Part B Insider (Multispecialty) Coding Alert

CPT® 2012: Get Some Closure on Skin Repair Guidelines

Plus: We'll tell you when debridement is considered 'separate.'

If your eyes bulged when you spied the Integumentary section of the CPT® 2012 manual, you aren't alone. The AMA's CPT® Editorial Committee

helped shed some light on how to report these new codes recently, and we've got the scoop on how to keep your skin repair coding on the straight and narrow.

Note New Modifier Advice for Repairs

2012 offers new introductory notes that provide guidance on how to report skin closures (12001-13160). Whereas the guidelines previously advised the use of modifier 51 (Multiple procedures) when reporting different wound repair classifications together, that guidance is old news as of Jan. 1.

"The guidelines were clarified for repair, changing the modifier 51 that had been there to the distinct procedural service modifier, 59," said **Albert E. Bothe, Jr., MD,** during his "CPT® Changes: General Surgery" seminar at the CPT® 2012 Annual Symposium in Chicago on Nov. 17.

In black and white: The 2012 CPT® manual reads, "When more than one classification of wounds is repaired, list the more complicated as the primary procedure and the less complicated as the secondary procedure, using modifier 59."

What's 'complicated?' Because CPT® offers simple, intermediate, and complex repairs, you'd consider the "simple" repair the least complicated, and the "complex" repair the most complicated. Therefore, if a simple repair and an intermediate repair are performed together, you'll report the intermediate repair first, followed by the simple repair (with modifier 59 appended).

Know When Debridement is 'Separate'

When surgeons perform skin grafting, it's common for coders to spend a lot of time and effort trying to determine whether debridement can be billed separately, as many physicians request. Bothe shed some much-needed light on this complicated issue during his presentation, explaining when CPT® considers debridement to be "separate."

"Debridement is considered a separate procedure only when gross contamination requires a prolonged cleansing, when appreciable amounts of devitalized or contaminated tissue are removed, or when debridement is carried out separately without immediate primary closure," he said.

Tip: Your documentation should fully describe the surgeon's work cleansing the contamination and removing the devitalized tissue before you separately bill your insurer for debridement.

Skin Substitute Coding Overhaul Simplifies Processes

Although you may have been stunned when you saw that CPT® 2012 made massive changes to the skin substitute coding section (15271-15278), you should know that the AMA's goal was to make your life easier, not more difficult, said **Christopher K. Senkowski, MD,** at the Nov. 17 "CPT® Changes: General Surgery" seminar on Nov. 17.

"For wounds that are smaller than 100 square centimeters, you'll follow one code structure--if your wound is 100 square centimeters or greater, you'll follow a separate code structure," he said. "We felt that about 80 percent of the wounds would fit into the 'less than 100 sq. cm' designation," he said.

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Small wounds: Under the new coding rules, a skin substitution graft performed for a wound surface area between 25 and 100 square centimeters would only have two possible primary coding options: 15271 (for trunk, arms, and legs) or 15275 ((for face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feets, and/or multiple digits). Each of these codes represents the first 25 square centimeters repaired. For each additional 25 sq. centimeters repaired, you'll use either the add-on code +15272 (for trunk, arms, and legs) or +15276 ((for face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feets, and/or multiple digits).

Example: A diabetic patient presents with a 50-square centimeter ulcer on the base of her foot. The surgeon applies a skin substitute graft to the wound. In this situation, you'll report one unit of 15275 (to represent the first 25 sq. cm) and one unit of +15276 (for the second 25 sq. cm repaired).

Large wounds: When performing skin substitute applications to wounds that are 100 square centimeters or larger, you'll only have two primary coding options: 15277 (for the face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits) or 15273 (for trunk, arms, and legs). To represent each additional 100 square centimeters, you'll report a unit of the add-on code +15278 (for the face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits) or +15274 (for trunk, arms, and legs).

Example: A patient falls asleep smoking a cigarette and suffers burns to 20 percent of her body. The surgeon applies 300 square centimeters of skin substitute to her arms. In this case, you'll report one unit of 15273 (to represent the first 100 square cm), and two units of the add-on code +15274 to represent the remaining 200 square cm.

Avoid New Biologic Implant Code With Hernia

If your surgeon frequently performs hernia repairs, you may have been delighted to spy new add-on code +15777 (Implantation of biologic implant [eg, acellular dermal matrix] for soft tissue reinforcement [eg, breast, trunk]) in CPT® 2012, but make no mistake--this code does not apply to mesh used in hernia procedures, Senkowski stressed during his presentation.

"New code +15777 was developed for areas where there's a defect from a tumor resection, or where there's a need for fascia support such as a breast situation--it's not something you're going to use in conjunction with a hernia repair," he said.

Instead, mesh implantation for hernia repairs should be reported with +49568, as always, he said.

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