

Dermatology Coding Alert

CPT 2004 Update: Think You've Got Defect and Repair Codes Down Pat?

CPT 2004 changes things

[Dermatology coders](#) who were puzzled when coding primary and secondary defects will cheer about CPT 2004. New "Adjacent Tissue Transfer or Rearrangement" guidelines offer much-needed specificity that will help guide you to the correct defect code.

In the past, the tissue transfer code 14000 (Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less) referred to primary and secondary defects, which were both repaired in the adjacent tissue transfer procedure. In 2004, the guideline states that the term "defect" includes the primary and secondary defects. In addition, new guidelines instruct the coder that when a skin graft is necessary to close the secondary defect, the graft is considered an additional procedure.

For example, when Mohs's microsurgery for skin cancer is performed, the dermatologist may choose to develop a secondary defect by using the Z-plasty method of adjacent tissue transfer to minimize scarring. In this instance the surgery would be coded with 17304 (Chemosurgery [Mohs micrographic technique], including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain [e.g., hematoxylin and eosin, toluidine blue]; first stage, fresh tissue technique, up to 5 specimens; and 17305-17310 may be used depending upon the number of stages the dermatologist deemed necessary by microscopic examination of the excised tissue). The adjacent tissue repair would have been coded with the appropriate 14000 series code, as appropriate for the site of the surgery and the size of the lesion, reports **Patricia Tinker, CPC**, clinical practice manager in the department of dermatology in the School of Medicine at Yale University in New Haven, Conn.

Effective Jan. 1, a new CPT guideline advises coders to add together the sizes of the primary defect resulting from the excision and secondary defects resulting from flap design. You should therefore select the appropriate transfer code based on the total size of the sum of the defects, says **Laura Saniscalchi, RHIA, CCS, CCS-P, CPC**, manager at Deloitte & Touche in Dover, Mass.