

Outpatient Facility Coding Alert

Reader Question: Adjacent Tissue Transfer Includes Lesion Removal

Question: If the dermatologist performs an adjacent tissue transfer, can I also code for a lesion removal?

Georgia Subscriber

Answer: No. Unlike intermediate or complex closures, you cannot report lesion removal if the dermatologist performed adjacent tissue transfer, because the tissue transfer is part of the lesion removal.

After the scar is excised and debrided, the dermatologist performs an adjacent tissue transfer to repair the wound.

If you report adjacent tissue repair, the tissue transfer includes the repair, so don't code separately for the tissue repair.

You should code the tissue transfer procedure as 14040 (Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less) or 14041 (...10.1 sq cm to 30.0 sq cm).

Like the repair codes, size (in square centimeters) and the location of the defect determine the adjacent tissue transfer codes. However, when coding a defect that is more than 30 sq cm, report 14301 (Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm) and, if necessary, +14302 (Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof [List separately in addition to code for primary procedure]) regardless of the location on the body.