Dermatology Coding Alert

You Be the Coder: Excision Requires Full-Thickness Graft

Question: The dermatologist excises a basal cell carcinoma tumor from a patient\'s nasal tip. He submits micrographic margins until he obtains tumor-free margins. The resulting defect occupies most of the nasal tip, exposing the lower lateral cartilages. The excised diameter (including margins) totals nearly 3 cm. The dermatologist uses a full-thickness skin graft from the right pre-auricular crease and closes the deep defect. Should I report the graft? What other codes should I use?

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Answer: When the dermatologist takes the graft from a different area than the defect site, you should report the graft. In this case, the dermatologist harvests the graft from the ear to close a nose defect. So, you should report the graft with 15260 (Full-thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less), based on the graft\'s type (full), the defect\'s location (the nose), and its size (3 cm). Don\'t forget to bill for the initial preparation of the wound site with code 15000 (Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar [including subcutaneous tissues]; first 100 sq cm or one percent of body area of infants and children).

You should also assign the appropriate excision code (11643, Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm). To indicate that the excision is a multiple procedure, append modifier -51 (Multiple procedures) to 11643.