

Dermatology Coding Alert

Reader Questions: Solve Flaps and Grafts Together

Question: The dermatologist excised a basal cell carcinoma from the patient's right ear. To close the wound, the surgeon inserted a tubed pedicle flap that didn't match the size of the defect. He then performed a Z-plasty to cover the remaining defect. Can I bill for both the pedicle flap and the Z-plasty?

Utah 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) on the same claim. You can use flap and graft codes together when the surgical note supports that the physician performed both procedures.

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 the surgeon's documentation describes any of the processes you'll read about in CPT.

Tip: Unlike repair as described by 12001-13160 (simple, intermediate, or complex), the flap creation during tissue transfer results in a "secondary defect" in addition to the "primary defect" of the wound itself. When the surgeon addresses a secondary and primary defect in the operative note, it is more likely that you're dealing with a transfer code.

-- Technical and coding advice for You Be the Coder and Reader Questions provided by **Pamela Biffle, CPC, CPC-I, CCS-P, CHCC, CHCO**, owner of PB Healthcare Consulting and Education Inc. in Watauga, Texas.