# Dermatology Coding Alert

## You Be the Coder: Complex or Simple Integumentary Repair?

**Question:** Would this be considered complex or just a simple repair?
Wound repair of 3.5 cm subcutaneous laceration to palmar aspect of middle phalanx of left middle finger and palmar aspect of middle phalanx of left ring finger and palmar aspect of middle phalanx of left index finger. Linear shaped. Minimal bleeding noted. Gross contamination with debris. Distal neuro/vascular/tendon intact. Anesthesia: Digital block administered with 8 mls of 1% lidocaine. Wound prep: wound requires extensive cleansing with Betadine 500 ml X 2 and removal of debris, Wound explored extensively, copious irrigation. Skin closed with 26 4-0 Ethilon using simple sutures. Patient tolerated well.

New York Subscriber

**Answer:** The answer lies between those two. Code this as an intermediate repair 12042 (Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 to 7.5 cm) for both fingers, because you would add the repair lengths together since they are from the same classification and anatomical site.
CPT® says that a single layer closure where extensive cleaning is required should be coded as an intermediate repair. (See the instructions for an intermediate repair on page 71 of the 2013 CPT® manual).