

Internal Medicine Coding Alert

Reader Question: Stick with 12020-12021 for Superficial Wound Dehiscence

Question: Is repair of wound dehiscence ever payable during the global period? If so, should I use one of the wound dehiscence codes (which seem to be more suitable for major surgeries) or the regular repair codes? What modifier should I use?

Nebraska Subscriber

Answer: "Dehiscence" refers to a splitting open or bursting. As such, wound dehiscence usually describes the opening up of a previously sutured area (for example, an incision following surgery, wound repair, etc.). If a wound becomes infected, it will more likely dehisce due to the natural inflammatory process.

Wound dehiscence code 12020 (Treatment of superficial wound dehiscence; simple closure) describes repair when there is no sign of infection. In this case, the surgeon simply debrides and irrigates the wound and closes it in a single layer.

If infection is evident, the surgeon may prefer to clean the wound and pack it with gauze strips, leaving the wound open to allow infection to drain. In this case, 12021 (... with packing) is the better choice. If the dehiscence has opened and requires closure in multiple layers, report 13160 (Secondary closure of surgical wound or dehiscence, extensive or complicated).

Note: Code 13160 can also describe secondary closure of surgical wounds (that is, the surgeon intentionally defers closure following surgery). Many payers define "primary" closure as the first or initial closure of a surgical wound, whether it occurs at the time of surgery or during the postoperative period, thereby limiting use of the secondary closure code.

If repair of wound dehiscence occurs during the postoperative (or global surgical) period of a previous procedure, be sure to append modifier 78 (Unplanned return to the operating/procedure room by the same physician following the initial procedure for a related procedure during the postoperative period) to the appropriate repair code. This tells the insurer that the procedure is the result of a complication arising from an earlier procedure.