

## Dermatology Coding Alert

### Laceration Repairs: Don't Let Faulty Coding Cut In to Your Laceration Repair Reimbursement

Find the right answers to these clinical scenarios.

Laceration repairs are among the most common procedures performed in dermatology practices <sup>1</sup> and along with those common procedures come some common coding mishaps.

How well do you have your laceration repair coding sewn up? Take a look at the questions below, then read on for our expert answers elsewhere in this issue.

**Question 1:** Your dermatologist performs laceration repair for an 18-year-old male patient for a cut that he received from broken glass. The laceration was 4.5 cm long and present on the right thigh area. Since there was glass shards interspersed in the wound, your dermatologist had to spend a lot of time in removing all the pieces of embedded glass. After the debridement, the dermatologist closed the wound with a single layer of sutures. What CPT® code should you report?

- A. 12001
- B. 12002
- C. 12031
- D. 12032

**Question 2:** Your dermatologist repairs a 2.0 cm laceration of the scalp (dermis and epidermis), and a 3.4 cm laceration of the scalp involving multi-layer closure. What CPT® code or codes should you report?

- A. 12002
- B. 12001 and 12032
- C. 12001 x 2
- D. 12032

**Question 3:** The dermatologist performs simple repair of two lacerations: a 3.0 cm laceration of the left hand and a 2.1 cm laceration of the scalp. What CPT® code or codes should you report?

- A. 12002
- B. 12002 x 2
- C. 12001, 12002-59
- D. 12002, 12001-59

**Question 4:** True or false: If a dermatologist performs a simple laceration repair, and the next day the patient returns with bleeding from the wound and the dermatologist has to repeat the repair, you cannot code for the repeat repair.

