

Dermatology Coding Alert

Reader Question Add Primary and Secondary Defects Before Reporting

Question: The dermatologist at my practice performed Mohs surgery on a patient with skin cancer. The dermatologist also chose to create a second defect using the Z-plasty method of adjacent tissue transfer to minimize scarring for the patient. How should I report this?

North Carolina Subscriber

Answer: You report code 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 for the microscopic examination of the tissue and the number of stages required for the examination. You code the adjacent tissue repair using the appropriate 14000 series code, depending on the site and size of the lesion.

According to CPT 2004, you should add together the sizes of the primary defect resulting from the excision and the secondary defects resulting from the flap design so you choose the appropriate code based on the total size of the sum of the defect.

-- Answers to You Be the Coder and Reader Questions were reviewed by **Linda Howrey, BS, CCS-P**, Howrey and Associates in Princeton, Mass