

Dermatology Coding Alert

Reader Question: Best Bet: Choose 1 Graft Code

Question: We have a surgeon who is placing split-thickness skin grafts on burn patients and then placing skin substitute grafts over the split-thickness graft as a biological dressing. Sometimes he documents that he places the skin substitute with glue or staples. Can we charge for both types of grafts?

Illinois Subscriber

Answer: You should be very cautious about billing for both types of grafts for a single site, although you may be able to do so in some circumstances.

Split thickness graft procedures include bandages and dressings. That would include skin-substitute materials if they're applied as a wound dressing by laying, wrapping, or taping the material over the graft site. You should report the split thickness graft using the appropriate code such as 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]).

Fixation required: You can bill for skin substitute grafts only if you have documentation of fixation. That means you should not use 15271-+15278 (Application of skin substitute graft ...) for any cases unless the surgeon notes suture, staples, or some other fixation method.

Answer medical necessity: But the more important question to answer before reporting the two procedures together is why the surgeon chose to perform both types of grafts. You should have the surgeon clearly describe the medical necessity for both graft types and carefully document both procedures, including fixation, before reporting split-thickness and skin substitute grafts together for the same site.