

Dermatology Coding Alert

READER QUESTIONS: Don't Restrict Billing Flap and Graft Codes Together

Question: My dermatologist excised a squamous cell carcinoma from the helical rim of the patient's ear. He inserted a tubed pedicle flap that did not match the size of the defect and then did a Z-plasty to cover the remaining defect. Can I bill for these procedures together?

California Subscriber

Answer: Yes. As long as the documentation supports it, you can bill 14060 (Adjacent tissue transfer or rearrangement, eyelids, nose, ears, and/or lips; defect 10 sq cm or less) and 15576 (Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral) in the same claim. CPT states you can use flap and graft codes together when supported in the documentation.

Differentiate transfer from repair: For adjacent tissue transfer or rearrangement, the surgeon typically reports that the specific defect, excision, or laceration needs surrounding tissue rearrangement to accomplish final closure. Among these are Z-plasty, W or V-Y plasty, rotation flaps, local advancement flaps, and double pedicle flaps.

Also, take a look at the CPT's "Adjacent Tissue Transfer or Rearrangement" section guidelines and see whether any of the processes from the document is described in the surgeon's documentation.

Tip: Unlike repair as described by 12001-13160, the flap creation during tissue transfer results in a "secondary defect" in addition to the "primary defect" of the wound itself. When secondary and primary defects are addressed, it is more likely that you're dealing with a transfer.