

Coding Clarification: Tissue-Grafting Procedure (15769)

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Five new codes (15769-15774) were established in the Integumentary System/Other Flaps and Grafts subsection of the Current Procedural Terminology (CPT®) 2020 code set. These codes describe different tissue-grafting procedures. However, the American Medical Association's (AMA's) Relativity Assessment Workgroup (RAW), which operates within the Specialty Society Relative Value Scale (RVS) Update Committee (RUC), was asked to evaluate whether code 15769 was reported with other codes (ie, closure of donor site codes) and whether it was used in non-facility settings. This article clarifies the site-of-service discrepancies associated with code 15769.

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)

Code 15769 describes autologous soft tissue grafts (eg, fat, dermis, fascia, other soft tissues) that 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. Autologous soft tissue grafting involves a donor site, preparation of the graft, and a recipient site. Closure of the donor site is included in the work of code 15769. When these procedures are performed, they include local anesthesia. The typical patient receiving this procedure would be treated in a facility setting. The site of service assignment, for both the facility and the outpatient office setting, is critical in preventing incorrect CPT code reporting. Therefore, this article clarifies that code 15769 is reported in a facility setting and may **not** be performed in an office setting. It is important to note that soft tissue or blood serum-based grafts harvested by other techniques (eg, venipuncture, aspiration, liposuction) and then injected are not reported with code 15769.

Coding Tip

Code 99238 may be reported for hospital-discharge services related to services reported with code 15769 provided the requirements for reporting code 99238 are met.

The following clinical example and description of procedure reflect a typical clinical scenario for which this code 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 en bloc 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.