Dermatology Coding Alert

You Be The Coder: Don't Let Defects Take Your Mohs Pay

Question: A patient presents with skin cancer. The dermatologist performs Mohs surgery and elects to develop a secondary defect using the Z-plasty method of adjacent-tissue transfer to minimize scarring. How should I code this procedure?

New York Subscriber

Answer: Z-plasty is one of many techniques dermatologists use for scar revision. Z-plasty is a type of transposition flap that incorporates qualities of advancement and rotation flaps into its design. Dermatologists may use Z-plasty alone or in conjunction with other scar camouflage and cosmetic techniques or other types of procedures that require perpendicular incisions to camouflage scars.

A new addition in CPT Codes 2004 clarifies the definition of defect. CPT states, \"For purposes of code selection, the term \'defect\' includes the primary and secondary defects.\" When you report defects, you should add together the size of the primary defect that resulted from the excision and the secondary defect resulting from the flap design to perform the reconstruction to determine the most appropriate code to report based on size.

Coding tip: Use these codes for Z-plasty: 14000 (Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less); 14001 (... defect 10.1 sq cm to 30.0 sq cm); 14020 (Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less); 14021 (... defect 10.1 sq cm to 30.0 sq cm); 14040 (Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less); 14041 (... defect 10.1 sq cm to 30.0 sq cm); 14060 (Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less); 14061 (... defect 10.1 sq cm to 30.0 sq cm) and 14300 (Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area).