

Part B Insider (Multispecialty) Coding Alert

GENERAL SURGERY: New Skin Codes Could Fit You Like A Second Skin

Anatomic location is now a factor for graft preparation

You could soon be reaping more reimbursement for tricky situations where your physician needs to prepare a graft site in the face or hands.

Right now, you only have one set of codes for surgical preparation or creation of graft recipient site by excision: 15000 (first 100 square cm. or 1 percent of body area) and 15001 (each additional 100 square cm. or 1 percent). But CPT 2007 deletes those codes and replaces them with spiffy new codes.

Now, you'll have one set of codes for graft site prep for trunk, arms and legs (15002-15003) and another set for face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits (15004-15005). As with the old codes, you'll have one code for the first 100 cm. or 1 percent, and one code for each additional 100 cm. or 1 percent.

These changes bring the graft site prep codes in line with other skin graft codes, notes **John F. Bishop**, president of Tampa, Fla.-based **Bishop & Associates**. -The skin graft and replacement codes are themselves divided according to anatomic area, primarily because the face, scalp, eyelids, hands and so on require more work and a greater level of precision than the chest or back or thigh, for instance,- he explains.

-It's a lot more delicate when you're working with the face,- and the -skin is very thin- on the hands, notes general surgeon and coding educator M. Trayser Dunaway in Camden, SC.

Stay tuned: Will Medicare actually pay you more for the face and hands than for the trunk and limbs? It remains to be seen. Dunaway hopes that the 2007 fee schedule will reward physicians for the more delicate work on the face, but worries the new codes may end up reimbursing less than the existing codes in general.

Follow The Old Rules

Apart from anatomic location, you'll report these new codes the same way as 15000-15001, Dunaway says. CPT 2007 contains the same instructions for these new codes as previous versions. CPT specifies that you should report 15002-15005 -in conjunction with code for appropriate skin grafts or replacements [15050-15261, 15330-15336]- whether the surgeon applies the skin graft immediately following the site preparation or at a later time.

-Before you do a graft you've got to excise the dead stuff,- which is also known as eschar, says Dunway. -Once you hit the bleeding layers, you know it's alive.-

Additionally, CPT states that you may report 15002-15005 along with 15300-15321 and 15360-15366 for excision with immediate skin grafting, or with 15400-15421 for immediate xenogeneic dermis placement.

Don't overcode: You should not report any grafting procedure (15040-15431) in addition to 15002-15005 if the surgeon applies dressing only to the recipient site, CPT instructs.