Internal Medicine Coding Alert

Reader Question: Billing for Dermabond

Question: How should we code and get reimbursed for use of Dermabond? Our cost for this is $20.

Jerry Ward, MD
Gifford Medical Center, Randolph, VT

Answer: Dermabond poses significant coding and reimbursement challenges because there is no CPT code for a Dermabond repair, and there is no HCPCS code for the supply. Cole points out that her company has made several attempts to obtain more guidance from carriers on how to code and bill for Dermabond, and its experience has been that each interpretation varies. Our advice from CPT was to use an appropriate Evaluation and Management (E/M) code since there was not an accurate code in CPT to describe the use of Dermabond, Cole says.

Meanwhile, she notes, a Pennsylvania carrier, Xact Medicare, has published in its coverage manual that Dermabond is considered an integral part of the surgical repair codes (12001-12021). That particular carrier also has stated that Dermabond has been approved for use on simple, superficial wounds that are easily closed.

The bottom line is find out what your specific carrier believes is the appropriate use of Dermabond, Cole recommends. But, in general, with an appropriate procedural note, you should feel comfortable using the simple laceration codes when Dermabond is used to repair superficial wounds, she says.

Palmerton agrees that Dermabond can be billed with the use of a simple laceration repair code. Also using CPT code 99070, which is for supplies and materials provided by the physician over and above those usually included with the office visit or other service rendered, may be a way to cover some of the Dermabond cost. She suggests including the price paid for the material, plus some markup. The amount of markup varies by doctor, and typically ranges from 10 percent to 20 percent, but can be as much as 100% of the price paid, she says. When trying to bill for Dermabond with a carrier for the first time, Palmerton suggests also including a copy of the invoice for the material with a letter describing the benefits and medical necessity of the products use. But, be aware that the 99070 code, which is listed under services and reports, is often unpaid by carriers.

Update! As this issue was going to press, CPT Assistant, the newsletter published by the American Medical Association on CPT policy, issued a special clarification on this topic. According to the newsletter, AMAs CPT editorial panel recently decided that, beginning in May of 1999, use of tissue adhesives for wound closure should be reported using codes in the Repair (Closures) section of CPT.

Generally, tissue adhesive used alone is considered a simple closure technique [and would be reported using the simple repair codes], the newsletter text states. However, CPT guidelines should still be applied regarding use of the intermediate repair codes. Single-layer closure of heavily contaminated wounds that have required extensive cleansing or removal of particulate matter constitute intermediate repair.

It is important to note, the clarification continues, that when intermediate or complex repair is performed using tissue adhesive for closure of the skin (epidermal and dermal layer), the intermediate or complex repair code would be reported, as appropriate, without separately reporting the adhesive closure of the skin.

The newsletter indicates that changes will be made to CPT 2000 to include appropriate use of tissue adhesive in the Repair (Closure) codes.