceration
   b. Mitotic rate
   c. Breslow’s Depth
   d. Tumor location

4. A superficial spreading melanoma is likely to display which of the following features?
   a. Nodules
   b. Radial growth phase prior to the vertical growth phase
   c. Vertical growth phase prior to the radial growth phase
   d. None of the above

5. What type of melanoma is most likely to occur under a toenail or fingernail?
   a. Nodular melanoma
   b. Acral melanoma
   c. Superficial spreading melanoma
   d. Lentigo maligna

6. Lymph node metastasis that can be detected via palpation or imaging may be described as...
   a. Clinically occult
   b. Micrometastasis
   c. Macrometastasis
   d. Extracapsular
7. Which patient is most likely to have a sentinel lymph node biopsy?
   a. A patient with a palpable regional lymph node
   b. A patient with malignant appearing lymph nodes identified on PET/CT scan
   c. A patient with lentigo maligna
   d. A patient with a clinically negative lymph node exam

8. An LDH test can be used for which of the following purposes (circle all that apply).
   a. Screening patients for melanoma
   b. Identifying melanoma patients with distant metastasis
   c. Predict survival for patients diagnosed with distant metastasis
   d. Indicate recurrence

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.

9. 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)

10. 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.
Quiz 2

Final pathologic diagnosis: Malignant melanoma of right upper thigh, tumor diameter 0.3 mm; Breslow depth 0.1 mm, minimal local invasion.

1. What is the code for CS Tumor Size?
   a. 000
   b. 001
   c. 003
   d. 991: Described as less than 1 cm

2. What is the code for CS Extension?
   a. 100: Papillary dermis invaded; Clark level II
   b. 310: Stated as T1a with no other information on extension
   c. 400: Skin/dermis NOS; localized NOS
   d. 999: Unknown

3. What is the code for SSF1 (Measured Thickness/Depth, Breslow Measurement)?
   a. 001
   b. 003
   c. 010
   d. 030

4. What is the code for SSF2 (Ulceration)?
   a. 000: No ulceration present
   b. 010: Ulceration present
   c. 999: Unknown

Final pathologic diagnosis is primary malignant melanoma, right thigh, with in-transit metastasis. Sentinel lymph node biopsy was negative. Regional nodes were clinically negative.

5. What is the code for CS Lymph Nodes?
   a. 140: Satellite nodule(s) or in-transit metastases less than or equal to 2cm from primary tumor WITHOUT regional lymph node involvement or involvement of regional nodes not stated
   b. 151: Satellite nodule(s) or in-transit metastases NOS (Distance from primary tumor not stated) WITHOUT regional lymph node involvement or involvement of regional nodes not stated
   c. 200: Satellite nodule(s) or in-transit metastases WITH regional lymph nodes listed in code 100.
   d. 999: Unknown
6. What is the code for SSF3 (Clinical Status of Lymph Node Mets)?
   a. 005: Clinically negative lymph node metastasis AND No pathologic examination performed Or unknown if pathologic examination performed Or nodes negative on pathologic examination
   b. 100: Clinically apparent in transit metastasis WITH or WITHOUT occult lymph node metastases
   c. 150: Clinically apparent in transit metastasis and clinically apparent nodal metastasis (at least one node)
   d. 999: Unknown

7. Biopsy of the skin of the right ankle diagnosed melanoma and was followed by a wide local excision and a sentinel LN biopsy. The initial skin biopsy removed all the tumor, and the sentinel node biopsy was negative. The patient had only one documented LDH, and it was normal. What is the code for SSF4 (Serum Lactate Dehydrogenase)?
   a. 000: Within normal limits
   b. 997: Test ordered, results not in chart
   c. 998: Test not done
   d. 999: Unknown

8. Addendum to path report from biopsy of forearm that diagnosed melanoma documents that mitotic rate is greater than 1 per square mm. What is the code for SF7 (Primary Tumor Mitotic Count/Rate)?
   a. 001
   b. 002
   c. 991: Stated as "at least 1 mitosis/square mm"; Stated as "mitogenic"
   d. 999: Unknown


9. What is the code for CS Lymph Nodes?
   a. 000: No regional lymph node involvement
   b. 100: Regional nodes NOS
   c. 800: Lymph Nodes NOS
   d. 999: Unknown

10. What is the code for CS Mets at DX?
    a. 00: No distant metastasis
    b. 10: Distant lymph nodes
    c. 43: Lung
    d. 53: Metastasis to lung + distant nodes
HISTORY: Patient had large lesion of upper right back. Biopsy diagnosed malignant melanoma. Axillary matted lymph nodes noted. Chest x-ray showed no abnormalities in lungs.

WIDE EXCISION OF LESION OF UPPER RIGHT BACK WITH RIGHT AXILLARY LYMPHADENECTOMY: 2.9 cm ulcerated malignant melanoma, Breslow depth 1.6 cm (verified measurement), with extension into subcutaneous fat, Clark level V; 15 of 32 metastatic nodes.

Use the codes as documented in the slide handouts to answer the following questions.

11. What is the AJCC clinical stage?
   cTX cN3 cM0 Stage Group III

12. What is the AJCC pathologic stage?
   pT4b pN3 cM0 Stage Group IIIC

13. What is the Summary Stage 2000?
   a. 2: Regional by direct extension only
   b. 3: Regional lymph nodes involved only
   c. 4: Regional by BOTH direct extension AND regional lymph nodes involved
   d. 7: Distant sites/lymph nodes involved
1. A 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
   b. 30
   c. 32
   d. 46

On 1/1/14 a patient had a mole removed in a physician’s office. The pathology report indicated melanoma was present. The patient came to your facility for a wide excision on 1/15/14. The procedure was completed and the pathology showed negative margins.

2. The code for diagnostic staging procedure would be...
   a. 00 not done
   b. 01 Incisional biopsy of other than the primary site
   c. 02 incisional biopsy of the primary site
   d. 07 procedure was done, but the type of procedure is unknown

3. The surgery code used for the wide excision would be...
   a. 27
   b. 30
   c. 33
   d. 45

4. A patient had a wide excision done at your facility. In the operative report the surgeon stated he remove a 2.5 cm margin of healthy tissue. The pathology report around only showed a 2cm margin of healthy tissue. What surgery code should be used to code this procedure?
   a. 30
   b. 45
   c. 46
   d. 47

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.