

Internal Medicine Coding Alert

Depth Alone Does Not Drive Wound Repair Coding

Surprise: Some deep cuts are actually simple fixes

Before reporting laceration repair, you must identify the complexity, length, and number of repairs that the internist makes.

But take heart: With this advice on laceration treatment coding, you'll be able to cut through any claim confusion and code correctly every time.

Is the Service Actually Wound Repair?

According to **Nancy Reading, RN, CPC**, director of educational services for the American Academy of Professional Coders (AAPC), you need to check if the physician's actions constitute wound repair in CPT's eyes. Otherwise, you'll report an E/M code for the service instead of a laceration repair code.

According to CPT, "[repair] codes designate closure utilizing sutures, staples or tissue adhesive, either singly or in combination with each other, or in combination with adhesive strips."

"In other words, if your physician applies any tissue adhesive or places a single stitch or staple, you can report the service as wound repair codes," Reading says.

Pay Attention to Anatomy for Coding Accuracy

CPT groups laceration repair codes by anatomic location and complexity.

CPT 2007 has coding options for each anatomic region in the laceration repair section of CPT, but the groupings vary by complexity. For example, hands, feet, neck and external genitalia are part of the descriptor for simple repairs 12001-12007 (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities ...).

However, for intermediate repairs, these regions have their own set of codes (12041-12047, Layer closure of wounds of neck, hands, feet and/or external genitalia ...)

Best bet: Read the descriptors carefully before choosing a code, to make sure you are in the proper anatomic region.

Use Physician Actions, Layers to Classify Wound

Once you are sure the physician performed a CPT-approved laceration repair, you can focus on wound complexity. CPT requires coders to report repairs according to the three levels of classification: simple, intermediate or complex. As an internal medicine coder, you'll mainly use simple repair codes and occasionally intermediate ones.

- **Simple** repairs are considered "superficial, involving partial- or full-thickness damage to the skin (epidermis or

dermis) and/or subcutaneous tissues," says **Catherine Brink, CMM, CPC, CMSCS**, president of Healthcare Resource Management in Spring Lake, N.J.

The repair does not involve deeper structures of the skin, and the injury requires simple one-layer suturing closure, she says. This procedure includes local anesthesia and chemical or electrocauterization of unclosed wounds. You should report these encounters with a code from the 12001-12021 family.

Exception: If the physician uses Dermabond as the only closure material on a simple repair, CPT guidelines state the provider should report the appropriate E/M code. However, Medicare requires a different code for these closures, regardless of length.

Suppose your physician performs a single-layer repair on a Medicare patient with no particulate matter or contamination present in the wound. You should report G0168 (Wound closure utilizing tissue adhesive[s] only) for this encounter.

Check payer policy: G0168 is a valid HCPCS level-II code, and some commercial payers and Medicaid carriers recognize this code. Before coding Dermabond wound repair claims, check the insurer's policy .

- **Intermediate** repairs involve two layers of skin, or a single layer with particulate or contamination. You should report these repairs with 12031-12057.

If the internist's note mentions "layered closure," the internist probably performed an intermediate repair, Reading says.

Layered Closure Might Mark Intermediate Repair

Remember, depth of the repair alone does not justify increasing the complexity, says **Laureen Jandroep, OTR, CPC, CCS-P, CPC-H, CCS**, coding analyst and coding review teacher at CodeRyte Inc., headquartered in Bethesda, Md. To code for an intermediate repair, there must be evidence of a layered closure/extensive cleaning.

Reason? The internist can close some deep subcutaneous injuries with a single-layer repair.

Think of an intermediate repair code for a "single-layer plus" repair. A "single-layer plus" repair is "a heavily contaminated wound that needs cleaning or removal of particulate matter," Jandroep says of her term.

Suppose a patient reports to the internist's office with a 2.1-cm single-layer laceration on her forehead. The wound is contaminated with gravel and some dirt, and the physician spends significant time cleaning and debriding the repair site.

In this instance, you'd report 12051 (Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less) for the service.

2-Plus Repairs Might Mean Multiple Codes

When an internist performs more than one laceration repair in a single session, you may report multiple wound repair codes. However, multi-repair scenarios may also result in a single wound-repair code.

In short: If the repairs are of the same complexity and in the same anatomic region, add the lengths of the two repairs and choose a code based on the sum. If the fixes occurred in separate regions, or if the wounds' complexities differ, report separate codes for each, Jandroep says.

Single-complexity/anatomy example: The internist makes a 2-cm simple repair on a patient's arm and a 4-cm simple repair on his chest. The complexity and anatomic region of these repairs are the same, so you would add the repair

lengths and report 12002 (... 2.6 cm to 7.5 cm).

Multi-code example: A man falls off his bicycle and cuts his right hand (3 cm) and his face (1.6 cm). The internist makes single-layer repairs to each injury.

In this case, you'll report simple repair codes for both of the fixes. On the claim, report the following:

- 12002 (... 2.6 cm to 7.5 cm) for the hand repair.
- 12011 (Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less) for the face repair.

Remember: When reporting two or more wound repair codes of differing complexities, list repair codes in order of complexity -- highest first.