

## Dermatology Coding Alert

### Reader Question: CPT® 2017 Holds T Codes for Neurofibroma Destructions

**Question:** I have been reading about possible updates to the CPT® manual for 2017. Are there any code changes that might affect our dermatology practice?

Montana Subscriber

**Answer:** There's not a lot new on the horizon for dermatology coders in 2017, except perhaps for a couple of T codes that might be of interest to some practices.

In CPT® 2017, which takes effect January 1, 2017, you'll have these new category III (or "T") codes to choose from:

- 0419T, Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibroma
- 0420T, Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibroma.

These two codes represent experimental treatments that a dermatologist might perform in a highly specialized practice or university setting. Thus, the average dermatology office will not have a need for these T codes.

**T code definition:** According to CPT®, a category III code is a temporary (T) code "for emerging technology, services, and procedures. ... If a category III code is available, this code must be reported instead of a category I unlisted code."

Regrettably, the existence of a category III code "does not constitute a finding of support, or lack thereof, with regard to clinical efficacy, safety, applicability to clinical practice, or payer coverage," CPT® states.

**Translation:** Even if you have the opportunity to code 0419T or 0420T, there's not a great chance at getting reimbursement in 2017. The T codes are used for tracking purposes, however, so you should report these codes when your dermatologist provides these services. If the data from the T codes is positive, it's possible that CPT® might move these category III codes to category I in the future.