

## Dermatology Coding Alert

### CCI 16.0: Make Adhering to These Tissue Transfer Code Edits Your New Year's Resolution

Check out this matter-of-fact 14301/J2001 edit.

Are you using CPT 2010's new skin repair codes? Beware because they received the brunt of the Correct Coding Initiative (CCI) version 16.0's edits. Get to know them well by their mutually exclusive and non-mutually exclusive classifications and keep denials, lost reimbursements, and fraud charges at bay.

Important: CCI 16.0 takes effect on January 1 and involves 24,060 new active pairs and 869 modifier changes, says **Frank D Cohen, MPA, MBB**, senior analyst with MIT Solutions Inc. in Clearwater, Fla. The new version features extensive edits to CPT 2010 new codes 14301-14302 (Skin tissue rearrangement) and adds a total of 9,610 edit pairs, including 8,772 non-mutually exclusive and 839 mutually exclusive.

#### Don't Leave Out Your Local Anesthesia Edits

The most important line in the whole CCI edits is the 14301, J2001 (Injection, lidocaine HCl for intravenous infusion, 10 mg) bundle, according to **Pamela J. Biffle, CPC, CPC-I, CCS-P, CHCC, CHCO**, owner of PB Healthcare Consulting and Education Inc. in Watauga, Texas. The local anesthesia is always included in any integumentary code. "It's been the rule since the beginning of time and a good example of on-the-surface common sense," she adds.

#### Narrow Down These ME Excision, Debridement Edits

Mutually exclusive edits include tissue rearrangement procedures. Tissue transfer codes 14040-14041 (Tissue transfer closure), and 14060-14061 (Adjacent tissue transfer) are now components of 14301 (Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm). "These are similar services and should not be coded together," says Biffle. However, you will be able to separate the edits with a modifier in some situations, such as rearrangements on different areas, as necessary.

Moreover, debridement codes (11010-11012, Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s)...) have been bundled with a great number of musculoskeletal excision codes, both in mutually exclusive and non-mutually exclusive bundles. For instance, 21014 (Excision, tumor, soft tissue of face and scalp, subfascial [e.g., subgaleal, intramuscular]...) now includes fracture debridement codes 11010-11012.

Codes 22900-22905, which address tumor excisions relative to the abdominal wall, carry the same bundling edits with debridement codes. Musculoskeletal codes -- particularly the 229xx series -- are not often used by dermatologists, suggests Biffle. "They would be more handy for orthopedics, but nonetheless are still used in the practice of dermatology," she adds.

Good news: You'll be able to use a modifier (such as 59, Distinct procedural service) to separate the edits bundling skin repair codes with co-skin repair and excision codes. Carrying a modifier indicator of "1" allows the procedures to bypass the editing and pay when performed in different sites and settings that fall within the definition of the modifier.

Caution: Just because you can use modifier 59 to override certain edits doesn't mean that appending the modifier is always the solution. Before using this modifier, be sure the procedure meets modifier 59's criteria of a separate site, incision, or session. Documentation must support the normally included procedure as separate from the main procedure.