



Site-Specific Surgery Codes for 2023+

STORE Manual 2023

Sources: NAACCR Webinar-V23 Update 1/2023, STORE 2023

<u>2003 - 2022</u>	<u>Colon</u>	<u>2023+</u>
20 Local tumor excision, NOS		A200 Local tumor excision, NOS
26 Polypectomy, NOS		A260 Polypectomy, NOS
27 Excisional biopsy		A270 Excisional biopsy
28 Polypectomy-endoscopic		A280 Polypectomy-endoscopic
29 Polypectomy-surgical excision		A290 Polypectomy-surgical excision
Any combination of 20 or 26–29 WITH		Any combination of A200 or A260-A290 WITH
22 Electrocautery		A220 Electrocautery
30 Partial colectomy, segmental resection		A300 Partial colectomy, segmental resection
32 Plus resection of contiguous organ; example: small bow		A320 Plus resection of contiguous organ; example: small bow

Appendix M - The CTR Guide to Coding Melanoma Cases in STORE v23

Changes STORE v22 to v23

- Surgical codes have changed from a two-digit code to alphanumeric codes (one letter followed by three digits)
- Do not re-assign codes previously coded for diagnosis years 2022 and prior
- For diagnosis years 2003 – 2022, Surgical Procedure of Primary Site should be coded utilizing the STORE manual based on the year of diagnosis
- All 2023 site specific surgery codes begin with a letter A except for skin which start with a letter B to indicate a significant change in coding
- The clinical melanoma margin is captured separately under a Site-Specific Data Item effective for diagnosis years 2023+. The clinical surgical margin should be coded from the operative report or physician documentation. Do not code clinical surgical margins from the pathology report.

Rationale for Changes

- Changes were made to align procedure codes with the Synoptic Operative Reports.

Where to find the data to code

- To accurately code the melanoma/skin procedure codes, registrars should review all available operative notes, pathology notes, and clinical notes pertaining to the case
- The STORE manual 2023 should be used in conjunction with the STORE rules for coding the skin/Melanoma surgical data items
- One significant change to the coding rules for cases diagnosed 2023 and after is that shave, punch, or elliptical biopsies are coded as surgical procedure regardless of margin status
- Melanoma procedure questions should be directed to the CANSWER Forum STORE at <https://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store>
- Site specific questions (including questions regarding melanoma clinical margin #3961) should be directed to SSDI CANSWER Forum at <https://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018>



Case Studies for Coding Melanoma

Punch Biopsy followed by Wide Local Excision (WLE) with Sentinel Lymph Node (SLN) Biopsy and Regional Lymph Node (RLN) Dissection performed on the same day

- Assume surgical procedure is “excisional” and code using surgery codes unless the procedure is a needle or core biopsy
- “Margins” are not a factor when assigning surgery

Procedures/Operative Report

- 1/1/2023 Punch biopsy left forearm: residual melanoma melanoma left at margins (reporting facility)
- 1/25/2023 Wide Local Excision (WLE) of lesion on left forearm (2.5 cm clinical margins) and SLN bx: Due to the positive SLN on frozen section, an axillary LN dissection was performed. 2.5 cm Peripheral margins (outside facility)

Pathology

- 1/1/2023 Punch bx skin of left forearm: Malignant Melanoma, 1.2 mm
- 1/25/2023 Wide Local Excision lesion on left forearm: 1.3 cm residual melanoma, margins negative by 2.1 cm. 01/03 SLN positive, 00/07 Axillary LN positive.

Data Item	Value
Surgical Diagnostic and Staging Procedure	00
Date of Surgical Diagnostic and Staging Procedure	Blank
Date of First Surgical Procedure	01/01/2023
Date Most Definitive Surgical Resection of Primary Site	01/25/2023
RX Hosp Surg-2023	B230
RX Summ Surg-2023	B530
SSDI Clinical Margins	2.5
Date of SLN Biopsy	01/25/2023
Date of Regional LN Dissection	01/25/2023

B000 None; no surgery of primary site; autopsy ONLY

B100 Local tumor destruction, NOS

- B110 Photodynamic therapy (PDT)
- B120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- B130 Cryosurgery
- B140 Laser

B200 Local tumor excision, NOS; Excisional biopsy, NOS

- B220-Shave Biopsy, NOS
- B230-Punch Biopsy, NOS
- B240-Elliptical Biopsy (aka fusiform)

B300 Mohs Surgery NOS

- B310 Mohs surgery performed on the same day (all Mohs procedures performed on the same day)
- B320 Mohs surgery performed on different days (slow Mohs)(each Mohs procedure on a different day)

B500 Biopsy (NOS) of primary tumor followed wide excision of the lesion; Wide Excision

- B510-Incisional Biopsy followed by wide excision
- B520-Shave Biopsy followed by wide excision
- B530-Punch Biopsy followed by wide excision
- B540-Elliptical Biopsy (aka fusiform) followed by wide excision

Sources: STORE 2023,
NAACCR Webinar-V23 Update 1/2023

Coding Logic

- Code biopsy procedures to Surgical Diagnostic and Staging Procedure **ONLY** when there is a small amount of tissue taken from a melanoma tumor, such as a core biopsy.
For diagnosis year 2023, melanoma primaries will rarely have a code other than 00 in Surgical Diagnostic and Staging Procedure.
- Date of First Surgical Procedure records the earliest date which any first course surgical procedure was performed. In this scenario, code the date of the punch biopsy, performed on 1/1/2023.
- Date of Most Definitive Surgical Resection of Primary Site is the wide local excision, performed on 01/25/2023
- Assign code B230: punch biopsy performed at reporting facility.
- Assign code B530: punch biopsy followed by a wide local excision performed at outside facility.
- SSDI Clinical Margins is taken from the 01/25/2023 procedure note (2.5cm peripheral margins from the outside facility)
- Both the SLN biopsy and RLN dissection were performed on the same day; enter 01/25/2023 for both data items



Case Studies for Coding Melanoma (cont.)

Clinical Margin Width collected as a Site-Specific Data Item

- Melanoma of Skin for cases diagnosed 2023 only
- Code XX.9 if no wide excision
- Code the peripheral surgical margins from the operative report from a wide excision
 - Do not use the pathology report to code this data item
 - Order of Priority:
 - Operative Report
 - Physician statement

Patient presents for removal of suspicious mole on left arm

Procedures/Operative Report

- Operative Report: Shave biopsy

Pathology

- Pathology Report: Malignant melanoma, with extension to a single peripheral margin. Breslow's depth 2.1mm

Note: An incisional biopsy would be a needle core biopsy of the primary tumor. An incisional biopsy would be coded as a Diagnostic Staging Procedure (STORE 2023, page 370)

Data Item	Value
RX Summ-DX/Stg Proc	00
RX Summ-Surg 2023	B220
Clinical Margin Width	XX.9

For a 2022 case this would be coded as dx/stg procedure due to margin status

- B000 None; no surgery of primary site; autopsy ONLY
- B100 Local tumor destruction, NOS
- B110 Photodynamic therapy (PDT)
 - B120 Electrocautery; fulguration (includes use of hot forceps for tumor destruct
 - B130 Cryosurgery
 - B140 Laser
- B200 Local tumor excision, NOS; Excisional biopsy, NOS
- B220-Shave Biopsy, NOS
 - B230-Punch Biopsy, NOS
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 - B530-Punch Biopsy followed by wide excision
 - B540-Elliptical Biopsy (aka fusiform) followed by wide excision

Patient returns for wide excision

Procedures/Operative Report

- Wide Local Excision of lesion on left forearm. Surgical margins 2cm

Pathology

- Pathology report:
 - Results from wide excision: Microscopic residual melanoma present at site of previous surgery. All other margins negative

For coding SSDI Clinical Margins

- If multiple procedures are performed, record the largest peripheral (radial) margin
- Do not record the deep margin
- Margins should not be added together (STORE 2023, page 421)

Sources: STORE 2023, NAACCR Webinar-V23 Update 1/2023

Data Item	Value
RX Summ-DX/Stg Proc	00
RX Summ-Surg 2023	B520
Clinical Margin Width	2.0

Code the peripheral surgical margins from the operative report from a wide excision

For a 2022 case this would be coded 31 Shave biopsy followed by a gross excision of the lesion (no margin info)



Case Studies for Coding Melanoma (cont.)

Biopsy followed by MOHs, followed by Wide Local Excision (WLE) with Sentinel Lymph Node (SLN) Biopsy

Procedures/Operative Report

- 6/20/2023 Right cheek biopsy (reporting facility)
- 8/14/2023 Mohs right cheek (outside facility)
- 8/16/2023 Wide Local Excision (WLE) lesion on right cheek w/ Sentinel Lymph Node (SLN) biopsy (outside facility)

Pathology

- 6/20/2023 Right cheek biopsy: Lentigo malignant melanoma; thickness 0.83mm; anatomic level III-early IV; peripheral margins involved by melanoma in situ; deep margins not involved
- 8/14/2023 Mohs right cheek: Peripheral margins involved w/ melanoma in situ
- 8/16/2023 Wide local excision lesion right cheek: no residual tumor on gross examination; all margins microscopically negative; 00/02 sentinel lymph nodes positive

- Assume surgical procedure is “excisional” and code using surgery codes unless the procedure is a needle or core biopsy

Data Item	Value
Surgical Diagnostic and Staging Procedure	00
Date of Surgical Diagnostic and Staging Procedure	Blank
Date of First Surgical Procedure	06/20/2023
Date Most Definitive Surgical Resection of Primary Site	08/16/2023
RX Hosp Surg-2023	B200
RX Summ Surg-2023	B500
SSDI Clinical Margins	XX.9
Date of SLN Biopsy	08/16/2023
Date of Regional LN Dissection	Blank

B000 None; no surgery of primary site; autopsy ONLY

B100 Local tumor destruction, NOS

- B110 Photodynamic therapy (PDT)
- B120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- B130 Cryosurgery
- B140 Laser

B200 Local tumor excision, NOS; Excisional biopsy, NOS

- B220-Shave Biopsy, NOS
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- B530-Punch Biopsy followed by wide excision
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Sources: NAACCR Webinar-V23 Update 1/2023, STORE 2023

Coding Logic

- Surgical Diagnostic and Staging Procedure data item: assign 00 since no core biopsy was performed.
For diagnosis year 2023, melanoma primaries will rarely have a code other than 00 in Surgical Diagnostic and Staging Procedure.
- Date of First Surgical Procedure records the earliest date on which any first course surgical procedure was performed. In this scenario, use the date of the biopsy, 6/20/2023.
- Date of Most Definitive Surgical Resection of Primary Site is the wide local excision, performed on 8/16/2023.
- Assign code B200: Excisional biopsy, NOS.
- Assign code B500: Biopsy, NOS of primary tumor followed by a wide excision of the lesion.
- SSDI Clinical Margins is assigned XX.9: Wide excision performed but clinical margin width not documented.
- Date of Sentinel Lymph Node Biopsy is 8/16/2023.
- Date of Regional Lymph Node Dissection is left blank since no lymph node dissection was performed.