

How to document a laceration repair

There are 3 levels of laceration repair:

- simple
- intermediate
- complex

There are examples of each below

Things that need to be in any lac repair note

- Length
- Anatomic location
- How many layers were closed and with what material (suture – include type vs staple) – multiple layers is an intermediate repair
- Was it heavily contaminated and needed extensive cleaning or removal of particulate matter? (this is an intermediate repair)
- Deepest layer closed? Muscle, fascia, subcutaneous, skin?
- If any of this is pertinent it needs to be noted as this is a complex laceration
  - exposed bone, cartilage, tendon, or a named neurovascular structure
  - debridement of wound edges (e.g. traumatic lacerations of avulsions)
  - involves extensive undermining of wound edges
  - Secondary closure (e.g. delayed primary closure)

\*\*\*\*\*

Laceration repair (closure) coding info and examples

EX:

Laceration repair, intermediate: 3cm, right forehead, single/multiple layer closure, of heavily contaminated wound that requires extensive cleaning/irrigation and removal of particulate matter, deepest layer closed was: muscle, fascia, subcutaneous tissue, skin.

Information required for code selection:

- anatomic location of the wound
- length of wound in cm
- if multiple wounds are in the same location then the length gets summed together
- if multiple classifications of wounds are repaired, assign the code order from most to least complex repair

SIMPLE (12001-12021)

- superficial epidermis, dermis or subcutaneous tissue
- simple, one layer closure
- include local anesthesia and chemical/electrocautery of wounds that aren't closed
- treatment of superficial wound dehiscence

INTERMEDIATE (12031-12057)

- require a layered closure of one or more deeper layers of subcutaneous tissue and superficial fascia in addition to skin closure
- involves limited undermining
- single layer closure of heavily contaminated wounds that require extensive cleaning or removal of particulate matter also constitutes an intermediate repair

#### COMPLEX (13100-13160)

- includes all aspects of intermediate repair with addition of at least one of the following: exposure of bone, cartilage, tendon, or a named neurovascular structure
- debridement of wound edges (e.g. traumatic lacerations or avulsions)
- involves extensive undermining of wound edges
- Secondary closure of surgical wound of dehiscence, extensive or complicated

#### What is undermining

- can be done with scissors or a scalpel
- limited vs extensive
- Limited: undermining distance is less than maximum length of the wound measured perpendicular to the wound edge
- Extensive: undermining distance is more than the maximum length of the wound measured perpendicular to the wound edge