PROGRESS NOTE

CLINIC: HCI Surgical Oncology Clinic

CANCER HISTORY:

1. A 3.85 mm Clark level IV ulcerated malignant melanoma with evidence of satellite and in-transit lesions of the left lower back. Status post wide local excision with a sentinel lymphadenectomy on 12/19. Evidence of residual melanoma in the wide local specimen to a depth of 3.4 mm, with additional satellite and in-transit lesions. All lesions were excised. Evidence of microscopic metastatic melanoma in 2 sentinel lymph nodes removed from the left groin. Staging workup was negative for distant metastasis. Hence, the patient had a pT3b, N3, M0, stage IIIC melanoma of the back [1].

2. Status post left groin complete lymph node dissection with Cloquet nodes on 01/19. No evidence of metastatic melanoma in lymph nodes removed from the left superficial groin. However, evidence of metastatic melanoma in 3/3 nodes removed from the Cloquet nodal area [2]. Postoperative course complicated by pulmonary embolism for which he is now taking Coumadin.

3. Recurrence of in-transit melanoma lesions of the left back. Status post a staging workup negative for metastatic melanoma. The patient was randomized to Allovectin-7 injections on the AIMM Clinical Trial.

4. The patient completed 4 cycles of Allovectin-7 injections on the AIMM Clinical Trial when he progressed with a new 5 mm right upper lobe nodule, extensive increase of his in-transit lesions, as well as an increase in his axillary and external inguinal lymph nodes.

5. Routine Clinical Trial visit for BioVex.

ECOG STATUS: 0.

PROTOCOL: BioVex Clinical Trial randomized to OncoVex injection. This is cycle 2, day 15.

INTERIM HISTORY: This is a 67-year-old gentleman with the above-stated cancer history on 12/30. At that time, he was tolerating the injections well. After his injections, he states he had onset of fever and chills approximately 6 hours after the injection. It lasted for 3 hours and he felt much better after taking a Lortab. After that, he felt overall fatigue and body aches for another 3 days before returning to his baseline health. Otherwise, he denies any change in symptoms or change in medications over the last two weeks.

REVIEW OF SYSTEMS: The patient specifically denies any unexplained cough, chest pain, shortness of breath, palpitations, edema, nausea, vomiting, diarrhea, constipation, change in urinary habits, unexplained headaches, weakness, or any new or worrisome skin lesions.

PHYSICAL EXAMINATION:

GENERAL: This is a well-appearing 67-year-old male, alert and oriented x3, and in no apparent distress.

VITAL SIGNS: Blood pressure 139/66, heart rate 57, respiratory rate 16, oxygenation 96% on room air, temperature 36.8 degrees Celsius, weight 83.6 kg.

SKIN EXAMINATION: The patient continues to have a clumping of multiple in-transit lesions around the prior excision site on his back, which remain large, erythematous, friable tissue that continuously weeps serous fluid [3] requiring a continuous dressing coverage. The largest primary injected lesion appears to be unchanged in size compared to the prior week. However, lesion #3 inferior right lesion again appears to have increased in size.

PROCEDURE: Four mL of OncoVex was injected intralesionally into lesion #1 in the left mid-back [4]. The inferior left portion of the wound was injected. This was done by the nurse practitioner. There was a minimal amount leakage and an occlusive dressing was immediately applied. The patient suffered no immediate complications or complaints.

ASSESSMENT: This is a 67-year-old male with stage III melanoma of the back [5] that progressed on Allovectin-7 injections with increasing in-transit disease and increasing pulmonary nodules. He has been receiving OncoVex injections on the BioVex Clinical Trial. This is cycle 2, day 15 injection. Overall, he is tolerating the injections well with an onset of fever, chills a few hours after the injection, increasing in fatigue and overall not feeling well for 2-3 days after the injection. However, he then returns to his baseline of health.

PLAN: Return to clinic in two weeks' time for cycle 3, day 1 injection, physical exam, and lesion measurement and photography.

This patient was seen in the absence of a physician.

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[1] History of melanoma of the back.

[2] Metastatic melanoma in the lymph nodes removed from the Cloquet nodal area.

[3] Identifies recurring lesions of the lower back.

[4] Procedure performed is injection of OncoVex into lesion in the left mid-back.

[5] Diagnosis is stage III melanoma of the back.

What CPT® and ICD-10-CM codes are reported?

CPT® Code: 96405

ICD-10-CM Codes: Z00.6, C43.59

Rationales:

CPT®: Look in the CPT® Index for Chemotherapy/Intralesional 96405, 96406. Report 96405 Chemotherapy administration; intralesional, up to and including 7 lesions. The OncoVex injection is part of a clinical trial, so the chemotherapy medication is not reported.

ICD-10-CM: This is a clinical trial of the OncoVex so the clinical trial code is reported as the primary code. In the Alphabetic Index, look for Clinical research investigation (clinical trial)(control subject)(normal comparison)(participant), which refers to Z00.6. In the Tabular List, code Z00.6 Encounter for examination for normal comparison and control in clinical research program is correct. For the stage III melanoma of the back, look in the Alphabetic Index for Melanoma/skin/back, which refers to C43.59. Verify in the Tabular List, C43.59 Malignant melanoma of other part of trunk.