
Documentation Dissection

PREOPERATIVE DIAGNOSIS: History of skin cancer with defect in chin area

POSTOPERATIVE DIAGNOSIS ^[1]: History of skin cancer with defect in chin area ^[2]

OPERATION/PROCEDURE PERFORMED: Adjacent tissue transfer of chin/upper neck greater than 10 square centimeters.

BLOOD LOSS: Less than 50 ml.

COMPLICATIONS: None. Two drains placed ^[3]. The patient was stable in the recovery room after the procedure after MAC IV sedation with all counts correct.

OPERATIVE PROCEDURE IN DETAIL: The patient has full notes dictated in the hospital's EMR system Suffice it to say, she had the above preoperative diagnosis and was consented for the above procedure. We met in the preoperative area and carefully marked out the facial aesthetic subunits including the RSTLs on the patient. She was brought back to the operating room and given a stunning dose of IV sedation, at which point the entire chin and lower lip complex was injected with a mixture of lidocaine, Marcaine, and epinephrine. The patient was then prepped and draped in a standard fashion for reconstructive face/chin surgery under MAC conditions. ^[4] The operation was begun by the formation of two large, bilateral incisions just under the natural subunit of the lip before the lip joins the chin, approximately 5 cm in each direction. The flaps were then individually, each 3.5 cm. tall. Final flaps were two flaps that were 5 cm x 3.5 cm in design. There was a decent amount of oozing in the field and we controlled this with both monopolar and bipolar cautery and got it under reasonable control. We then advanced the flaps towards each other, closing them deeply in the midline with maximum tension with 5-0 PDS. In areas of modest tension, 5-0 Vicryl was used. We did a mid-layer closure with PDS and Vicryl deep and then 6-0 Prolene on the skin. Because the patient was a bit oozy, we put two vascular loop drains over the most dependent portion of the wound. These were sewn in place with 5-0 silks and then 6-0 Prolene were tied around them with drain-suture technique. ^[5] The patient was awake at the end of the case, quite comfortable, and went to the recovery room in a stable condition.

^[1] The diagnoses is always taken from the postoperative section.

^[2] History of skin cancer with repair of defect in chin area from previous surgery for cancer removal.

^[3] This is not coded, integral to the operation.

^[4] The type of anesthesia is monitored anesthesia care (MAC) with local by surgeon. Preoperative preparation.

^[5] This is the description of the procedure. Note the size of the two flaps – each is 5 cm x 3.5 cm.

What are the CPT® and ICD-10-CM codes reported?

CPT® Code: 14301

ICD-10-CM Codes: Z48.3, Z85.828

Rationales:

CPT®: The procedure was an adjacent tissue transfer to the chin/upper neck. The size of each flap created to cover the defect was 5 cm x 3.5 cm = 17.50 sq. cm. There were two flaps, so the total area to consider is 17.50 x 2 = 35 sq. cm. In the CPT® Index look up Tissue/Transfer/Adjacent/Skin 14000-14350. The Adjacent Tissue Transfer or Rearrangement codes are listed by anatomical site; the chin/neck range is 14040–14041.

Code 14041 *Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands/and or feet; defect 10.1 sq. cm to 30.0 sq. cm* only covers 30 sq. cm, so we need to use 14301 *Adjacent tissue transfer or rearrangement any area; defect 30.1 sq cm to 60.0 sq cm*.

ICD-10-CM: The patient presents for surgery to repair a defect caused by previous cancer surgery. The patient is no longer being treated for the skin cancer and we do not know how long ago he had the surgery to remove the skin cancer. See Guidelines Section I.C.21.c.7. Aftercare. “Aftercare visit codes cover situations when the initial treatment of a disease has been performed and the patient requires continued care during the healing or recover phase, or for the long-term consequences of the disease. The aftercare codes should not be used if treatment is directed at a current, acute disease.” Look in the Alphabetic Index for Aftercare/ following surgery (for)/neoplasm Z48.3. The notes in the Tabular List under Z48.3 indicate to use an additional code to identify the neoplasm. This patient has a history of skin cancer, because the skin cancer is no longer being treated, and the skin cancer has been removed. Look in the Alphabetic Index for History/personal (of)/malignant neoplasm/skin NEC Z85.828. Verify in the Tabular List Z85.828 *Personal history of other malignant neoplasm of skin*.
