

Dermatology Coding Alert

You Be the Coder: Laceration Repair With Dermabond

Question: The dermatologist treats an established 18-year-old patient who has a long, but superficial, cut on his forehead just above the brow. Using Dermabond, the dermatologist closes the 10.2 cm cut. How should I code wound closures with Dermabond? Is this an E/M, or a laceration repair?

Michigan Subscriber

Answer: For this patient, and most patients your dermatologist will treat, a laceration the dermatologist closes with Dermabond is a procedure. On the claim, report the following:

- 12015 (Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm) for the repair 873.42 (Other open wound of head; face, without mention of complication; forehead) appended to
- 12015 to represent the patient's cut.

The only time a laceration repair is considered an E/M is when the dermatologist uses adhesive strips to close the injury. When the dermatologist performs the repair using Dermabond, sutures, or staples, it is a procedure.

Medicare exception: When your dermatologist performs single-layer laceration repair on a Medicare patient, coding will change; report G0168 (Wound closure utilizing tissue adhesive[s] only) for these patients.