

Dermatology Coding Alert

3 Examples Demonstrate When To Add Wound Lengths

Contaminated wounds could lead to a jump from simple to intermediate repair

A dermatologist repairs two lacerations, measuring 1.3 cm and 2.5 cm. How do you determine the correct wound length for coding? The answer depends on where the wounds are and how the dermatologist repaired them.

When reporting laceration repairs, you shouldn't usually add together the repair lengths unless the wounds require the same level of repair and occur at the same anatomic location as defined by CPT. For a more thorough explanation, look to the following three examples.

1. Different Repair Types = Separate Codes

You should combine or add the lengths of like wounds when they're located in the same anatomic area and are of the same classification, says **Bonnie Wilson, CPC**, coder for Gwinnett Dermatology in Snellville, Ga. CPT explains this by specifying, "When multiple wounds are repaired, add together the lengths of those in the same classification and from all anatomic sites that are grouped together into the same code descriptor."

The classifications that CPT refers to are "simple," "intermediate" and "complex" repairs, says **Yvonne Mayer, CPC**, coder and consultant with Bill Dunbar and Associates in Indianapolis.

Example 1: A patient presents with a 1.5-cm laceration of the eyebrow, and the surgeon performs an intermediate repair. The patient also has a 3.6-cm forehead laceration that requires a simple repair.

In this case, you should report the intermediate wound separately from the simple closure. Therefore, claim 12051 (Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less) for the eyebrow repair and 12013 (Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm) for the forehead repair.

Remember: You should report these two repairs separately because they are not the same type of repair - one is simple, and the other is intermediate. If both repairs were simple (or intermediate) and located in the same anatomic area, you would add their lengths together and report one repair code.

2. Consider Dermabond a Simple Closure

Most carriers recommend that you code Dermabond as a simple closure, so you should add these wound lengths together and only report one simple repair code, says **Sharon Robertson, CPC**, coder with the Louisiana State University Health Sciences Center in Shreveport.

Example 2: The surgeon repairs a patient's lacerations using Dermabond in three separate places on the left arm.

To report the procedure correctly, you should choose the most accurate code from the 12001-12007 series (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities [including hands and feet] ...), based on the added length of the three laceration repairs

Payer tip: Medicare does it differently. For Medicare payers, skip the 12001-12007 series and turn instead to G0168 (Wound closure utilizing tissue adhesive[s] only) for laceration closure with Dermabond only.

3. Check for Evidence of Extensive Cleaning

If the surgeon uses single-layer closure to repair a heavily contaminated wound(s) that have required extensive cleaning or removal of particulate matter, this can qualify as intermediate repairs, according to CPT guidelines. This caveat allows you to report intermediate codes for well-documented single-layer repairs that are heavily contaminated. The key here is the description 'extensive cleaning,' says **Michael A. Granovsky, MD, CPC, FACEP**, vice president of MRSI in Stoneham, Mass.

Example 3: A patient presents with a 3.5-cm gash on her left knee after falling off her bike. The accident happened on a dirt path, and the cut is full of gravel and debris. The dermatologist spends a lot of time cleaning the wound to remove the debris before performing a single-layer repair. In this case, you should examine the surgeon's notes closely because - although the physician only used a single-layer repair technique - this may qualify as an intermediate repair, Granovsky says.

Documentation matters: If the dermatologist says he "sutured" the wound but doesn't document anything to the effect of "extensive cleaning" or "removal of particulate matter," you'll have to report 12002 (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities [including hands and feet]; 2.6 cm to 7.5 cm).

If the dermatologist specifies that he performed the extensive cleaning, however, you can report 12032 (Layer closure of wounds of scalp, axillae, trunk and/or extremities [excluding hands and feet]; 2.6 cm to 7.5 cm), which better represents (and pays for) the work the surgeon performed.