



## SECTION 4 – DERMATOLOGY

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- [Malignant Melanoma](#)
- [Plant Dermatitis](#)

## MALIGNANT MELANOMA

### Background

This case definition was developed by the Armed Forces Health Surveillance Center (AFHSC) for the purpose of epidemiological surveillance of a condition important to military-associated populations.

### Clinical Description

Malignant melanoma is a life threatening cancer of pigment producing cells (melanocytes). Melanocytes are distributed throughout the outer layer of the skin; in response to 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.<sup>1</sup>

### Case Definition and Incidence Rules

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

- *Two or more inpatient or outpatient medical encounters* with any of the defining diagnoses of malignant melanoma in *any* diagnostic position (see ICD9 code list below) following *at least one* medical encounter with a diagnostic procedure commonly used to evaluate clinically suspicious lesions; or
- *Five or more medical encounters* (see “Development and Revisions” section below) with any of the defining diagnoses of malignant melanoma in *any* diagnostic position (see ICD9 code list below) if there are no recorded relevant diagnostic procedures.

#### *Incidence rules:*

For individuals who meet the case definition:

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

#### *Exclusions:*

- None

<sup>1</sup> Armed Forces Health Surveillance Center. Incident Diagnosis of Malignant Melanoma, Active Components, U.S. Armed Forces, January 1998- June 2008. *Medical Surveillance Monthly Report (MSMR)*. 2008 Nov; Vol 15(9): 6-9).



## Codes

The following ICD9 codes are included in the case definition:

Condition	ICD-9-CM codes	CPT Codes
Malignant Melanoma	172 (malignant melanoma of skin ) 172.0 (lip) 172.1 (eyelid, including canthus) 172.2 (ear and external auditory canal) 172.3 (other unspecified parts of the face) 172.4 (scalp and neck) 172.5 (trunk, except scrotum) 172.6 (upper limb, including shoulder) 172.7 (lower limb, including hip) 172.8 (other specified sites of skin) 172.9 (melanoma of the skin, site unspecified.	
Related diagnostic procedures	86.1x (diagnostic procedures on skin and subcutaneous tissue) 86.4 (radical excision of skin lesion) 91.6 (microscopic examination of specimen from skin and other integument) <i>For procedures during hospitalizations</i> 40.3 (regional lymph node excision) 40.4x (radical excision of cervical lymph nodes) 40.5x (radical excision of other lymph nodes)	11100, 11101, 11600-11604, 11606, 11620-11624, 11626, 11640-11644, 11646, 11300-11303, 11305-11308, 11310-11313, 17304, 17310, 17311-17315, 38500, 38505, 38510, 38520, 38525, 38530, 38792, 38542, 41100-41108, 67810, 68100, 69100, 69105, 78195, 92225, 92226, 96904 (for outpatient procedures)

## Development and Revisions

April 2010	Case definition revised based on review and recommendations by the AFHSC Special Studies staff and the SMS working group (see Code Set Determination and Rationale below).
Nov 2008	Original case definition developed and reviewed by MSMR staff for MSMR article referenced above. <sup>1</sup>

### Case Definition and Incidence Rule Rationale

- Based on exploratory analysis, case distribution curves, and the intent to increase the specificity of the case definition, AFHSC MSMR staff determined that *five or more medical encounters* that included the specific ICD9 codes for “malignant melanoma” and/or procedure codes that indicated relevant diagnostic procedures were conducted prior to the diagnosis of malignant melanoma, was optimal.



### *Code Set Determination and Rationale*

- CPT codes 17304 and 17310 are included in the AFHSC surveillance case definition for analysis that requires data from 2007 or prior. These codes are no longer included in the American Medical Association (AMA) index of CPT codes.<sup>2</sup>
- Code 17304 was unintentionally omitted from the list of CPT codes in the MSMR, Vol 5(9) article.
- CPT code 39542 was included in the MSMR Vol 15(9) and the MSMR Vol 17(6) articles as the result of a typographical error during analysis. CPT code 38542 is the correct code and will be included in all future case definitions.
- CPT code 11703 was *removed* from the surveillance case definition as it does not exist. The code was incorrectly listed in the MSMR Vol 15(9) and the MSMR Vol 17(6) articles.

### **Reports**

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- None

### **Review**

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Oct 2010	Case definition reviewed and adopted by AFHSC Surveillance Methods and Standards workgroup.
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### **Comments**

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None

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<sup>2</sup> Current Procedural Terminology (CPT) 2010, Professional Edition, American Medical Association.



## PLANT DERMATITIS

### Background

This case definition was developed by the Armed Forces Health Surveillance Center (AFHSC) for the purpose of epidemiological surveillance of a condition important to military-associated populations. Among military members, plant dermatitis can cause significant temporary disability and lost-duty time.<sup>1</sup>

### Clinical Description

Plant dermatitis is an allergic inflammatory skin reaction in response to the sap of poisonous plants. In the United States, plant dermatitis is most commonly caused by the *Toxicodendron* (formerly *Rhus*) species, i.e. poison ivy, poison oak and poison sumac.<sup>2</sup> In sensitized individuals, responses to the oils of the plants at the sites of exposure produce intense redness and pruritus (itch); severe cases can result in edema, fluid-filled vesicles or bullae, and extreme discomfort. Plant dermatitis lasts approximately three weeks and is usually self-limiting. Symptoms, however, can persist up to six weeks in highly susceptible individuals.<sup>1</sup>

### Case Definition and Incidence Rules

For surveillance purposes, a case of plant dermatitis is defined as:

- *One inpatient or outpatient medical encounter* with a defining diagnosis of plant dermatitis (see ICD9 code below) in *any* diagnostic position.

#### Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first inpatient or outpatient medical encounter that includes a defining diagnosis of plant dermatitis.
- An individual is considered an incident case only *once every 30 days*.

#### Exclusions:

- None

### Codes

The following ICD9 code is included in the case definition:

Condition	ICD-9-CM Codes
Plant dermatitis	692.6 (Contact dermatitis and other eczema due to plants; except food)

<sup>1</sup> Armed Forces Health Surveillance Center. Plant Dermatitis, Active Component, 2001-2010. *Medical Surveillance Monthly Report (MSMR)*. 2011 Jul; 18(7): 19-21.

<sup>2</sup> Gladman AC. *Toxicodendron* dermatitis: poison ivy, oak, and sumac. *Wilderness and Environ Med*. 2006; 17:120-128.



**Development and Revisions**

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The case definition was developed based on reviews of the ICD9 codes, the scientific literature, and previous AFHSC analyses. The case definition was developed by AFHSC MSMR staff for a July 2011 MSMR article on plant dermatitis.

**Reports**

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- None

**Review**

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Apr 2012	Case definition reviewed and adopted by the AFHSC Surveillance Methods and Standards (SMS) working group.
July 2011	Case definition reviewed and adopted by the AFHSC MSMR staff.

**Comments**

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None

