Flaps/Grafts

Adding clarity to questions that can arise with tissue graft coding

By Raymond Janevicius, MD

When are tissue grafts included in the primary procedure? When is the harvest of a graft separately reported? What is considered global in these procedures and what should be itemized?

Not skin grafts

This column will deal with tissue grafts, not isolated skin grafts – as skin graft coding is generally straightforward. Skin is harvested from the donor site, cut to the appropriate size and shape, and placed in the recipient defect. Skin graft codes include the harvest and placement of the graft, and the care of the donor and recipient sites. However, other tissue grafting procedures are less clear in their coding.

Clear guidelines

The introduction in the Grafts (or Implants) section of CPT 2008 states:

Codes for obtaining autogenous bone, cartilage, tendon, fascia lata grafts, or other tissues through separate skin/fascial incisions should be reported separately unless the code descriptor references the harvesting of the graft or implant (e.g., includes obtaining graft).

If a code descriptor indicates “includes obtaining graft,” then the harvest of the graft to perform the grafting procedure is included in the global code for the procedure and is not separately reportable. Consider a flexor tendon graft:

25265 Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle

The code descriptor clearly indicates “includes obtaining graft.” If a palmaris longus tendon graft is used to bridge a gap in the flexor digitorum profundus tendon in the wrist, 25265 is reported alone. 20924 (tendon graft) is not reported in addition, as this would be unbundling.

Consider also the code for spreader grafts in the nose:

30465 Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)

(30465 excludes obtaining graft. For graft procedure, see 20900-20926, 21210)

Here the descriptor specifically indicates that code 30465 does not include grafting, which should be separately reported. If the internal nasal valve is reconstructed with nasal septal cartilage grafts, the procedure is reported:

30465 Repair of nasal vestibular stenosis with spreader grafts

20912-51 Harvest of nasal septal cartilage graft

Note, incidentally, that unlike most CPT codes, 30465 describes a bilateral procedure, so it is reported once for repair of both sides.

Less clear

On the other hand, consider the code for “anchovy” graft for trapezial replacement:

25447 Arthroplasty, interposition, intercarpal or carpometacarpal joints

The “interposition” component of this procedure is a tendon graft. No grafting is mentioned in the code descriptor. Harvest of the tendon graft is not included in the procedure described with code 25447, so obtaining the tendon graft through a separate skin incision is reported separately:

25447 Arthroplasty, interposition, intercarpal or carpometacarpal joints

20924-59 Tendon graft

Rhinoplasty

Correctly coding tissue grafting procedures requires clear distinctions between harvest of the tissue graft and placement of the tissue graft.

All rhinoplasty codes (primary, secondary and cleft lip rhinoplasty) include placement of bone and cartilage grafts. For example, if a tip rhinoplasty involves resection of alar cartilage, and this cartilage is then used to graft other areas of the tip, the shaping and placement of the graft are included in the global code 30400.

Harvesting grafts for rhinoplasty procedures, however, is separately reported, and the appropriate graft harvest codes (see Table) are used in addition to the rhinoplasty codes, if the graft is harvested through a separate skin or fascial incision. For example, consider a tip rhinoplasty that requires alar cartilage reshaping and an auricular cartilage graft to the tip. The harvest of the ear cartilage is through a separate skin incision and is separately reportable (note the difference here from the previous tip rhinoplasty example):

30400 Tip rhinoplasty

21235-51 Ear cartilage graft
This can be confusing. Remember, placement of a graft is inherent in the primary code. If the harvest is through a separate skin or fascial incision, then it is separately reportable, unless the primary procedure code descriptor indicates that the harvest is included in the primary code.

Consider a septrhinoplasty: The septum is straightened, osteotomies are performed and the tip is refined. A portion of septal cartilage is placed as a tip graft. This entire procedure is reported with code 30420. Even though the cartilage graft is obtained from the septum and placed in the tip, the harvest is not separately reportable, because code 30420 already includes septal work.

Consider a similar procedure: A rhinoplasty involving osteotomies and tip refinement, but no septrhinoplasty. A septal cartilage graft is harvested and placed as a tip graft. This procedure is reported with two codes:

30410  Rhinoplasty, including bony pyramid, lateral and alar cartilages
20912-51  Septal cartilage graft

Here the cartilage graft is separately reported, because the harvest of the septal graft is through a separate approach (separate skin or fascial incision).

— Dr. Janevicius is the society’s representative to the AMA CPT Advisory Committee.

### Code of the Month:
An unstable distal ulna is reconstructed with soft tissue stabilization using a large fascia lata graft.

**Procedures**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>25337</td>
<td>Reconstruction for stabilization of an unstable distal ulna or distal radioulnar joint, secondary, by soft tissue stabilization with or without open reduction of distal radioulnar joint</td>
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<tr>
<td>20922-51</td>
<td>Fascia lata graft</td>
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The soft tissue work to reconstruct the distal ulna and placement of the fascia lata graft are all included in the global code 25337.

20922 is separately reported in this case, because there is a specific instruction in the descriptor for 25337.

*(For harvesting of fascia lata graft, see 20920, 20922.)*