

Dermatology Coding Alert

Check Closure Level for Tissue Adhesive Repairs

2 questions get you as much as \$120

When you report tissue adhesives, you should know whether the procedure included lesion removal and if the dermatologist used sutures or staples in addition to the tissue adhesive to repair the wound.

Attention: Don't overlook the important details of carrier guidelines and other procedures performed that may make or break your reimbursements. Coding experts suggest that you ask yourself these two questions to help you recoup your tissue adhesive services pay, which could add up to about \$120 for 11400 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; excised diameter 0.5 cm or less), according to the 2004 Physician Fee Schedule.

1. Does Medicare or a private payer cover the patient?

Many of the same carrier guidelines that apply to traditional wound closures apply to tissue adhesive repair, regardless of whether the carrier is Medicare or private. **Exception:** If the dermatologist repairs multiple lacerations and also removes a lesion during that same session, you should append modifier -59 (Distinct procedural service) to indicate that the dermatologist removed the lesion from a different site. Also, do not bundle the service with the first repair. Your carrier may request documentation to support your billing.

Warning: If the dermatologist used tissue adhesives in conjunction with staples or sutures to close a wound, you should only report the appropriate repair code and not bill separately for the tissue adhesive repair. The provider should be specific regarding the level of repair the dermatologist completes to ensure you append the correct code, says **Ellen Wallpe, CPC**, coding consultant in Eliot, Maine.

Example: A patient had a 6-cm laceration on his right arm. The dermatologist performs an intermediate closure. The dermatologist used sutures for the deeper layer and tissue adhesive for the outer layer. In this instance, you report the intermediate closure code 12032 (Layer closure of wounds of scalp, axillae, trunk, and/or extremities [excluding hands and feet]; 2.6 cm to 7.5 cm), says **Tammy Corbin-Young, LPN, HIA, CPC, CPC-H**, an independent consultant in Dickson, Tenn. Since the repair code includes the tissue adhesive, you do not report the adhesive separately, she says.

Most carriers should accept simple, intermediate or complex repair codes for your tissue adhesive repair procedures if the wound repair is your primary procedure. Most of the lesion excision codes (11400-11646) include a simple repair (12001-12021), so if you list any of the simple repair codes with one of those codes, your carrier may deny your claim.

2. What other procedures or services did the dermatologist perform?

When reporting tissue adhesive repairs, you should report the procedures that the dermatologist performed when he conducted the repair.

Example: The dermatologist uses Dermabond to close a 3-cm facial laceration that requires extensive cleansing or removal of particulate matter. The dermatologist sutures the deeper part of the laceration and uses the tissue adhesive to close the wound. In this instance, you should only report the level of closure using 12013 (Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm), according to coding experts.

Don't overlook: CPT does not limit repair codes for tissue adhesive application to "simple" repairs (one-layer closure without extensive cleansing or removal of particulate matter). If the closure requires more extensive work from the

dermatologist, you can also report the appropriate intermediate or complex closure codes ranging from 12031 (Layer closure of wounds of scalp, axillae, trunk and/or extremities [excluding hands and feet]; 2.5 cm or less) to 13160 (Secondary closure of surgical wound or dehiscence, extensive or complicated) if the dermatologist applied tissue adhesive to close the skin.

Red flag: The National Correct Coding Initiative (NCCI) bundles G0168 (Wound closure utilizing tissue adhesive[s] only) with other integumentary procedures (see \"Watch These Tissue Adhesive Repair Bundles\" on page 35). Although the NCCI does not explicitly bundle G0168 with E/M services, carriers may not reimburse G0168 if the dermatologist performed the wound closure using tissue adhesive at the same time as an E/M service. You must append modifier -25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M if the dermatologist performed a separately identifiable service.