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Dermatology Coding Alert

CCI 18.0 Update: Include Compression Therapy in Many Skin Graft Codes

Look for different sessions or sites before you try to break these bundles.

If your dermatologist is performing venous compressions to treat ulcers, you may already know about new procedure codes 29582-29584 (Application of multi-layer compression system...), introduced in CPT® 2012. And now you need to know how that code is affected by the latest round of Correct Coding Initiative (CCI) edits, effective January 1, 2012.

CCI 18.0 includes 15,530 new edit pairs, according to an analysis by **Frank Cohen,** principal and senior analyst for The Frank Cohen Group, LLC, in Clearwater, Fla.

According to CCI 18.0, 29582-29584 are considered an intrinsic part of these skin graft codes:

- 15050 -- Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
- 15100 -- Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
- 15110 -- Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
- 15115 -- Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
- 15120 -- Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
- 15130 -- Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
- 15135 -- Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
- 15150 -- Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
- 15155 -- Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
- 15200 -- Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
- 15220 -- Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
- 15240 -- Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
- 15260 " Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
- 15271-15278 -- Application of skin substitute graft ...

In addition, code 29582 (Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed) is bundled into:

- 10060-10061 -- Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia...)
- 10140 -- Incision and drainage of hematoma, seroma or fluid collection
- 10160 -- Puncture aspiration of abscess, hematoma, bulla, or cyst
- 11000 -- Debridement of extensive eczematous or infected skin; up to 10% of body surface
- 11042 -- Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less.

Check Bundles for New Skin Substitute Codes

CCI 18.0 also introduces a number of code edits affecting the new skin substitute graft codes, 15271-15278 (Application of skin substitute graft ...). According to CCI, the following procedures are considered an intrinsic part of all of the skin substitute graft applications:

- 11000 -- Debridement of extensive eczematous or infected skin; up to 10% of body surface
- 11042 -- Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
- 12001-12007 -- Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet) ...
- 12020-12021 -- Treatment of superficial wound dehiscence ...
- 12031-12037 -- Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet) ...
- 13120-13121 -- Repair, complex, scalp, arms, and/or legs ...
- 16020-16030 -- Dressings and/or debridement of partial-thickness burns, initial or subsequent ...

Smart move: There are many other CCI edits affecting the new skin substitute codes. For the whole picture, download the complete list of edits from the CMS website at www.cms.gov/nationalcorrectcodinited/ncciep/list.asp, or use the CCI tool at https://www.aapc.com/codes/.

Handle Bundles With Care by Checking Modifier Indicators

Unbundling opportunity: These bundles are all marked with modifier indicator "1," which may allow you to break the bundle. In certain clinical circumstances you can override -- not ignore -- CCI edits and receive separate payment for bundled codes.

To find out if you can separately bill services, first check the "modifier indicator" in column F of the CCI spreadsheet.

How it works: "All edits consist of code pairs that are arranged in two columns (Column 1 and Column 2),"explains **Marvel J. Hammer, RN, CPC, CCS-P, PCS, ACS-PM, CHCO,** consultant with MJH Consulting in Denver. "Codes that are listed in Column 2 are not payable if performed on the same day on the same patient by the same provider as the code listed in Column 1, unless the edits permit the use of a modifier associated with CCI."

A "0" indicator means that you cannot unbundle the two codes under any circumstances. An indicator of "1," however, means that you may use a modifier to override the edit if the clinical circumstances warrant separate payment.

Tip: The most common modifiers that Part B practices use to override an edit pair are 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) when used with an associated E/M code, or modifier 59 (Distinct procedural service) when two non-E/M services are performed and no other modifier is available to report the two separate and distinct services, says **Maggie M. Mac, CPC, CEMC, CHC, CMM, ICCE,** Director of Network Oversight at Mount Sinai Medical Center Compliance Department in New York City. "Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision or excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual," she says. "However, when another already established modifier is appropriate, it should be used rather than modifier 59."

For more on CCI edits and to find which ones impact your practice, visit the CMS website at www.cms.gov/nationalcorrectcodinited/ncciep/list.asp.