

Internal Medicine Coding Alert

READER QUESTIONS: Payer Preference Drives Dermabond Coding

Question: An established patient reports to the internist with a bandaged right palm. The patient says he was working on a blender a few days ago and cut his hand, but just "bandaged it and forgot about it -- until I woke up this morning with blood dripping off my bandages." The internist undresses the wound, applies pressure and ice to stop the bleeding, and cleans it using Betadine. During the E/M service, the internist notes a laceration on the palm but no signs of infection. Using Dermabond, the internist closes a 2.9 cm laceration on the patient's palm. How should I code this encounter?

Utah Subscriber

Answer: Your reporting depends on the insurer; Medicare has its own rules regarding single-layer laceration repairs in which Dermabond is the only closure material. Here's a look at how to code for Medicare and commercial carriers:

Medicare: Report the following:

- G0168 (Wound closure utilizing tissue adhesive[s] only) for the closure
- the appropriate level E/M code (99211-99215) based on encounter notes if the internist provided a significant, separately identifiable E/M service
- if an E/M occurred, append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M to show that the E/M and closure were separate services
- 882.0 (Open wound of hand except finger[s] alone; without mention of complication) appended to G0168 and the E/M code (if performed) to represent the patient's injury
- E920.2 (Accidents caused by cutting and piercing instruments or objects; powered household appliances and implements) appended to G0168 and the E/M code (if performed) to represent the cause of the patient's injury.

Private payers: Carriers that don't follow Medicare's lead will expect to see the following for the same scenario:

- 12002 (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities [including hands and feet]; 2.6cm to 7.5 cm) for the repair
- an E/M code (99211-99215), if one occurred, with modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended to the E/M to show that the E/M and closure were separate services
- 882.0 and E920.2 appended to 12002 and the E/M code (if performed) to represent the patient's injury and the cause of the patient's injury, respectively.