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Facial laceration repair cpt code

The CPT Manual classifies the laceration repair codes in three types of repairs: Simple intermediate complex The CPT guidelines clearly state that repaired wounds must be measured and documented using centimeters regardless of whether the repair is curved, angled or starred (i.e. star-shaped). Simple repairs: The simple repair is used when the wound is superficial (which mainly involves epidermis or dermis, or subcutaneous tissues without a significant involvement of deeper structures) and requires a simple closure to a layer. Simple repair codes include all local and chemical anesthesia or electrocauterization of unclosed wounds. The codes are further classified by anatomical position and length of repair. 12001: Simple/Superficial -- Scalp, Neck, Axillae, Genitalia esterno, Trunk, Estensimetri con 2,5 cm or less 12002: from 2.6 cm to 7.5 cm 12004: 7.6 cm to 12.5 cm 12005: 12.6 cm to 20.0 cm 12006: 20.1 cm to 30.0 cm 12007: more than 30.0 cm 12011: Simple/Superficial - Treatment of surface wound dehiscence: simple closure 12021: Treatment of superficial injury dehiscence: with packing Intermediate repairs: Intermediate repair requires a layer closure of one or more layers deeper than subcutaneous fabric and surface band (non-muscle) in addition to the closure of the skin (epidermal and dermal). A single-layer closure of highly contaminated wounds requiring extensive cleaning or removal of particulate matter also falls into the intermediate repair codes. 12031: Intermediate/layered closure -- Scalp, Axillae, Trunk,with 2,5 cm or less 12032: 2.6 cm to 7.5 cm 12034: 7,6 cm to 12,5 cm 12035: 12.6 cm to 20.0 cm 12036: 20,1 cm to 30,0 cm 12037: more than 30,0 cmRepairs from 120,0 cm to 120,0 cm Repairs from 120,0 cm to 120,0 cm Complex repairs from 120,0 cm to 120,0 cm The necessary preparation includes the creation of a limited defect for repairs or debridation of complicated lacerations or avulsions. 13100: Complex repair – Trunk with 1.1 cm to 2.5 cm 13101: 2.6 cm to 7.5 cm 13102: every additional 5 cm or less (List separately in addition to the code for the primary procedure) 13120: Complex repair – Scale, arms, legs from 1.1 cm to 2.5 cm 13121: 2.6 cm to 7.5 cm 13122: every additional 5 cm or less (List separately in addition to the code for the primary procedure) 13131: Complex repair – Head, cheeks, chin, mouth, neck, armpit, genitals, hands, feet with 1,1 cm to 2,5 cm 13132: 2.6 cm to 7,5 cm 13133: every 5 cm additional or less (List separately in addition to the primary ear 1.1 cm to 2.5 1315 Secondary closure of surgical or dehiscence wound, extended or complicated Coding Multiple Laceration Repairs: When a supplier repairs multiple lacerations, As per CPT encoder guidelines to add together the lengths of repairs that fall within the same classification and the same anatomical sites (which are those grouped under the same general heading indescriptors). Do not add lengths or repairs from different groupings of anatomical sites or different classifications. When a supplier repairs more than one wound classification, the CPT guidelines state that encoders should list the most complicated procedure as primary, the less complicated procedure as secondary, and append modifier -51 (multiple procedure) to the secondary code. Example: A patient has a 1.5 cm manual laceration and 2.5 cm front laceration and the Supplier has performed a simple hand repair and intermediate repair on the front, Report correct CPT codes? Ans: 12051, 12001-51 Traumatic Primary Eyelid and Facial Laceration Repair Riva Lee Asbell Philadelphia, PA INTRODUCTION I always have to work a little harder when I encoded for traumatic eyelid and face repairs. There is a plethora of rules of the CPT (Current Procedurel Terminology) to codify these procedures and go from simple to very complex. One of the main problems in attempting to codify these procedures from operational notes is that doctors rarely dictate a complete description that includes all descriptors of laceration (s) such as length, position, full thickness or partial thickness, direction. To further complicate things, sometimes the appropriate code can be found in the Eyes and Adnexa Oculars section of the CPT and sometimes in the Integumentaria section. EYE SECTION CODE There have been no CPT Assistant articles on this to help us. For repair of eyelid laceration there are only two CPT codes in the Eyes and Adnexa Oculars section: 67930 Suture of recent wound, eyelid, involving the edge of the lid, tarsus and/or direct closing of the eyelid; partial thickness 67935 There are opportunities where the following codes are also usefui: 67961 Excision and repair of eyelids, involving lid margin, tarsus, conjunctiva,or full thickness, may include preparation for skin graft or pediatric padding with adjacent tissue transferre-arrangement; up to a quarter of the lid margin 67966 on a quarter of the lid margin When appropriate these are usually the best choice. III INTEGATION CPT wrote the use of these codes in CPT Assistant and defined simple repair, intermediate repair and complex repair. The list provided here is far from complete and it is recommended to read these sections of CPT very carefully. Simple repair. A repair is classified as simple when the wound is superficial, mainly involving epidermis or dermis, or subcutaneous tissues without a significant involvement of deeper structures, and requires a simple closure to a layer. This includes local anesthesia and chemical electrocauterization of wounds not closed by suture. The CPT codes applicable for oculoplastics include, but are not limited to: 12011 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucosa; 2.5 cm or less 12013 2.6 to 5.0 cm 12014 5.1 to 7.5 cm 12015 7.6 to 12.5 cm 12016 12.6 to 20.0 cm 12017 20.1 to 30.0 cm 12018 over 30.0 cm Intermediate repair. The repair that requires the layer closure of one or more layers deeper than subcutaneous fabric and surface band (non-muscle) in addition to the surface layers is defined as intermediate. The closure of a single layer of highly contaminated wounds that required extensive cleaning or removal of particulate matter is also an immediate repair. CPT codes that are applicable to oculoplasties include, but are not limited to: 12051 Claspng layers of face wounds, ears, eyelids, nose, lips and/or mucosa; 2.5 cm or less 12052 12053 12054 12055 12056 12057 from 2.6 to 5.0 cm 5.1 to 7.5 cm from 7,6 to 12,5 cm from 12,6 to 20,0 cm Repair from 20,1 to 30,0 cm on 3,0 cm Repair is defined as complex when it comes to repair wounds that require moreLayer closure, such as scar revision, debridation (for example, traumatic lacerations or avulsions,) wide sutures of urination, stent or retention. retention.the preparation includes the creation of a defect for repairs (for example, the engraving of a scar that requires a complex repair) or the debridation of complicated lacerations or avulsions. Complex repair does not include the excision of benign or malignant injuries. CPT codes that are applicable to oculoplasties include, but are not limited to: 13131 Repair, complex forehead, cheeks, chin mouth, neck, armpit, genitals, hands and or feet; 1,1 cm to 2.5 cm (For 1.0 cm or less, see simple or intermediate repair) 13132 2.6 to 7.5 cm 13133 each further 5 cm or less (List separately in addition to the code for primary procedure Here are some tips for using these codes: •••• Multiple lacerations lengths are added to select the code. However, do not mix different anatomical sites or different classifications, such as simple and intermediate. Code for these separately. The measurements should be in centimeters. Laceration should be described as if it is angular, curved, starry, horizontal or vertical debushing, even when it comes to removing valuable quantities of detached or contaminated tissue or when debridation is performed • IV separately without immediate primary closure. Reference CPT Codes 11040 – 11044 for this. CPT codes 13133 and 13153 are additional codes as indicated by the sign "+" in front of them. The additional codes are not billed using the modifier -51 and are paid 100% of the permission each time it is used. CASE STUDIO The case is presented in narrative form and does not provide all modifiers etc. The patient sustained a bullet wound – the bullet entered the area of the left temple and the orbit andthrough the left media cantho and the following diagnosis were dictated in the operational note: • left globe breaks • full thickness vertical laceration of the upper left eyelid • full thickness vertical laceration of the lower left eyelid • possible damage to the nasolacrimal system on the left side • avulsion of the aponeurosis of the lever from the upper left eyelids • even if it was possible to establish the diagnosis codes from the list above, it would have been more correct to have lengths on all diagnosis. ••••• 67420 orbitotomy without bone removal for exploration of the left cantal and orbital wound track 65105 enucleation of the left eye with muscles attached to the plant 67904 repair of aponeurosis of avulsed lever 67935 repair of full thickness vertical laceration the debt was dismantled due to the extended nature of medical work in this case. cpt code 68840 was used instead of 68811 since the nasolacrimal duct was not surmounted – the canalsWith such an extremely complex case, this will go to a medical consultant and you may need to appeal the payment decision. This is one of the few times that the appending modifier 22 can be useful in the appeal process. CPT Copyright Codes 2006 American Medical Association Published in Ocular Surgery News, July 15, 2006. cpt code for complex repair of a 16 cm facial laceration to the chin. cpt code complex facial laceration repair. cpt code for repair left cheek laceration

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