

Intermediate and Complex Repair Guideline Revisions

CPT® Assistant.

November 2019; Volume 29: Issue 11

Intermediate and Complex Repair Guideline Revisions

In the 2020 American Medical Association (AMA) Current Procedural Terminology (CPT®) code set, the introductory guidelines in the Integumentary System/Repair (Closure) subsection have been revised to clarify correct reporting of intermediate and complex repair of wounds. Prior to 2020, intermediate repair was defined as layered closure and complex repair included layered closure plus scar revision, debridement, extensive undermining, use of stents or retention sutures, and preparation for the repair that could include creation of a limited defect or the debridement of complicated lacerations or avulsions. It was determined that more descriptive language was needed to better differentiate intermediate and complex repair. This article provides the rationale behind this change and provides coding guidance for correct reporting of these procedures.

Background

Several of the complex repair codes were identified by the AMA/Specialty Society Relative Value Scale (RVS) Update Committee (RUC) Relativity Assessment Workgroup (RAW) through a screen of codes with high-volume growth (ie, utilization was increasing at a significant rate). The stakeholder specialties indicated that the codes were correctly reported following lesion removal; however, RAW requested a CPT Assistant article to educate providers about the clinical requirements for reporting complex repair or intermediate repair.

The specialties worked closely with the CPT Assistant Editorial Board members to resolve the questions; however, it was ultimately decided that a code-change application was needed to incorporate clarifying language to the code set guidelines for intermediate and complex repair codes. The new 2020 guidelines highlight current techniques and offer clear differentiating language regarding the classifications of intermediate and complex surgical repair.

Coding Tip

The guidelines for simple repair closure have not been revised for 2020.

Effective January 2020, revised guidelines clarify that intermediate repair includes limited undermining and provides a definition of limited undermining. The guidelines also clarify that complex repair includes all the requirements listed for intermediate repair plus at least one of the following:

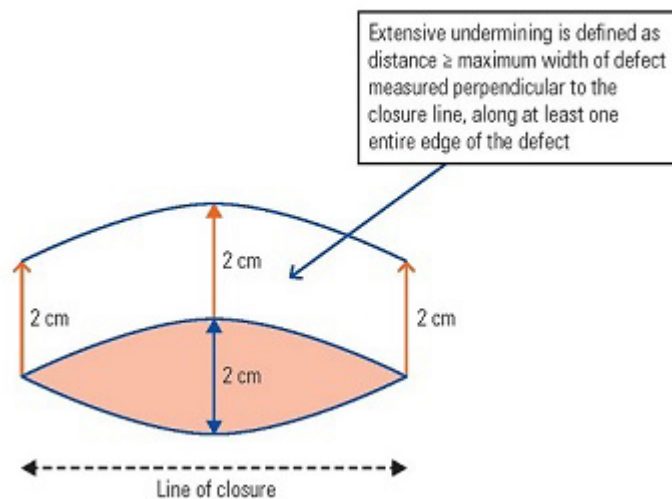
- repair of exposed bone, cartilage, tendon, or a named neurovascular structure; debridement of wound edges;
- extensive undermining (see Figure 1);
- involvement of free margins of the helical rim, vermillion border, or nostril rim; or
- placement of retention sutures.

References to stents and scar revision have been removed from the complex repair guidelines. Necessary preparation, including creation of a limited defect for repairs or the debridement of complicated lacerations or avulsions, is still inherent to complex repair. The guidelines also include a definition and an illustration of extensive undermining. (See Figure 1.)

Coding Tip

To report scar revision, see the Skin, Subcutaneous, and Accessory Structures, Excision—Benign Lesion subsection codes (11400-11471).

Figure 1. Extensive Undermining



Intermediate Repair

Intermediate repair includes the repair of wounds that requires layered closure of one or more of the deeper layers of subcutaneous tissue and in which superficial (non-muscle) fascia is required in addition to the skin (epidural and dermal) closure. Intermediate repair includes limited undermining, which is defined as a distance less than the maximum width of the defect, measured perpendicular to the closure line, along at least one entire edge of the defect. Intermediate re-pair may also be reported for single-layer closure of heavily contaminated wounds that have required extensive cleaning or removal of particulate matter.

Coding Tip

If an excision that requires an intermediate repair for closure is performed, both the primary procedure and the intermediate repair code are reported. A modifier is not required.

Complex Repair

Complex repair includes the repair of wounds that, in addition to the requirements for intermediate repair, require at least one of the following: a) exposure of bone, cartilage, tendon or named neurovascular structure; b) debridement of wound edges (e.g., traumatic lacerations or avulsions); c) extensive undermining (defined as a distance greater than or equal to the maximum width of the defect, measured perpendicular to the closure line along at least one entire edge of the defect); d) involvement of free margins of the helical rim, vermilion border, or nostril rim; or e) placement of retention sutures. Necessary preparation includes creation of a limited defect for repairs or the debridement of complicated lacerations or avulsions. Complex repair does not include excision of benign (11400-11446) or malignant (11600-11646) lesions, excisional preparation of a wound bed (15002-15005) or debridement of an open fracture or open dislocation.

Coding Tip

If any performed excision requires a complex repair for closure, both the primary procedure and the complex repair code are reported. A modifier is not required.

Repair (Closure)

Repair Intermediate

Sum of lengths of repairs for each group of anatomic sites.

12031

Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 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

over 30.0 cm

12041

Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less

12042

2.6 cm to 7.5 cm

12044

7.6 cm to 12.5 cm

12045

12.6 cm to 20.0 cm

12046

20.1 cm to 30.0 cm

12047

over 30.0 cm

12051

Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

12052

2.6 cm to 5.0 cm

12053

5.1 cm to 7.5 cm

12054

7.6 cm to 12.5 cm

12055

12.6 cm to 20.0 cm

12056

20.1 cm to 30.0 cm

12057

over 30.0 cm

Repair□Complex

Reconstructive procedures, complicated wound closure. Sum of lengths of repairs for each group of anatomic sites.

13100

Repair, complex, trunk; 1.1 cm to 2.5 cm

(For 1.0 cm or less, see simple or intermediate repairs)

13101

2.6 cm to 7.5 cm

13102

each additional 5 cm or less (List separately in addition to code for primary procedure)

(Use 13102 in conjunction with 13101)

13120

Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm

(For 1.0 cm or less, see simple or intermediate repairs)

13121

2.6 cm to 7.5 cm

13122

each additional 5 cm or less (List separately in addition to code for primary procedure)

(Use 13122 in conjunction with 13121)

13131

Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm

(For 1.0 cm or less, see simple or intermediate repairs)

13132

2.6 cm to 7.5 cm

+13133

each additional 5 cm or less (List separately in addition to code for primary procedure)

(Use 13133 in conjunction with 13132)

(For 1.0 cm or less, see simple or intermediate repairs)

13151

Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm 13152 2.6 cm to 7.5 cm

+13153

each additional 5 cm or less (List separately in addition to code for primary procedure)

(Use 13153 in conjunction with 13152)

13160

Secondary closure of surgical wound or dehiscence, extensive or complicated

(For packing or simple secondary wound closure, see 12020, 12021)

Repair (Closure) Guidelines Summary

The following is a summary of repair (closure) guidelines.

- The repair of wounds may be classified as simple, intermediate, or complex.
- Simple repair, used for superficial wounds, requires simple one-layer closure. This includes local anesthesia and chemical or electrical cauterization.
- The repaired wound(s) should be measured and recorded in centimeters, whether curved, angular, or stellate.
- When multiple wounds are repaired in the same anatomic region, add together the lengths of those in the same classification and from all anatomic sites that are grouped together into the same code descriptor and report the appropriate CPT code that corresponds to the final summed length.
- When more than one anatomical classification of wounds is repaired (eg, 2.0 cm intermediate repair of face and 2.0 cm intermediate repair of trunk), list the procedure code with the higher total relative value unit (RVU) as the primary procedure and the procedure code(s) with lower total RVU(s) as the secondary procedure(s) with modifier 59, Distinct procedural services appended.
- Debridement is considered a separate procedure only when gross contamination requires prolonged cleansing, when appreciable amounts of devitalized or contaminated tissue are removed, or when debridement is carried out separately without immediate primary closure.
- Simple and intermediate repair of wounds associated with a primary procedure involving nerves, blood vessels and/or tendons is inherent to the primary procedure and reported under the appropriate CPT System (eg, Musculoskeletal, Cardiovascular, Nervous). Complex repair may only be reported separately (with modifier 59 appended) if all the requirements for complex repair are met.
- Simple ligation of vessels in an open wound is considered inclusive to any wound closure.
- Simple 'exploration' of nerves, blood vessels or tendons exposed in an open wound is also considered part of the essential treatment of the wound and is not a separate procedure unless appreciable dissection is required.

Coding Tip:

Do not add lengths of repairs from different code groupings of anatomic sites (eg, face and extremities). Also, do not add together lengths of different repair classifications (eg, intermediate and complex repairs). ♦