

## Dermatology Coding Alert

### CCI Update: Coding Tissue Transfers? Watch for These Changes

**New Correct Coding Initiative edits impact which procedures you can report with adjacent tissue transfers.**

If your dermatologists perform tissue transfers, watch out: the Correct Coding Initiative has a few things to say about what you can and cannot report with those CPT® codes.

The latest version of CCI, Version 22.0, is effective as of Jan. 1. Overall, CCI 22.0 introduced more than 55,000 new bundles of CPT® codes.

All of the CPT® codes in the "Adjacent Tissue Transfer or Rearrangement Procedures on the Integumentary System" series (14000-14350) now include:

- +11001 □ Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)
- 11004-11006 □ Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection...
- +11045 □ Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
- 11043 □ Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
- +11046 □ ... each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
- 11044 □ Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
- +11047 □ ... each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure).

**What this means:** These CCI edits are all Column 1/column 2 edits, describing "bundled" procedures. The column 1 code generally represents the comprehensive service, and the column 2 code is the component that is part of the more extensive column 1 procedure.

"Column 1 codes are codes that are primarily payable," says **Elizabeth Hollingshead, CPC, CUC, CMC, CMSCS**, coding specialist at Central Ohio Urology Group in Marysville, Ohio. "Column 2 codes are the codes that are bundled into the column 1 codes. If they are billed together, the code in column 2 will be denied unless it has a modifier indicator of 1 and it is appropriate to add a proper modifier to break the bundle."

If you bill bundled (column 1/column 2) procedures for the same patient on the same day, payers will pay you only for the higher-valued of the two, usually the column 1 code.

**However:** All of the edits are marked with modifier indicator "1," which means that you can, under appropriate clinical circumstances, report the two codes separately, along with a modifier (such as modifier 59, Distinct procedural service), appended to the Column 2 code.

These codes may not have a huge impact on your dermatology practice, notes **Pamela Biffle, CPC, CPC-P, CPC-I, CPCO**, owner of PB Healthcare Consulting and Education Inc. in Austin, Texas. The debridement codes are "more relevant in an urgent care or ED situation," she says.

**Don't miss:** CPT® codes +11001 and +11045 are add-on codes. Both of their primary procedure codes (11000 and 11042, respectively) had already been bundled into 14000-14350. Also, note that +11045 and +11046 appear out of numerical sequence, so as to keep them next to their primary procedure codes (11042 and 11043).

**Resource:** For more on CCI edits, visit [www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd](http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd).

