

**Clinical Practice Guideline:**      **Ankle Soft Tissue Biopsy for Suspected Cancerous Lesions**

**Date of Implementation:**          **September 17, 2015**

**Product:**                                  **Specialty**

## **GUIDELINES**

American Specialty Health – Specialty (ASH) considers services consisting of CPT Codes 27613 and 27614 to be medically necessary for the biopsy (removal of a small amount of tissue) of lesions of the ankle if used for the diagnosis of a suspected cancerous lesion(s).

## **CPT CODES AND DESCRIPTIONS**

<b>CPT Code</b>	<b>Description</b>
27613	Biopsy, soft tissue of leg or ankle area; superficial
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)

## **BACKGROUND**

CPT codes 27613 and 27614 describe biopsy procedures of the soft tissues of the leg or ankle area. Dissection is carried out within the superficial soft tissue layers, usually in the subcutaneous fat to the uppermost fascial layer in 27613. In 27614, dissection is taken deep within the soft tissue, such as into the fascial layer or within the muscle.

Soft tissue tumors of the ankle are not uncommon in the foot specialist's practice. Although masses are usually seen with early symptoms due to compact anatomy with thin soft tissue coverage (e.g., pain on weight-bearing), diagnosis is often delayed. Diagnostic errors are more common than in other regions, since neoplasia is often not considered. Delayed diagnosis can result in undertreatment or overtreatment with serious consequences. Thus, early diagnosis can result in a generally improved prognosis.

Suspicion is warranted in investigating any foot mass, including especially those that have a seemingly slow rate of growth. A detailed history of risk factors, prior malignancy, and metastatic disease especially in patients older than 50 years should raise the index of suspicion toward malignancy. Furthermore, pre-existing painless masses that suddenly start growing should be followed by further diagnostic measures to rule out neoplasia.

Thorough diagnostics should be initiated with pigmented lesions of the skin, since malignant melanoma is quite common in the foot and ankle region. In any case of suspicion, a biopsy is mandatory to confirm or rule out melanoma. In any mass with suspected malignancy, indeterminate behavior, or if the diagnosis cannot be specified to a single entity, a biopsy must be obtained. Several important issues have to be regarded when tissue is obtained for histologic workup. Since the tissue that is penetrated during biopsy is potentially contaminated with tumor cells, the biopsy approach has to be excised during final surgery. The biopsy approach should be defined by or in accordance with the surgeon who will perform the later definitive tumor resection. Open and incision biopsy have a high diagnostic value and allow harvesting of sufficient tissue for histology, immunostaining, and molecular workup (Gollwitzer et al., 2013).

According to the National Cancer Institute (2023), soft tissue sarcomas are a heterogeneous family of malignant tumors, so adequate tissue should be obtained via either image-guided core-needle biopsy or planned incisional biopsy (for select cases) for microscopic examination to determine histologic type and tumor grade. It is important to carefully plan the initial biopsy in order to avoid compromising subsequent curative resection. Since the selection of treatment is determined by the grade of the tumor, it is essential to have a careful review of the biopsy tissue by a pathologist who is experienced in diagnosing sarcomas. Complete staging and treatment planning by a multidisciplinary team of cancer specialists is required to determine the optimal treatment for patients with this disease.

## **PRACTITIONER SCOPE AND TRAINING**

Practitioners should practice only in the areas in which they are competent based on their education, training and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a member only if they are trained, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the member to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a member's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is prudent for the practitioner to refer the member for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* policy for information.

## References

- American College of Foot and Ankle Surgeons (ACFAS) Cosmetic Surgery Position Statement (2020). Retrieved on March 8, 2023 from: <https://www.acfas.org/policy-advocacy/policy-position-statements/acfas-position-statement-on-cosmetic-surgery>
- American Medical Association. (current year). Current Procedural Terminology (CPT) Current year (rev. ed.). Chicago: AMA.
- Gilbert, N. F., Cannon, C. P., Lin, P. P., & Lewis, V. O. (2009). Soft-tissue sarcoma. *The Journal of the American Academy of Orthopaedic Surgeons*, 17(1), 40-47.
- Gollwitzer, H., Toepfer, A., Gerdesmeyer, L., Grading, R., & Rechl, H. (2013). Tumors and Tumor-Like Lesions of the Foot and Ankle: Diagnosis and Treatment. *Special Procedures in Foot and Ankle Surgery*, 489-508.
- Joint Commission International. (2020). Joint Commission International Accreditation Standards for Hospitals (7th ed.): Joint Commission Resources.
- National Cancer Institute (NCI). (2023). Soft Tissue Sarcoma Treatment. Retrieved March 8, 2023 from <http://www.cancer.gov/cancertopics/pdq/treatment/adult-soft-tissue-sarcoma/HealthProfessional>
- Rougraff, B. T., Aboulafia, A., Biermann, J. S., & Healey, J. (2009). Biopsy of Soft Tissue Masses: Evidence-based Medicine for the Musculoskeletal Tumor Society. *Clinical Orthopaedics and Related Research*, 467(11), 2783-2791. doi: 10.1007/s11999-009-0965-9
- Wu, J. S., & Hochman, M. G. (2009). Soft-tissue tumors and tumorlike lesions: a systematic imaging approach. *Radiology*, 253(2), 297-316.