Choose the Right Codes for Simple, Intermediate, and Complex Closures

Coding some of the closures most commonly performed in dermatology can be tricky.

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CPT lists several types of closures: simple, intermediate, complex, adjacent tissue transfer, and graft. The linear repairs—simple, intermediate, and complex—are probably most commonly used by dermatologists and warrant review. Simple, intermediate, and complex repairs are all divided into groups based on anatomic sites. All closures within each anatomic group are added together and reported with the one code that reflects the sum of the lengths. Billing more than one code from any given anatomic group will result in denial of the additional code(s). Note that measurement of repaired wounds is reported in centimeters.

Simple Repair

Simple repair requires simple, one layer closure, typically used for superficial wounds. All excision codes include the work of simple repair; these repairs are not coded separately when used to close an excision wound. If you repair a laceration with a simple repair, these codes are appropriate. If laceration repair and excision are performed on the same day, bill the simple repair code with modifier 59 to show that it was not related to the excision.

The anatomic groups for simple repairs are:

Scalp, neck, axillae, external genitalia, trunk, extremities (including hands and feet)

12001 2.5 cm or less
12002 2.6-7.5 cm
12004 7.6-12.5 cm
12005 12.6-20.0 cm
12006 20.1-30.0 cm
12007 over 30 cm

Face, ears, eyelids, nose, lips, mucous membranes

12011 2.5 cm or less
12013 2.6-5.0 cm
12014 5.1-7.5 cm
12015 7.6-12.5 cm
12016 12.6-20.0 cm
12017 20.1-30.0 cm
12018 over 30 cm

Treatment of superficial wound dehiscence

12020 simple closure
12021 with packing

Intermediate Repair

Intermediate repair includes repair of wounds that, in addition to the requirements for simple repair, require layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia, in addition to the skin (epidermal and dermal) closure.

The anatomic groups for intermediate repair are:

Scalp, axillae, trunk, extremities (excluding hands and feet)

12031 2.5 cm or less
12032 2.6-7.5 cm
12034 7.6-12.5 cm
12035 12.6-20.0 cm
12036 20.1-30.0 cm
12037 over 30.0 cm

Neck, hands, feet, external genitalia

12041 2.5 cm or less
12042 2.6-7.5 cm
12044 7.6-12.5 cm
12045 12.6-20.0 cm
12046 20.1-30.0 cm
12047 over 30 cm

Face, ears, eyelids, nose, lips, mucous membranes

12051 2.5 cm or less
12052 2.6-5 cm
12053 5.1-7.5 cm
12054 7.6-12.5 cm
12055 12.6-20.0 cm
12056 20.1-30.0 cm
12057 over 30.0 cm

Complex Repair

Complex repair is a repair requiring more than a layered closure. For dermatology, the additional complexity is usually in the forms of extensive undermining, stents, or retention sutures.

The anatomic groups for complex repairs are:

Trunk

13100 1.1-2.5 cm
13101 2.6-7.5 cm
+13102 each additional 5 cm or less

Scalp, arms, legs

13120 1.1-2.5 cm
13121 2.6-7.5 cm
+13122 each additional 5 cm or less;

Forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/ or feet

13131 1.1- 2.5cm
13132 2.6-7.5cm
+13133 each additional 5cm or less

Eyelids, nose, ears, lips

13150 1.0 cm or less
13151 1.1-2.5 cm
13152 2.6-7.5 cm
+13153 each additional 5cm or less.

Secondary closure of surgical wound or dehiscence,

13160 extensive or complicated

Codes for complex repairs are assigned to each anatomic group for measurements up to 7.5cm. To report any additional length use an add-on code (identified by +). Note also that the anatomic group of eyelids, nose, ears, lips, is the only one that has a code for complex repairs smaller than 1.1cm. For the other anatomic groups, any complex repair smaller than 1.1cm would not be coded. In discussing excision codes, CPT clearly states that when an intermediate or complex repair is necessary, it should be coded in addition to the excision.

Controversies and Considerations

There has been some controversy and disagreement between dermatologists and insurance carriers on several occasions regarding intermediate repair codes. The American Academy of Dermatology has intervened, and you should notify them in the event that you are unable to resolve a denial of an intermediate repair on appeal when that repair has been appropriately billed and documented. When billing for any repair, documentation should show the reason for the repair, such as, "to prevent dehiscence," "to close dead space," "to maintain normal function," or "to maintain normal contour."

Note that Medicare will not pay for intermediate or complex repair of a wound from the excision of a benign lesion if the excised diameter of the lesion is less than 6mm. Consider some illustrative examples:

■ You excise a basal cell carcinoma measuring 1.0 cm, including margins, from the face. You close with a simple repair, which measures 2.5cm.

*You code:*11641-excision, malignant lesion, face, ears, eyelids, nose, lips.

No closure is coded with the excision, because the simple repair is included in the reimbursement for the excision.

However, if on the same day you repaired a laceration of the patient's arm with a simple repair measuring 3.1cm, you would code 12002-59. The 59 is used to show that the closure was not related to the excision.

■ You excise a malignant lesion measuring 1.3cm, including margins, from the back, and a benign lesion measuring 2.1cm, including margins, from the right leg. You close both wounds with intermediate repair; the one on the back measuring 3.1cm and the one on the leg measuring 5.2cm.

You code: 11602-excision, malignant lesion, trunk, arms, legs, 1.1-2.0cm

11403-excision, benign lesion, trunk, arms, legs, 2.1-3cm.

Because both repairs are in the same anatomic group and both are intermediate, they would be added together for coding purposes, and the code based on the 8.3 cm total-12034-layer closure of wounds of scalp, axillae, trunk, extremities, 7.6-12.5cm.

No modifiers needed.

Note that the closure code is not influenced by whether the lesion is malignant or benign.

■ You excise a malignant lesion measuring 1.3cm, including margins, from the left cheek. You also excise a malignant lesion from the right cheek, total measurement of 0.9cm. The left cheek is closed with complex repair measuring 2.6cm, the right with an intermediate repair measuring 1.9cm.

You code: 11642-excision malignant lesion, face, 1.1-2.0cm

11641-excision malignant lesion, 0.6-1.0cm

13132-complex repair, forehead, cheeks, chin, mouth, 2.6-7.5cm

12051-Intermediate repair, face, ears, eyelids, nose, lips, mucous membranes, 2.5cm or less.

No modifiers needed.

Always check the Correct Coding Initiative when coding more than one closure on the same day. Some pairs do require modifiers, and not all pairings seem logical.

The definitions of codes listed here are abbreviations. Please reference CPT 2005 for complete definitions. CPT only copyright American Medical Association.

New In Your Practice

Break on Through. You have a new vitamin C option you might recommend to patients. Obagi Medical Products, Inc. has introduced its latest antioxidant therapy, Professional-C Serum, designed to provide greater penetration of vitamin C to the dermis and epidermis. According to the company, Professional-C Serum is clinically proven to provide up to two times more penetration than leading formulations and also remains stable for longer periods of time than other vitamin C treatments. It is now available to dermatologists and plastic surgeons nationwide.

Million Dollar Tour. Don't be surprised to come across women spreading awareness about skin cancer in the coming weeks. With a $1million grant from the 3M Foundation, the Women's Dermatologic Society (WDS) began its 15-city national tour, "Families Play Safe in the Sun," to increase awareness about skin cancer prevention and reach out to communities across the United States, educating and empowering people of all ages to make "Sun Safety" a way of life.