

MALIGNANT MELANOMA; SKIN

Includes invasive malignant melanoma only; For “Melanoma In Situ” and “Non-Melanoma Skin Cancer,” see specific case definitions.

Background

This case definition was developed by the Armed Forces Health Surveillance Division (AFHSD) for the purpose of epidemiological surveillance of malignant melanoma, a condition important to military-associated populations. The case definition uses the “standard” AFHSD oncology definition and replaces the previously used AFHSD case definitions for malignant melanoma (see *Comments* below).

Clinical Description

Malignant melanoma is a life-threatening cancer of the pigment producing cells (melanocytes) of the skin. They are distributed throughout the outer layer of the skin. In response to ultraviolet (UV) radiation, (e.g., sunlight), they produce a pigment (melanin) that darkens the skin. When melanocytes become malignant, they can spread throughout the body, including to vital organs. In the U.S., malignant melanoma is the most lethal skin cancer and among the leading causes of cancer overall.¹

Case Definition and Incidence Rules (March 2024-present)

For surveillance purposes, a case of malignant melanoma is defined as:

- *One hospitalization* with a case defining diagnosis of malignant melanoma (see ICD9 and ICD10 code lists below) in the *first* diagnostic position; or
- *One hospitalization with a procedure code* indicating radiotherapy, chemotherapy, or immunotherapy treatment (see ICD9 and ICD10 code lists below) in the *first* diagnostic position; AND a case defining diagnosis of malignant melanoma (see ICD9 and ICD10 code lists below) in the *second* diagnostic position; or
- *Three or more outpatient medical encounters*, occurring *within a 90-day period*, with a case defining diagnosis of malignant melanoma (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position.

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first hospitalization or outpatient medical encounter that includes a case defining diagnosis of malignant melanoma.
- An individual is considered an incident case *once per lifetime*.

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¹ Armed Forces Health Surveillance Division. Incident Diagnosis of Malignant Melanoma, Active Components, U.S. Armed Forces, January 1998- June 2008. *MSMR* 2008; 15(9): 6-9.



Case Definition and Incidence Rules *(continued)*

Exclusions:

- None

Codes

The following ICD9 and ICD10 codes are included in the case definition:

Condition	ICD-10-CM Codes	ICD-9-CM Codes
Malignant melanoma of skin	<i>C43 (malignant melanoma of skin)</i>	<i>172 (malignant melanoma of skin)</i>
	C43.0 (malignant melanoma of lip)	172.0 (malignant melanoma of skin of lip)
	C43.1 (malignant melanoma of eyelid, including canthus...)	172.1 (malignant melanoma of eyelid, including canthus)
	- C43.10 (<i>unspecified</i> eyelid, including canthus)	
	- C43.11 (<i>right</i> eyelid, including canthus...)	
	- C43.111 (<i>right upper</i> eyelid, including canthus); <i>new 2019</i>	
	- C43.112 (<i>right lower</i> eyelid, including canthus); <i>new 2019</i>	
	- C43.12 (<i>left</i> eyelid, including canthus...)	
	- C43.121 (<i>left upper</i> eyelid, including canthus); <i>new 2019</i>	
	- C43.122 (<i>left lower</i> eyelid, including canthus); <i>new 2019</i>	
	C43.2 (malignant melanoma of ear and external auricular canal...)	172.2 (malignant melanoma of ear and external auditory canal)
	- C43.20 (<i>unspecified</i> ear and external auricular canal)	
	- C43.21 (<i>right</i> ear and external auricular canal)	
	- C43.22 (<i>left</i> ear and external auricular canal)	
	C43.3 (malignant melanoma of other and unspecified part of face...)	172.3 (malignant melanoma of skin of other unspecified parts of the face)
	- C43.30 (<i>unspecified</i> part of face)	
	- C43.31 (nose)	
		<i>(continued on next page)</i>



	- C43.39 (other parts of face)	
	C43.4 (malignant melanoma of scalp and neck)	172.4 (malignant melanoma of skin of scalp and neck)
	C43.5 (malignant melanoma of trunk...)	172.5 (malignant melanoma of skin of trunk, except scrotum)
	- C43.51 (anal skin)	
	- C43.52 (skin of breasts)	
	- C43.59 (other part of trunk)	
	C43.6 (malignant melanoma of <i>upper</i> limb including shoulder...)	172.6 (malignant melanoma of skin of upper limb, including shoulder)
	- C43.60 (<i>unspecified</i> upper limb, including shoulder)	
	- C43.61 (<i>right</i> upper limb, including shoulder)	
	- C43.62 (<i>left</i> upper limb, including shoulder)	
	C43.7 (malignant melanoma of lower limb including shoulder...)	172.7 (malignant melanoma of skin of lower limb, including hip)
	- C43.70 (<i>unspecified</i> lower limb, including hip)	
	- C43.71 (<i>right</i> lower limb, including hip)	
	- C43.72 (<i>left</i> lower limb, including hip)	
	C43.8 (malignant melanoma of overlapping sites of skin)	172.8 (malignant melanoma of other specified sites of skin)
	C43.9 (malignant melanoma of skin, unspecified)	172.9 (melanoma of the skin, site unspecified)

Procedures	ICD-10-CM Codes	ICD-9-CM Codes
Related treatment procedures (Radiotherapy, chemotherapy, immunotherapy)	Z51.0 (encounter for antineoplastic radiation therapy)	V58.0 (radiotherapy)
	Z51.1 (encounter for antineoplastic chemotherapy and immunotherapy)	V58.1 (encounter for chemotherapy and immunotherapy for neoplastic conditions)
	- Z51.11 (encounter for antineoplastic chemotherapy)	- V58.11 (encounter for antineoplastic chemotherapy)
	- Z51.12 (encounter for antineoplastic immunotherapy)	- V58.12 (encounter for antineoplastic immunotherapy)

Development and Revisions

- In February of 2024 the case definition and incidence rules for malignant melanoma were changed to reflect the standard AFHSD oncology case definition. The definition replaces the original



AFHSD case definition for malignant melanoma developed in June 2008 by the *Medical Surveillance Monthly Report (MSMR)* staff and a proposed alternate case definition developed by the Defense Health Agency (DHA) Health Surveillance & Epidemiology (HSE) cancer surveillance Sub Working Group (SubWG) in 2023 (see *Comments* below).²

- In May of 2016 the case definition for malignant melanoma was updated to include ICD10 codes.

Standard Oncology Definition

- In 2024, the DHA HSE cancer surveillance SubWG evaluated and expanded the list of cancers in the AFHSD cancer report to include breast (female), bladder, brain, cervical, colorectal, kidney (renal), leukemia, liver (hepatic), lung/bronchial, non-Hodgkin lymphoma, ovarian, pancreatic, prostate, stomach (gastric) and testicular cancer.
- In a 2019 *MSMR* article, analysis of the AFHSD standard oncology case revealed the definition had a high positive predictive value (PPV) for capturing cases of common cancers, (e.g., breast, prostate, testicular), and a low-to-moderate PPV for rarer cancers, (e.g., gallbladder, intestinal, laryngeal). Analyses also revealed the case definition was less sensitive for identifying cancers of the brain and nervous system, lung and bronchus, bones and joints, and liver ($PPV \leq 50$ percent); these cases often represented metastases rather than true incident cases. While the broad application of a single case definition may affect the sensitivity and specificity in varying ways for the individual cancers, the PPV for all the cancers included in the report were >70 percent, and most had a $PPV \geq 90$ percent.³
- In September of 2015 the standard oncology case definition was updated to include ICD10 codes.
- The standard AFHSD oncology case definition was originally developed in 2011 by the Armed Forces Health Surveillance Center (AFHSC) in collaboration with a working group of subject matter experts from the Office of the Assistant Secretary of Defense for Health Affairs (ASDHA), the United States Army Public Health Command (USAPHC) and the United States Military Cancer Institute for a report on 10 different *invasive* cancers. The case definition was developed based on reviews of the ICD9 codes, the scientific literature and previous AFHSC analyses.

Case Definition and Incidence Rule Rationale

- In January 2024, in response to a 2019 *MSMR* article, the DHA HSE cancer surveillance SubWG, in consultation with dermatology experts at the DHA, adopted the standard AFHSD oncology case definition for surveillance of malignant melanoma. The workgroup compared the case finding results of the standard AFHSD oncology definition with the proposed alternative case definition for malignant melanoma (see *Comments* section). The proposed alternate case definition, which utilized procedure codes to define a case, identified 30 percent more cases than the standard oncology definition. However, a follow up chart review of the additional cases found that roughly half of the additional cases were melanoma in-situ.⁴ Given the high PPV of the standard oncology case definition and the risk of misclassifying cases of melanoma in situ as malignant melanoma when utilizing the proposed alternative case definition, the workgroup adopted the standard AFHSD oncology definition.⁴

² Armed Forces Health Surveillance Division. Incident Diagnosis of Malignant Melanoma, Active Components, U.S. Armed Forces, January 1998- June 2008. *MSMR*. 2008; 15(9): 6-9.

³ Webber, B, Rogers, A, Pathak, S, Robbins, A. Positive Predictive Value of an Algorithm Used for Cancer Surveillance in the U.S. Armed Forces. *MSMR* 2019; 26(12):18-23

⁴ Detailed information on these analyses is available through AFHSD; reference DMSS Requests #R230308, #R230378, (Incident Rates and Cases of Malignant Melanoma, 2013-2022).



- In the 2019 *MSMR* article, cases of malignant melanoma using the standard AFHSD oncology case definition had a total PPV of 97.9 percent [CI 95.4-99.2]: female 100.0 percent [CI 91.2-100.0], male 97.5 percent [CI 94.6-99.1], among a subset of active component and retired officers.³
- The case finding criteria of *three or more outpatient medical encounters, within a 90-day period*, is used to identify cases that do not meet the other criteria in the definition. Exploratory analysis of Defense Medical Surveillance System (DMSS) data revealed this criterion yielded optimal specificity.⁵
 - A period of 90 days allows for the likelihood that “true” cases of malignant melanoma will have second and third encounters within that timeframe. The timeframe is based on the following standards of care: (1) following a biopsy of a clinically suspicious skin lesion, the average time to obtain a pathology report and definitive diagnosis is 1-4 weeks; (2) individuals whose biopsy results are positive for malignant melanoma are likely to have a follow-up visit for a wide-excision within two weeks of a definitive diagnosis; and (3) individuals are likely to have follow-up visits to monitor clinical indicators of disease within the 90-day timeframe. A typical follow-up schedule for most malignant melanoma lesions is every 3-6 months for 2 years, and annually, thereafter.⁶
 - The diagnoses and associated ICD10 codes for the three or more outpatient medical encounters *are not required to reference the same body region*. Analyses of the data revealed the requirement was complicated by the frequent use of codes ICD10 C43.9 (malignant melanoma of skin, unspecified) / ICD9 172.9 (melanoma of skin, site unspecified), making it difficult to assign a tumor to a particular body region.
 - For outpatient encounters, the incident date is considered the first of the three encounters occurring within the 90-day period, (e.g., if an individual has four malignant melanoma codes on 1-Jan-12, 1-Dec-15, 8-Dec-15, and 15-Dec-15, the incident date would be 1-Dec-15; 1-Jan-12 would be considered a screening encounter and dropped).
- To maintain consistency with the standard AFHSD methodology for surveillance of invasive cancers, AFHSD uses a *once per lifetime* incidence rule. The workgroup recognizes individuals, may be considered disease free after treatment or after an extended period of time, (e.g., 5 years), with no clinical evidence of disease. Individuals who develop a second primary tumor after being disease free could, theoretically, be counted as a new incident case. However, for surveillance of cancer using administrative (i.e., billing) data, it is difficult to identify individuals who are disease free after treatment.
- Individuals who have, or develop over time, a second primary malignant melanoma in the same, or different, anatomical region of the body are only counted once using this definition. While both lesions are considered primary tumors, for surveillance of invasive cancer, AFHSD counts cases (unique individuals), not individual tumors. Investigators interested in capturing the incidence of distinct primary tumors may want to modify the case finding criteria and consider utilizing different data sources such as pathology data or cancer registry data.
- Individuals with a prior, case-defining, incident diagnosis of melanoma in situ are *not* excluded from this definition. The AFHSD counts the “first-ever” occurrence of each cancer type separately. This methodology ensures rates and trends over time accurately reflect the condition of interest by eliminating the potentially confounding effect of disease trends of excluded conditions, (i.e., ensures malignant melanoma rates are not dependent upon melanoma in situ rates and vice versa).

⁵ Detailed information on these analyses is available through AFHSD; reference DMSS Requests #R230308, #R230378 and #R240009.

⁶ Melanoma, Cutaneous. National Comprehensive Cancer Network (NCCN) Guidelines Version 2.2023. <https://www.nccn.org/guidelines/recently-published-guidelines>; Accessed February 2025.



Code Set Determination and Rationale

- *Screening for disease* codes ICD10 Z12.xx / ICD9 V76.xx (encounter for screening for malignant neoplasms) are not included in the code set. Screening codes are used for “testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease, (e.g., screening mammogram).”⁷ They would not be used for follow-up medical encounters of a specific disease.
- *Personal history of malignant neoplasms* (ICD10 Z85.xx) codes are not included in the code set. While these codes may be beneficial for identifying individuals with a history of cancer, analysis of administrative data reveal these codes lack the specificity to count incident cancer cases and are inconsistently used by providers.⁸ Given these findings, the AFHSD does not use personal history codes to exclude prevalent cases, (i.e., individuals with a history of cancer), nor to identify individuals who are disease free after treatment.

Personal history codes are intended to be used by providers for individuals who have a history of cancer *and* documented evidence in the medical record that the malignancy has been “excised or eradicated and all treatment is complete.” They are not used for a “self-reported” history of malignancy, and they should be used in conjunction with ICD10 codes for follow-up visits (Z08- encounter for follow-up examination after completed treatment for a malignant neoplasm), aftercare visits (Z51.0 - encounter for antineoplastic radiation therapy; Z51.1- encounter for antineoplastic chemotherapy and immunotherapy), and screening visits (Z12 - encounter for screening for malignant neoplasms).⁹

Reports

The AFHSD reports on malignant melanoma in the following reports:

- Periodic *MSMR* articles.

Review

Feb 2025	Case definition reviewed and updated by the DHA HSE cancer surveillance SubWG; approved by the AFHSD Surveillance Methods and Standards (SMS) working group.
May 2016	Case definition reviewed and updated by the AFHSC SMS working group.
Oct 2010	Case definition developed by the AFHSC <i>MSMR</i> staff (Jun 2008); reviewed and adopted by AFHSC SMS working group.

⁷ ICD-10-CM Official Guidelines for Coding and Reporting. FY 2022–Updated April 1, 2022. (October 1, 2021–September 30, 2022. <https://stacks.cdc.gov/view/cdc/126426>. Accessed February 2025.

⁸ Analysis performed by the Defense Centers of Public Health-Dayton. Encounters with at least one Z85.x code in any diagnostic position (dx1- dx20) were pulled from Comprehensive Ambulatory Professional Encounter Records (CAPER) and Standard Inpatient Data Records (SIDR) for all Tri-Service beneficiaries between October 2016 and March 2024. A total of 546,962 encounters were identified. Of these, 68,395 (13%) had at least one neoplasm diagnosis (ICD10 C00-D49). With administrative data, there is no way to determine if the neoplasm codes refer to a resolved malignancy or a new cancer diagnosis. Records with conjunction codes for follow-up (Z08), aftercare (Z51.[0.1]) and screening (Z12) were queried: 420,236 (77%) had no conjunction codes in any diagnostic position suggesting providers use personal history codes independent of the purpose of the visit and potentially inconsistently.

⁹ Bredehoeft, Emily. Clear Up Confusion as to When Cancer Becomes “History Of.” American Academy of Professional Coders (AAPC). <https://www.aapc.com/blog/40016-clear-up-confusion-as-to-when-cancer-becomes-history-of/>. Accessed February 2025.



Comments

Development History of AFHSD Malignant Melanoma Case Definition

- The original case definition was developed in June of 2008 by the AFHSC MSMR staff for use in a MSMR article on malignant melanoma.¹ The definition was developed based on reviews of the ICD9 codes, the scientific literature, and previous Armed Forces Health Surveillance Center (AFHSC) analyses.

Original Case Definition- Malignant Melanoma, 2008-2023

For surveillance purposes, a case of malignant melanoma is defined as:

- One hospitalization or outpatient medical encounter* with a diagnostic procedure (e.g., biopsy), commonly used to evaluate clinically suspicious lesions (see ICD9 and ICD10 procedure code lists below), AND

Two subsequent hospitalization or outpatient medical encounters with a case defining diagnosis of malignant melanoma (see ICD9 and ICD10 code lists below) in *any* diagnostic position; or
 - Five or more hospitalization or outpatient medical encounters* with a case defining diagnosis of malignant melanoma (see ICD9 and ICD10 code lists below) in *any* diagnostic position.
- In August 2023, the HSE cancer surveillance SubWG, in consultation with dermatology experts at the DHA, updated the case finding criteria in the original definition to include the following:

Proposed Alternate Case Definition - Malignant Melanoma, 2023

For surveillance purposes, a case of malignant melanoma is defined as:

- One hospitalization or outpatient medical encounter* with a diagnostic procedure (e.g., biopsy), commonly used to evaluate clinically suspicious lesions (see ICD9 and ICD10 procedure code lists below), AND

Two subsequent hospitalization or outpatient medical encounters, occurring *within 120 days* of the of the diagnostic procedure, with a case defining diagnosis of malignant melanoma (see ICD9 and ICD10 code lists below) in *any* diagnostic position; or
 - Three or more hospitalization or outpatient medical encounters*, occurring *within a 2-year period (730 day)*, with a case defining diagnosis of malignant melanoma (see ICD9 and ICD10 code lists below) in *any* diagnostic position.
- A time interval between the case defining procedure code and the two subsequent medical encounters was added. A 120-day interval was selected based on the following standards of care: (1) following a biopsy of a clinically suspicious skin lesion, the average time to obtain a



pathology report and definitive diagnosis is 1-4 weeks; (2) individuals whose biopsy results are positive for malignant melanoma are likely to have a follow-up visit for a wide-excision within two weeks of a definitive diagnosis; and (3) individuals are likely to have follow-up visits to monitor clinical indicators of disease within the 120-day timeframe. While specific follow-up for malignant melanoma is based on the pathologic stage (0-IV) of disease, an average follow-up schedule for most lesions is every 3 months for 1 year, every 6 months the following 2 years, and annually, thereafter.⁶

The requirement of “*two subsequent hospitalization or outpatient medical encounters, occurring within 120 days of the of the diagnostic procedure*” was intended to exclude the date that the diagnostic procedure was done. For example, if the diagnostic procedure was done on August 25, then the two subsequent hospitalizations or outpatient medical encounters must occur after August 25.

- Determined *three or more hospitalizations or outpatient medical encounters, within a 2-year period*, with a case defining ICD9 or ICD10 code for malignant melanoma was sufficient to define a case. Exploratory analysis and case distribution curves revealed individuals with three or more medical encounters for malignant melanoma within a 2-year timeframe are likely to represent true cases of disease. The original case definition required *five or more medical encounters* with a case defining ICD9 or ICD10 code for malignant melanoma; no date restriction was specified.
- Code Set for Procedures Used To Evaluate Clinically Suspicious Lesions, 2008-2023

Procedures	ICD-10-PCS Codes	ICD-9-PCS Codes
<i>Procedures (Medical and Surgical): Lymphatic and Hemic Systems</i>		
<i>Drainage</i>	<i>All codes that begin with...</i>	40.0 (incision of lymphatic structures)
<i>Excision</i>	PCS 0790-0799, 079B, 079C, 079D, 079F, 079G, 079H, 079J (<i>drainage</i> , lymphatic and hemic systems; includes body part and approach)	40.1 (diagnostic procedures of lymphatic structures...)
<i>Resection</i>	PCS 07B0-07B9, 07BB, 07BC, 07BD, 07BF, 07BG, 07BH, 07BJ (<i>excision</i> , lymphatic and hemic systems; includes body part and approach)	- 40.11 (biopsy of lymphatic structure)
	PCS 07T0-07T9, 07TB, 07TC, 07TD, 07TF, 07TG, 07TH, 07TJ (<i>resection</i> , lymphatic and hemic systems; includes body part and approach)	- 40.19 (other diagnostic procedures on lymphatic structures)
		40.2 (simple excision of lymphatic structure...)
		- 40.21 (deep cervical lymph node)
		- 40.22 (internal mammary lymph node)
		- 40.23 (axillary lymph node)
		- 40.24 (inguinal lymph node)
		- 40.29 (other lymphatic structure)
		40.3 (regional lymph node excision)
		40.4 (radical excision of cervical lymph nodes...)
		- 40.40 (radical neck dissection, not otherwise specified)
		- 40.41 (radical neck dissection, unilateral)
		- 40.42 (radical neck dissection, bilateral)
		40.5 (radical excision of other lymph nodes...)
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		<ul style="list-style-type: none"> - 40.50 (of lymph nodes, not otherwise specified) - 40.51 (of axillary lymph nodes) - 40.52 (of periaortic nodes) - 40.53 (of iliac lymph nodes) - 40.54 (radical groin dissection) - 40.59 (of other lymph nodes)
<i>Procedures: Skin</i>		
<i>Drainage</i> <i>Excision</i> <i>Inspection</i>	<i>All codes that begin with...</i> PCS 0H90-0H99, 0H9A-0H9N (<i>drainage, skin; includes body part and approach</i>) PCS 0HB0-0HB9, 0HBA-0HBN (<i>excision, skin; includes body part and approach</i>) PCS 0HJP (<i>inspection, skin</i>)	<i>86.1 (diagnostic procedures on skin and subcutaneous tissue)</i> <ul style="list-style-type: none"> - 86.11 (closed biopsy of skin and subcutaneous tissue) - 86.19 (other diagnostic procedures on skin and subcutaneous tissue) - 86.3 (other local excision or destruction of lesion or tissue of skin and subcutaneous tissue) - 86.4 (radical excision of skin lesion)
<i>Procedures: Subcutaneous Tissue and Facia</i>		
<i>Drainage</i> <i>Excision</i> <i>Inspection</i>	<i>All codes that begin with...</i> PCS 0J90-0J99, 0J9B-0J9R (<i>drainage, subcutaneous tissue and facia; includes body part and approach</i>) PCS 0JB0-0JB9, 0JBB—0JBR (<i>excision, subcutaneous tissue and facia; includes body part and approach</i>) PCS 0JJS, 0JJT, 0JJV, 0JJW (<i>inspection, subcutaneous tissue and facia; includes body part</i>)	86.19 (above) 86.3 (above)
<i>Procedures by Anatomical Region</i>		
<i>Excision</i>	<i>All codes that begin with...</i> PCS 0WB0-0WB8, 0WBC, 0WBF, 0WBH, 0WBK, 0WBL, 0WBM, 0WBN (<i>excision, by anatomical region and approach</i>) PCS 0XB2-0XB9, 0X0B, 0XBC, 0XBD, 0XBF, 0XBG, 0XBH, 0XBJ, 0XBK (<i>excision, upper extremities, by anatomical region and approach</i>) PCS 0YB0-0YB9, 0YBB, 0YBC, 0YBD, 0YBF, 0YBG, 0YBH, 0YBJ, 0YBK, 0YBL, 0YBM, 0YBN (<i>excision, lower extremities, by anatomical region and approach</i>)	86.19 (above)



Procedures

CPT Codes

Related diagnostic procedures	<p>11100-11101 (biopsy of skin [single lesion, additional lesions], subcutaneous tissue and/or mucous membrane, including simple closure, unless otherwise listed) - <i>deleted Jan 1, 2019</i></p> <p>11102-11103 (tangential biopsy of skin, (e.g., shave, scoop, saucerize, curette), [single lesion, additional lesion] - <i>new Jan 1, 2019</i></p> <p>11104-11105 (punch biopsy of skin, including simple closure, [single skin lesion, additional lesions]) - <i>new Jan 1, 2019</i></p> <p>11106-11107 (incisional biopsy of skin, (e.g., wedge), including simple closure, [single lesion, additional lesions]) - <i>new Jan 1, 2019</i></p> <p>11300-11303 (shaving of epidermal or dermal skin lesion, single lesion [0.5 cm or less, 0.6 to 1.0 cm, 1.1 to 2.0 cm, over 2.0 cm] from trunk, arms or legs.)</p> <p>11305-11308 (shaving of epidermal or dermal lesion, single lesion, [0.5 cm or less, 0.6 to 1.0 cm, 1.1 to 2.0 cm, over 2.0 cm] from scalp, neck, hands, feet, or genitalia)</p> <p>11310-11313 (shaving of epidermal or dermal lesion, single lesion, [0.5 cm or less, 0.6 to 1.0 cm, 1.1 to 2.0 cm, over 2.0 cm] from face, ears, eyelids, nose, or lips)</p> <p>11600-11604, 11606 (excision-malignant lesion, including margins [0.5 cm or less, 0.6 to 1.0 cm, 1.1 to 2.0 cm, 2.1 to 3.0 cm, 3.1 to 4.0 cm, over 4.0 cm] from the skin of the trunk, arms, or legs.</p> <p>11620-11624, 11626 (excision-malignant lesion; including margins [0.5 cm or less, 0.6 to 1.0 cm; 1.1 to 2.0 cm; 2.1 to 3.0 cm; 3.1 to 4.0 cm, over 4.0 cm] from the skin of the scalp, neck, hands, feet, or genitalia)</p> <p>11640-11644, 11646 (excision-malignant lesion. including margins [0.5 cm or less; 0.6 to 1.0 cm; 1.1 to 2.0 cm; 2.1 to 3.0 cm, 3.1 to 4.0 cm, over 4.0 cm] from the skin of face, ears, eyelids, nose, lips)</p> <p>17311-17315 (Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stains.)</p> <p>38500 (open biopsy or excision of superficial lymph node(s))</p> <p>38505 (needle biopsy or excision of superficial lymph node(s) (e.g., cervical, inguinal, axillary)</p> <p>38510 (open biopsy or excision of deep cervical lymph node(s))</p> <p>38520 (open biopsy or excision of deep cervical lymph node(s) with excision scalene fat pad)</p> <p>38525 (open biopsy or excision of deep axillary lymph node(s))</p> <p>38530 (open biopsy or excision of internal mammary lymph node(s))</p> <p>38542 (dissection, excision of deep jugular lymph node(s))</p> <p>38792 (injection procedure; radioactive tracer for identification of sentinel node)</p> <p>41100, 41105 (excisional biopsy of tongue; anterior 2/3; posterior 1/3)</p> <p>41108 (excisional biopsy of floor of mouth)</p> <p>67810 (excisional biopsy of eyelid skin including lid margin)</p> <p>68100 (biopsy of conjunctiva for diagnostic purposes)</p> <p>69100 (biopsy external ear for diagnostic purposes)</p>
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	<p>69105 (biopsy external auditory canal for diagnostic purposes)</p> <p>78195 (<i>imaging</i> with injection of radioactive tracer for identification of sentinel node)</p> <p>92225-92226 (ophthalmoscopy, extended, with retinal drawing, (e.g., for retinal detachment, melanoma), with interpretation and report; initial; subsequent) – <i>deleted Jan 1, 2020</i></p> <p>92201 (ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (e.g., for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral) - <i>new Jan 1, 2020</i></p> <p>92202 (with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral) - <i>new Jan 1, 2020</i></p> <p>96904 (whole body integumentary photography, for monitoring high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma)</p>
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Note: For analyses that require data from 2007 or prior, CPT codes 17304 and 17310 were included in the code set. These codes are no longer included in the American Medical Association (AMA) index of CPT codes.¹⁰

¹⁰ Current Procedural Terminology, Fourth Edition (CPT), 1995- 2023, Professional Edition, American Medical Association. https://www.cms.gov/medicare/fraud-and-abuse/physicianselfreferral/list_of_codes. Accessed February 2025.

