

Internal Medicine Coding Alert

Reader question: Claim Dermabond Supply With 12001-12007

Question: An established patient visited our office because of severe hyperkeratosis affecting both feet. The physician asked the patient to return a week later because we didn't have Dermabond supplies in stock. The patient returned, and the physician applied Dermabond to several skin cracks on her feet. How should we code the second encounter?

Wisconsin Subscriber

Answer: You can report and bill for the closure and supplies. Because the physician treated the problem with only Dermabond, you're probably looking at a simple repair (closure). Add the length of repairs for all the cracks, then choose the code from 12001- 12007 (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities [including hands and feet] ...).

Although the supplies used in simple wound repair are typically included in the practice expense component of the wound repair code itself, some payers may recognize and pay separately for the supply of Dermabond. Check with the payer in question regarding its policy, and report 99070 (Supplies and materials [except spectacles], provided by the physician over and above those usually included with the office visit or other services rendered [list drugs, trays, supplies, or materials provided]), as appropriate.

Note: Medicare has its own code for wound closures involving only the use of products such as Dermabond. That code is G0168 (Wound closure utilizing tissue adhesive[s] only).