

Dermatology Coding Alert

CPT® 2013: Clear Up Pedicle Flap Confusion with 15740 Changes

Named vessel is key.

Changes to CPT® 2013 "other flaps and grafts" instructions along with the code revision might simplify your coding for 15740 (Flap; island pedicle requiring identification and dissection of anatomically named axial vessel).

But let our experts take the changes a step further to remind dermatology coders just how much there is to know about coding for pedicle flaps, adjacent tissue transfer, island flaps and more.

'Island Flap' Means Vessel

An island pedicle flap procedure doesn't change in 2013, but the CPT® code revision emphasizes the nature of the service. An island flap is, by definition, a surgical pedicle consisting predominately of the supplying blood vessels.

The code revision doesn't change that, but it does strengthen the documentation needed to justify reporting 15740. Now the code describes an island pedicle flap "requiring identification and dissection of anatomically named axial vessel," according to the verbiage added to the 15740 code definition in CPT® 2013.

No vessel name: That means if your dermatologist doesn't identify the anatomically named axial vessel incorporated into the flap design, you can't report 15740.

Instead: "For random island flaps, V-Y subcutaneous flaps, advancement flaps, and other flaps from adjacent areas without clearly defined anatomically named axial vessels, see 14000-14302," states the new CPT® 2013 text note in the "Other Flaps and Grafts" introduction.

Distinguish Flaps Versus Adjacent Tissue Transfer

A pedicle flap is a type of nonadjacent tissue transfer that initially remains attached to the donor-site blood supply. The dermatologist cuts a "stalk," or pedicle of tissue, that includes a flap the proper size and shape to repair a defect that is not contiguous with the donor site. The dermatologist then maneuvers the flap to the repair site, still attached by the pedicle to the donor site, and later cuts the pedicle free.

Watch for: You might also see this technique called "attached flap" or "tubed pedicle," which refers to a sub-type that involves stitching together the long sides of the pedicle to form a tube.

The codes that describe pedicle flaps, such as 15570-15576 (Formation of direct or tubed pedicle, with or without transfer; ...) can refer to transfers of skin and/or deep tissues from non-adjacent locations, according to **Marcella Bucknam, CPC, CPC-I, CCS-P, CPC-H, CCS, CPC-P, COBGC, CCC**, audit manager for CHAN Healthcare in Vancouver, Wash.

CPT® also includes pedicle flap codes for blood vessels (15740) and for nerve and vascular tissue (15750, Flap; neurovascular pedicle), Bucknam explains.

On the other hand: CPT® provides different codes for grafts involving tissue transfer from a directly adjacent site: 14000-14302 (Adjacent tissue transfer or rearrangement ...).

For instance: If your dermatologist creates a subclavian-vein pedicle flap to repair a distant injury to the right axilla, should you report 15740 or 14040 (Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq. cm or less)?

"Code 15740 describes a flap or island pedicle; 14040 is adjacent tissue transfer," explains **Jonathan Rubenstein, MD**, director of coding and physician compliance for a surgery practice in Baltimore.

That means you should code the service describe using 15740, not 14040, because the procedure description documents the axial vessel and the creation of a pedicle flap for a non-adjacent site.