

Internal Medicine Coding Alert

You Be the Coder: Correctly Code Dermabond Repairs

Question: An internist closes a 68-year-old female's 2-centimeter superficial thigh wound using Dermabond. How should I code the repair?

Arkansas Subscriber

Answer: Because the internist performs the simple laceration repair using only Dermabond on a Medicare patient, you should code the procedure with G0168 (Wound closure utilizing tissue adhesive[s] only).

If the patient has a private insurer, you should instead assign the corresponding CPT simple laceration repair code 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).

For a Medicare patient, you should code laceration repair using Dermabond with the G code instead of the CPT repair code. The agency created G0168 because it thought that laceration repair with Dermabond was so much different from repair with sutures or staples.

Breakdown: For instance, G0168 contains 2.42 total nonfacility relative value units and 0.70 total facility RVUs. In comparison, the 2006 National Physician Fee Schedule assigns 3.84 total NF RVUs and 2.62 F RVUs to 12001.

If the internist closed the wound in the office, he could receive more than \$50 less for performing the procedure on a Medicare patient, instead of on a privately insured individual. Figures are based on the 2006 conversion rate of 36.1770, which equates to a non-adjusted rate of \$87.55 for G0168 and \$138.92 for 12001.