

Internal Medicine Coding Alert

Test Your Coding Knowledge: Laceration Repair FAQs

If you're still unsure about how to report laceration services, now is the time to brush up - because your internist relies on you to report the appropriate codes for proper reimbursement.

Test your laceration coding knowledge before you submit that next laceration claim. Write either true or false in the blank next to the questions, and then check the answers provided by coding experts.

True or False?

1. When you report multiple codes for dissimilar repairs, you should unbundle the codes with -59. _____
2. Your internist repairs a 4.4-cm superficial wound on a patient's chest and a 6.2-cm simple laceration on the patient's neck. Because your physician classifies the wounds in the same class and in the same anatomic site, you should add the measurements as 4.4 cm + 6.2 cm = 10.6 cm. Therefore, you would report 12004.

3. If your internist treats a 2.1-cm cut that he or she describes as a superficial wound that primarily involves the epidermis or dermis, you would report code 12031. _____
4. When your physician performs an intermediate repair, he or she should include terms such as "layered closure," "deep layer suturing," or "extensive debridement" in the chart notes. _____
5. CPT lumps all laceration codes into the same body groupings or class. _____

ANSWERS:

Answer 1. False: Neither CPT nor the National Correct Coding Initiative bundles laceration codes, so you wouldn't need to use modifier -59 (Distinct procedural service). Instead, you should use modifier -51 (Multiple procedures) when you assign codes for repairs that belong to different classifications or groupings. You would list the more complicated laceration treatment as the primary procedure and the less complicated as the secondary procedure, and then attach modifier -51 to the secondary procedure.

For instance, if you had to report 12032* (Layer closure of wounds of scalp, axillae, trunk and/or extremities [excluding hands and feet]; 2.6 cm to 7.5 cm) and 12011* (Simple repair of superficial wounds ...), you should list 12032 first, and then 12011-51 second.

Answer 2. True: Always pay attention to CPT body groupings, because they change based on the repair's class. In the question, you would use 12004 because your internist performed repairs in the same class (simple) and anatomic site.

Answer 3. False: The proper code is 12001* (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities [including hands and feet]; 2.5 cm or less). Look for descriptions such as "superficial" and "primarily involves epidermis or dermis" when you report simple repair codes.

Answer 4. True: Intermediate laceration service characteristics include layered closures, deep layer suturing, and extensive debridement, so make sure to look for these in your physician's chart notes.

Answer 5. False: CPT puts laceration services into three classes: simple, repair and complex. Also, CPT classifies lacerations into different body groupings. For example, CPT includes hands, feet and/or extremities in the same anatomic site for simple repairs (12001-12007). The intermediate repair codes for extremities (12031-12037) exclude hands and feet, however.