

Part B Insider (Multispecialty) Coding Alert

GENERAL SURGERY: Reader Question--Math Is A Must When You Report Wound Repairs

Question: We have documentation indicating a surgeon removed two benign lesions from a patient's neck (2.0 and 3.5 cm, both of which require immediate repair) and three malignant lesions from the right arm (0.5 cm and 1.5 cm, which require complex repair, and 2.0 cm requiring immediate repair). How do I report this procedure on the claim?

California Subscriber

Answer: When reporting wound repairs, you should add together the lengths of repairs at each identical level of severity and classified anatomic location to arrive at a total length. In other words, CPT treats all wounds at the same level of severity and anatomic subcategory as a single, "cumulative" wound, according to **Michelle Logsdon, CPC, CCS-P**, with **Falcon Practice Management LLC** in Bayville, NJ.

Because both repairs on the neck are of the same type (intermediate), add the lengths together ($2.0 + 3.5 = 5.5$ cm) to select repair code 12042 (Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 to 7.5 cm).

For the repairs on the arm, you should add together the lengths for the complex repairs ($0.5 + 1.5 = 2$ cm) and report 13120 (Repair, complex, scalp, arms and/or legs; 1.1 to 2.5 cm).

For the intermediate repair on the arm, report 12031-59 (Layer closure of wounds of scalp, axillae, trunk and/or extremities...distinct procedural service). Adding modifier 59 to the last code signifies that the intermediate repair indicated by 12031 is separate and distinct from the complex repair (also located on the arm) indicated by 13120. Without modifier 59, many payors will bundle the intermediate repair into the complex repair of the same anatomic location.