**Diagnosis Code**

July 16, 2015

**Question:**

I do a lot of reconstruction procedures after the Mohs surgeon has removed the skin cancer. I am not removing cancer so it doesn’t seem right to use a cancer diagnosis code. But what diagnosis code should I use?

**Answer:**

We recommend using an “open wound” diagnosis code since the purpose of your procedure is to close an open wound. You can use the cancer diagnosis code as a secondary diagnosis code.

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**Panniculectomy**

July 2, 2015

**Question:**

How can I get insurance to pay for a panniculectomy? The patient lost 150 pounds and has excessive abdominal skin and subcutaneous tissue.

**Answer:**

Good question! Most payers have a medical policy (also known as “medical necessity”) that must be followed to obtain prior approval for the procedure. Ask the payer, or look on their website, for the policy to make sure you follow their guidelines.
**Excision of Excess Breast Tissue After Breast Reconstruction**

June 11, 2015

**Question:**

During the second stage of tissue expander breast reconstruction, when I’m removing the tissue expander and placing the permanent prosthesis, I also excise some lateral excess tissue to give a better cosmetic result. Can I charge 19380 (Revision of reconstructed breast) for this in addition to the code for the exchange procedure?

**Answer:**

No, this is not an accurate use of 19380. Typically this service is included in the code for the primary procedure.

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**Repair of Nasal Vestibular Stenosis**

May 21, 2015

**Question:**

I will sometimes do a septoplasty with the repair of nasal vestibular stenosis. Is it OK to bill both codes together?
Answer:

Yes, it sure is, assuming the documentation supports both separate services. CPT 30520 (septoplasty) is not included in the code for nasal vestibular stenosis repair (30465, Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)) and may be separately reported. However, if you’re only harvesting cartilage from the septum, then you’d report only 20912 (Cartilage graft; nasal septum) and not 30520.

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**Paramedian Forehead Flap After Mohs Surgery**

May 7, 2015

Question:

I did a paramedian forehead flap after the Mohs surgeon removed the cancerous lesion from the nose. What is the CPT code for this procedure and do I need a modifier because I’m in the Mohs surgeon’s global period?

Answer:

The code is 15731 (Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap)). You should not need a modifier because you are a different specialty (Plastic Surgery) from the Mohs surgeon (Dermatology) and payers should not consider you to be in the Mohs surgeon’s global period.
ICD-10: Procedural Coding System vs. CPT

April 23, 2015

Question:

Now that ICD-10 is going to happen I’m starting to look into it a bit more. I see there is a procedural coding system component. Are we going to have to use that instead of, or in addition to, CPT?

Answer:

Good question. The ICD-10 procedural coding system (ICD-10-PCS) is used by facilities (e.g., hospital) to code procedures. CPT codes are, and will continue to be, used by physicians (and other providers) to report professional services. The two systems are unique and very different. You will not be using ICD-10-PCS to report professional services; rather, you will continue to use CPT codes. You will, however, be changing from ICD-9-CM (ICD-9 Clinical Modification) diagnosis codes to ICD-10-CM diagnosis codes on October 1, 2015 for claims submitted to HIPAA-covered entities. So the good news is that the CPT coding system is not changing for physicians — only the diagnosis coding system will be different.
Nipple Tattoo in Breast Reconstruction

April 9, 2015

Question:

Is it OK to charge the tattooing if it is done a few weeks after the nipple repair/reconstruction (19350)?

Answer:

Tattooing is part of the nipple reconstruction code, 19350, and not separately billable. If tattooing is going to be the ONLY procedure performed for nipple reconstruction, then bill the appropriate tattooing code (11920-11921). The tattooing code may also be reported for touch-ups of faded tattoos.

LeFort Fracture Repair

March 26, 2015

Question:

Kim, thank you for coming to our practice a few months ago for coding education. You kept everyone’s attention and my partners said they enjoyed the session. I had a coding question and was wondering if you can offer your insight. I have a patient with bilateral LeFort I, II and III fractures which were fixated on each side. Is it appropriate to code for the bilateral LeFort I, II, and III separately or do they need to be coded a different manner?

Answer:
Thank you for your kind words! It was nice working with you and the group. So, actually all the LeFort fracture repair codes assume you are performing the procedure bilaterally; therefore, you would not use modifier 50.

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**Reporting the ATT Codes More than Once**

March 12, 2015

**Question:**

I did a large wound closure of the perineum, buttock and testicles with 5 large separate local flaps (v-y, rotation/advancement and rhomboid). The total area of the defect was very large and required five local flaps for closure. I billed for the 5 flaps separately (14301-59 five times). Medicare paid once for 14031. How do I better bill this large repair to get paid?

**Answer:**

Actually, the adjacent tissue transfer codes are to be reported once per defect and not once per flap used to repair the defect. So for this very large single defect you would report the stand-alone code 14301 once. The remaining area is reported using multiple 14302 add-on codes. It is not appropriate to report 14301 for each flap when a single defect is closed; rather, only one 14301 code is reported with the appropriate number of add-on codes (14302).
Nipple Tattoo in Breast Reconstruction

February 26, 2015

Question:

Is it ok to charge the tattooing if it is done before the nipple repair/reconstruction (19350)?

Answer:

Tattooing is part of the nipple reconstruction code, 19350, and not separately billable whether it’s done before or after the nipple reconstruction procedure. If tattooing is going to be the ONLY procedure performed for nipple reconstruction, then bill the appropriate tattooing code (11920-11921). The tattooing code may also be reported for touch-ups of faded tattoos.