Level of Billing Complexity Follows Level of Lacerations in Wound Repair

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Q. We had a patient present with multiple lacerations and were wondering how to bill, since some were repaired with sutures and some were repaired with staples.

A. Laceration repair is billed based on the complexity, length of the repair, and the anatomic site. The repair can consist of sutures, staples, or wound adhesive (eg, Dermabond). The *Current Procedural Terminology* (CPT) manual classifies the complexity of the repair of wounds as being simple, intermediate, or complex. *Simple repair* is used when the wound is superficial, primarily involving epidermis, dermis, or subcutaneous tissues without significant involvement of deeper structures where only one layer of closure is necessary using sutures, staples, tissue adhesive, or other closure materials. In addition, simple repair can be billed for chemical and electrocauterization of wounds not closed.

Intermediate repair is used when layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (nonmuscle) fascia, in addition to the skin closure, is necessary. Single-layer closure of heavily contaminated wounds that have required extensive cleaning or removal of particulate matter also constitutes intermediate repair.

Complex repair is used for repairs that require more than layered closure, such as scar revision, debridement of traumatic lacerations or avulsions, extensive undermining, stents, or retention sutures.

The code sets for laceration repair are:

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"When multiple wounds are repaired, add together the lengths of those in the same classification...and from all anatomic sites that are grouped together."

- 12001-12007 for simple repair to scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet)
- G0168 for wound closure using tissue adhesive only when the claim is being billed to Medicare
- 12011-12018 for simple repair to face, ears, eyelids, nose, lips, and/or mucous membranes
- 12031-12037 for intermediate repairs to scalp, axillae, trunk and/or extremities (excluding hands and feet)
- 12041-12047 for intermediate repair to neck, hands, feet and/or external genitalia
- 12051-12057 for intermediate repair to face, ears, eyelids, nose, lips and/or mucous membranes
- 13100-13102 for complex repair to the trunk
- 13120-13122 for complex repair to scalp, arms, and/or legs
- 13131-13133 for complex repair to forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet
- 13151-13153 for complex repair to eyelids, nose, ears, and/or lips

When multiple wounds are repaired, add together the lengths (in centimeters) of those in the same classification (simple, intermediate, complex) and from all anatomic sites that are grouped together. For example, you perform a simple wound repair measuring 5 cm to the right index finger and

another simple wound repair measuring 7.8 cm to the right arm. In addition, it was necessary to perform an intermediate repair measuring 3 cm to the right middle finger.

In this example, you would bill CPT code 12042, "Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm" as the primary procedure. After adding together the lengths of the simple repair procedures to the finger and arm, you would also bill CPT code 12005, "Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm."

When billing two laceration repair codes for a single claim, it is important to review the fee schedule for the payor. For the CPT code with the lower reimbursement, the coder should append modifier -59, "distinct procedural services." Payors generally discount the secondary procedure (ie, CPT codes with modifier -59) by 50% or more. Therefore, it is important not to place the modifier -59 on the code with higher reimbursement.

Intermediate and complex repair procedures performed initiate a 10-day global period. CPT guidelines define standards for preoperative and postoperative services that are included in the surgical package as:

"Simple wound repairs have a global period of 0-days; no follow-up care is included in the code for the procedure."

- E/M service(s) subsequent to the decision for surgery on the day before and/or day of surgery (including history and physical)
- Local infiltration, metacarpal/metatarsal/digital block or topical anesthesia
- Immediate postoperative care, including dictating operative notes, and talking with the family and other physicians or other qualified healthcare professionals
- Writing orders
- Evaluating the patient in the post anesthesia recovery area
- Typical postoperative follow-up care

However, simple wound repairs have a global period of 0-days. Thus, no follow-up care is included in the code for the procedure. ■