Multiple Primary and Histology Site Specific Coding Rules
CUTANEOUS MELANOMA
Prerequisites

Completion of Multiple Primary and Histology General Coding Rules
There are many ways to view the Multiple Primary/Histology rules, or rather ways in which they are diagramed to aid in understanding how they are put together.

The rules themselves are provided in three formats to support different styles of learning and interaction with instructions:

- text
- matrix
- flowchart

Any abstraction from the rules does not replace the rules, but may provide insight into their underlying structure.
Borrowing from the three formats for the rules themselves, structure can be diagramed in a text or outline form, a matrix or table form, and a flowchart form.

You have previously reviewed the table format when you looked at the two color coded spreadsheets for the multiple primary and the histology rules.

The table form shows most clearly the alternating patterns of single versus multiple primary decisions across the primary sites, the commonality of rules across the primary sites, and the clustering of site-specific rules in different primary sites.
Links to illustrations and/or diagrams will be provided for each site to diagram the process of multiple-primary decision making in a sequential fashion, comparing existing and new records in a registry database. The charts included here assume the tumors have already been assigned to the appropriate anatomic site.
Multiple Primary and Histology Coding Rules

CUTANEOUS MELANOMA
Cutaneous Melanoma

The rules in the Melanoma modules apply to cutaneous melanomas only.

Melanomas arising elsewhere are abstracted according to the appropriate modules for those sites.

The terms and definitions section for melanoma identifies the majority of melanoma histology types as:

- acral melanoma
- desmoplastic melanoma
- lentigo maligna
- superficial spreading melanoma
- nodular melanoma
Synonyms for in situ are listed, including:
- intraepidermal
- intraepithelial
- Clark level I

Two terms critical to correct coding of melanomas are identified:
- in transit or satellite metastases
- laterality

Midline is noted as a separate laterality for melanoma.
The significance of regressing melanoma is also discussed.

The layers of the skin are identified and illustrated with anatomic diagrams.

The multiple primary rules include the standard M1 rule for unknown number of tumors and M2 rule for single tumors.
The Multiple Tumors, or Multiple Melanomas, module includes six rules.

- The first rule is a variation on the standard rule for ICD-O-3 topography codes: sites with topography codes differing at the level of the fourth character are also considered separate primaries, so that a melanoma of the leg, C447, and a melanoma of the trunk, C445, would be separate primaries by Rule M3.

- M4, specifies that melanomas with different literalities are different primaries, and again midline is considered a laterality, so that melanomas of the right back and mid back would be separate primaries.

- M5, is the standard rule for ICD-O-3 histology codes differing among the first three characters.
The next two rules state timing for melanomas:

- Rule M6, an invasive melanoma diagnosed 60 days after in situ melanoma considered a second primary, is actually a redundant statement of Rule M7, any melanoma diagnosed more than 60 days from a previous melanoma considered a second primary.

The final rule, M8, is the default rule, any case situation not falling within one of the previous rules represents a single primary.
Examples given for this rule include melanomas located on the front and back of the same lateral site, such as left chest and left back, and melanomas located on different parts of the same limb, such as right wrist and right elbow.

Again, these are examples and not statements of rules.

The most counter-intuitive result is probably coding anterior and posterior melanomas with the same laterality as a single primary.
The Melanoma section is unique in that there is only one set of histology rules for both Single Melanoma and Multiple Melanomas Abstracted as a Single Primary.

The first four rules are standard across many sites:

- H1, code histology from a physician’s statement when pathology or cytology report not available or specimen not taken.
- H2, code cytology or histology from a metastatic site when no specimen from the primary site.
- H3, code histology when a single histologic type is identified.
- H4, code the invasive histology when both in situ and invasive components are diagnosed.
The next four rules are specific to melanoma:

- H5, code the specific histologic type when both regressing melanoma and another specific histologic type are identified.
- H6, code regressing melanoma when that is the only specified type.
- H7, code the specific histologic type when both lentigo maligna melanoma and another specific histologic type are identified.
- H8, code lentigo maligna melanoma when that is the only specific histologic type.
The next two rules are again standard across many sites:

- H9, code the most specific type when the diagnosis is melanoma and a single specific type.
- H10, code the histology with the numerically higher ICD-O-3 code.

Rule H9 does vary from the formula for the standard “specific type” rule, in that it includes the word “single”, though this word is implicit in other statements of this rule.

A single primary with a diagnosis of melanoma and two specific types would be explicitly coded according to the final histologic rule for melanomas, with the higher histology code.
Let us apply the rules for a melanoma case.

- A patient is diagnosed on punch biopsy with a superficial spreading melanoma of the right anterior thigh, at least Clark level II, Breslow depth 0.28 mm, and acral lentiginous melanoma of the right foot, Breslow depth 3.40 mm.
- At wide excision of both lesions, the diagnosis was residual melanoma in situ right anterior thigh, residual melanoma of right foot.
This patient has multiple melanomas, so the Multiple Melanomas module is consulted to determine number of primary cancers.

Rule M3 does not apply, because the lesions are both located on the right leg, C447.

Rule M4 does not apply, again because the lesions are both on the right leg.
Rule M5 does not apply because the melanoma codes do not differ within the first three characters, “87433” and “87443.”

The lesions are diagnosed at the same time, so rules M6 and M7 for melanomas diagnosed more than 60 days apart do not apply.

Rule M8 does apply, these melanomas do not meet any prior criteria, so they are a single primary.
Reviewing the pathology reports, for both melanomas the punch biopsy procedure seems to represent the most definitive tumor resection, so the selection of codes is between the specific histologies, superficial spreading melanoma and acral lentiginous melanoma.

Applying the histology rules, Rules H1 and H2 do not apply because a pathology report is available for the primary site tumors.

Rule H3 does not apply, there is more than one histology diagnosed.
Rule H4 might apply, specifying that invasive histology should be coded over in situ histology, but you have eliminated from your consideration the diagnoses from the wide excision report.

Rules H5, H6, H7, and H8 do not apply, because there is no statement of regressing melanoma or lentigo maligna melanoma.