

Tissue Grafting Procedures

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In 2017, the American Medical Association's Relativity Assessment Workgroup (RAW), operating within the Specialty Relative Value Scale (RVS) Update Committee (RUC), was asked to address CPT code 20926, Tissue grafts, other (eg, paratenon, fat, dermis), and the site-of-service discrepancies associated with this code. Soft tissue grafts are utilized for a variety of indications, including skull base surgery, craniofacial abnormalities, breast reconstruction, and reconstruction of traumatic soft tissue injuries. As a result, code 20926 was reported by multiple specialties and was used for many types of tissue grafts involving significantly different procedures across these specialties (eg, fat or muscle soft tissue grafts, autologous fat grafting/ lipofilling, and the injection of protein-rich plasma) and was potentially misvalued. A code-change application was developed by the predominant specialties to address the problem by adding or revising the introductory language in this section of the code set to emphasize correct coding.

In the 2020 Current Procedural Terminology (CPT®) code set, code 20926, Tissue grafts, other (eg, paratenon, fat, dermis), has been deleted from the Musculoskeletal System/Grafts (or Implants) subsection and replaced with five new codes (15769-15774) in the Integumentary System/Other Flaps and Grafts subsection. The five new codes describe different tissue-grafting procedures. In support of these changes, guidelines have been added and revised in both subsections and parenthetical notes have been added, revised, and deleted throughout the code set.

Integumentary System

Repair (Closure)

Other Flaps and Grafts

#●15769

Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)

▶(For injection[s] of platelet-rich plasma, use 0232T)◀

●15771

Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate

▶ (Report 15771 only once per session) ◀

+●15772

each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)

▶ (Use 15772 in conjunction with 15771) ◀

●15773

Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate

▶ (Report 15773 only once per session) ◀

+●15774

each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)

▶ (Use 15774 in conjunction with 15773) ◀

▶ (Do not report 15769, 15771, 15772, 15773, 15774 in conjunction with 15876, 15877, 15878, 15879, 0232T, 0481T, 0489T, 0490T) ◀

▶ (For injection[s], autologous white blood cell concentrate [autologous protein solution], any site, including image guidance, harvesting and preparation, when performed, use 0481T) ◀

Coding Tip

The volumes listed in the code descriptors of codes 15771-15774 are based on total injectate. For multiple sites of injection, add the total volume of injectate to anatomic sites grouped together in the code descriptor.

Code 15769 describes autologous soft tissue grafts, such as fat, dermis, fascia, or other soft tissues, which are harvested via direct excision from a donor site and then placed into a defect in a separate recipient site during the same operative session. This work is most similar to the work described in deleted code 20926.

Codes 15771-15774 describe autologous fat grafting. The techniques used for autologous fat grafting are significantly different than the intent of deleted code 20926 (See Table 1).

Coding Tip

Autologous grafts that are defined in the CPT code set, including skin, bone, nerve, tendon, fascia lata, or vessels, should be reported with the specific codes for each tissue type.

Table 1. CPT Tissue Graft Codes Comparison

	Code 20926	Codes 15771-15774
Harvest	Soft tissue graft is harvested via an excisional technique (includes closure of the donor site)	Fat graft is harvested via a liposuction technique
Prepare	Soft tissue graft is prepared, as needed, by trimming (eg, with scissors) to fit the defect	Fat graft or 'lipoaspirate' is gently centrifuged to separate fat from blood and oils
Place	Soft tissue graft is packed or sutured into the defect	'Prepared' fat graft is injected in small aliquots into the soft tissue defect using small cannulas

Coding Tip

For harvesting, preparation, and injection of protein-rich plasma (PRP), report code 0232T, Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed.

The following clinical examples and procedural descriptions reflect typical clinical situations for which these new codes would be appropriately reported.

Clinical Example (15769)

A 58-year-old male presents with a left-sided parotid mass. The mass is excised, leaving a defect in the parotid bed. An enbloc fat graft is planned to correct the soft tissue deficiency.

Description of Procedure (15769)

Make an incision, followed by a meticulous dissection and preparation of the recipient bed and nerve identification. Re-excise the margins of the previous incision, debriding and

removing fibrous and poorly vascularized tissue. Obtain hemostasis and pack the wound with wet sponges. Measure and plan the needed graft size. Carefully measure and re-mark the donor site. Make an elliptical abdominal incision, just through the epithelium. Fastidiously remove all the epithelium from the dermis. Make the elliptical incision again, but through the dermis and subcutaneous tissues for the second time around. Perform a dissection deep to the subcutaneous tissues. Remove the graft and set aside in saline for later implantation. Undermine and close the wound, primarily in three separate layers. Remove the sponges from the recipient wound and reinspect the site. Trim the donor abdominal dermis and fat to fill the defect, and place en bloc into the defect to fill the soft tissue void. Fix the graft in place with long-lasting absorbable sutures. Bring out a drain through a separate, stab incision and suture in place. Close the wound in a layered fashion.

Clinical Example (15771)

A 35-year-old female presents with a postlumpectomy defect in the superior medial pole of the breast and wishes to use her own tissue to repair the concavity. Examination documents a 40-mL volumetric defect in the area of the lumpectomy. Fatgrafting to the breast is requested.

Description of Procedure (15771)

Infiltrate the graft donor sites (often thighs or abdomen) with a liposuction wetting (tumescent)solution. Wait for the hemostatic effects of the epinephrine and anesthetic effects of the lidocaine. Connect a liposuction cannula to gentle subatmospheric pressure and use it to harvest the fat and associated aspirate from the donor-site soft tissues, taking care to avoid the creation of soft tissue deformities. Close the donor incisions in a layered fashion. Place the lipoaspirate into syringes and place in an operating room (OR) centrifuge. After completion of the centrifuge cycle, drain the separated blood and wick the oil away from the usable fat graft. Transfer the graft into small-volume syringes. Use small cannulas to subcutaneously inject the fat in small aliquots to fill the soft tissue defect. This requires placement of the grafts in multiple planes and depths to ensure viability of the graft. Infiltrate the fat grafts into the soft tissues until the desired volumetric filling is achieved. Filling is often evaluated with the patient in an upright position on the OR table, which requires the patient to be sitting up. Close the small stab wounds primarily.

Clinical Example (15772)

A 35-year-old female presents with a post lumpectomy defect in the superior medial pole of the breast and wishes to use her own tissue to repair the concavity. Examination documents a 75-ml volumetric defect in the area of the lumpectomy. Fat grafting to the breast is requested.

Description of Procedure (15772)

Wait for the hemostatic effects of the epinephrine and anesthetic effects of the lidocaine. Connect a liposuction cannula to gentle, subatmospheric pressure, and use it to harvest the additional fat and associated aspirate from the soft tissues of donor site, taking care to avoid the creation of soft-tissue deformities. Close the donor incisions in a layered fashion. Place the lipoaspirate into syringes and place in an OR centrifuge. Each centrifuge can hold six syringes, which results in an average total of 50 cc of additional usable fat graft. After

completion of the centrifuge cycle, drain the separated blood and wick the oil away from the usable fat graft. Transfer the graft into small-volume syringes. Use small cannulas to subcutaneously inject the fat in small aliquots to fill the soft-tissue defect. This requires placement of the grafts in multiple planes and depths to ensure viability of the graft. Infiltrate the fat grafts into the soft tissues until the desired volumetric filling is achieved. Filling is often evaluated with the patient in an upright position on the OR table, which requires the patient to sit up.

Clinical Example (15773)

A 60-year-old male presents 15 years after radical, local excision of a rhabdomyosarcoma of his left masseter followed by irradiation. Examination shows a 20-mL volumetric soft-tissue defect on the left jaw at the previous surgical site.

Description of Procedure (15773)

Bring the patient to the OR. Prepare both the facial and abdominal donor site. Infiltrate the abdominal donor site with a liposuction wetting (tumescent) solution. Connect a liposuction cannula to gentle, subatmospheric pressure, and use it to harvest the fat and associated aspirate from the soft tissue of the abdomen. Close the donor incisions.

Place the lipoaspirate into syringes and place in an OR centrifuge. Drain the separated blood and wick the oil away from the usable fat graft. Transfer the graft into small-volume syringes. Use small cannulas to subcutaneously inject the fat in small aliquots to fill the soft tissue defect. This requires placement of the grafts in multiple planes and depths to ensure viability of the graft. Close the small stab wounds primarily.

Clinical Example (15774)

A 60-year-old male presents 15 years after radical local excision of a rhabdomyosarcoma of his left masseter followed by irradiation. Examination shows a 40-mL volumetric soft-tissue defect on left jaw at the previous surgical site.

Description of Procedure (15774)

Wait for the hemostatic effects of the epinephrine and anesthetic effects of the lidocaine. Connect a liposuction cannula to gentle, subatmospheric pressure, and use it to harvest the additional fat and associated aspirate from the soft tissues of the donor site, taking care to avoid the creation of soft tissue deformities. Close the donor incisions in a layered fashion. Place the lipoaspirate into syringes and place in an OR centrifuge. Each centrifuge can hold six syringes, which results in an average of 50 cc of additional usable fat graft. After completion of the centrifuge cycle, drain the separated blood and wick the oil away from the usable fat graft. Transfer the graft into small-volume syringes. Use small cannulas to subcutaneously inject the fat in small aliquots to fill the soft-tissue defect. This requires placement of the grafts in multiple planes and depths in order to ensure viability of the graft. Infiltrate the fat grafts into the soft tissues until the desired volumetric filling is achieved. Filling is often evaluated with the patient in an upright position on the OR table. ♦