

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

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

6 **Product:** **Specialty**

9 **GUIDELINES**

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

15 **CPT® Codes and Descriptions**

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

17 **BACKGROUND**

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

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

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

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

12
13 According to the National Cancer Institute (2023), soft tissue sarcomas are a heterogeneous
14 family of malignant tumors, so adequate tissue should be obtained via either image-guided
15 core-needle biopsy or planned incisional biopsy (for select cases) for microscopic
16 examination to determine histologic type and tumor grade. It is important to carefully plan
17 the initial biopsy in order to avoid compromising subsequent curative resection. Since the
18 selection of treatment is determined by the grade of the tumor, it is essential to have a
19 careful review of the biopsy tissue by a pathologist who is experienced in diagnosing
20 sarcomas. Complete staging and treatment planning by a multidisciplinary team of cancer
21 specialists is required to determine the optimal treatment for patients with this disease.

22 23 **PRACTITIONER SCOPE AND TRAINING**

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

29
30 It is best practice for the practitioner to appropriately render services to a member only if
31 they are trained, equally skilled, and adequately competent to deliver a service compared
32 to others trained to perform the same procedure. If the service would be most competently
33 delivered by another health care practitioner who has more skill and training, it would be
34 best practice to refer the member to the more expert practitioner.

35
36 Best practice can be defined as a clinical, scientific, or professional technique, method, or
37 process that is typically evidence-based and consensus driven and is recognized by a
38 majority of professionals in a particular field as more effective at delivering a particular
39 outcome than any other practice (Joint Commission International Accreditation Standards
40 for Hospitals, 2020).

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

9 **References**

- 10 American College of Foot and Ankle Surgeons (ACFAS) Cosmetic Surgery Position
 11 Statement (2020). Retrieved on February 12, 2024 from: <https://www.acfas.org/policy-advocacy/policy-position-statements/acfas-position-statement-on-cosmetic-surgery>
 12
 13
 14 American Medical Association. (current year). *Current Procedural Terminology (CPT)*
 15 *Current year (rev. ed.)*. Chicago: AMA
 16
 17 Fanfan D, Alvarez JC, Gonzalez MR, Larios F, Shae J, Pretell-Mazzini J. Foot and Ankle
 18 Soft Tissue Sarcomas—Treatment and Oncologic Outcomes: A Systematic Review of
 19 the Literature. *Foot & Ankle International*. 2023;44(11):1199-1207.
 20 doi:10.1177/10711007231198516
 21
 22 Gilbert, N. F., Cannon, C. P., Lin, P. P., & Lewis, V. O. (2009). Soft-tissue sarcoma. *The*
 23 *Journal of the American Academy of Orthopaedic Surgeons*, 17(1), 40-47
 24
 25 Gollwitzer, H., Toepfer, A., Gerdesmeyer, L., Gradinger, R., & Rechl, H. (2013). Tumors
 26 and Tumor-Like Lesions of the Foot and Ankle: Diagnosis and Treatment. *Special*
 27 *Procedures in Foot and Ankle Surgery*, 489-508
 28
 29 Houdek MT, Beahrs TR, Wyles CC, Rose PS, Sim FH, Turner NS. What Factors Are
 30 Predictive of Outcome in the Treatment of Soft Tissue Sarcomas of the Foot and
 31 Ankle? *Foot & Ankle Specialist*. 2017;10(1):12-19. doi:10.1177/1938640016666925
 32
 33 Joint Commission International. (2020). *Joint Commission International Accreditation*
 34 *Standards for Hospitals (7th ed.)*: Joint Commission Resources
 35
 36 National Cancer Institute (NCI). (2023). *Soft Tissue Sarcoma Treatment*. Retrieved
 37 February 13, 2024 from <http://www.cancer.gov/cancertopics/pdq/treatment/adult-soft-tissue-sarcoma/HealthProfessional>
 38
 39
 40 Rougraff, B. T., Aboulafia, A., Biermann, J. S., & Healey, J. (2009). Biopsy of Soft Tissue
 41 Masses: Evidence-based Medicine for the Musculoskeletal Tumor Society. *Clinical*

1 *Orthopaedics and Related Research*, 467(11), 2783-2791. doi: 10.1007/s11999-009-
2 0965-9

3

4 Wu, J. S., & Hochman, M. G. (2009). Soft-tissue tumors and tumorlike lesions: a
5 systematic imaging approach. *Radiology*, 253(2), 297-316