

Part B Insider (Multispecialty) Coding Alert

WOUND CARE: Learn The Rules For Billing Repairs With Dermabond

Add \$50 to your repair billing by capturing "dirty" wounds

If your physician is using Dermabond or some other adhesive to seal wounds, you may be missing out on your rightful reimbursement for this service. You may not realize that you can bill for Dermabond separately, or that you can still bill for an intermediate closure even if your doctor used Dermabond, say experts.

Note: Medicare has a special code for Dermabond, G0168, which most other payors don't accept. You should use this code for wound closure using Dermabond only, notes **Erica Schwalm**, a coding consultant in Wilbraham, MA. If the physician also used sutures or staples, you should use the appropriate CPT code from 12001-13160.

The rules are no different for Dermabond than for other methods of wound closure, says **Collette Schrader** with Wenatchee Valley Medical Center in Wenatchee, WA.

You can bill for intermediate closure (12031-12057) if the wound required layered closure and then the physician used Dermabond to seal the upper layer, says Schrader. According to the CPT instructions, simple closure is only one layer. If the closure involved deeper layers of subcutaneous tissue and superficial fascia, then it was an intermediate closure.

Hint: Look for the key phrase, -layered closure.- Other terms that may signal an intermediate repair include -deeper layers of subcutaneous and superficial (nonmuscular) fascia,- -layered closure- or -deep layer suturing.-

You can also bill for intermediate closure if the patient's wound required a lot of cleaning due to gravel or other contamination, notes Schrader. Make sure your physician is mentioning when a wound is dirty or requires extensive debridement, since that detail can add \$50 to your wound-closure reimbursement.

Some carriers will bundle G0168 with evaluation & management services, but you can usually use a 25 modifier to override those edits, says Schwalm. More often, Dermabond will be bundled into surgical procedure codes, says **Karen Hurley** with **Hurley Practice Management Services** in Waldorf, MD.

You should also be aware when your physician repaired more than one laceration, say experts. You should be able to scan the chart and capture all of the wound repairs your physician performed, classifying them according to site and level of complexity. If your physician performs more than one laceration repair per session, you should use the 51 modifier (Multiple procedures) for each repair code.