



Reporting Wound Repair Using Simple, Intermediate, or Complex Repairs (12001-13160)

CPT® Assistant.

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In the Current Procedural Terminology (CPT®) 2025 code set, coding guidelines for wound repair (12001-13160) provide specific criteria for reporting wound closures based on technique, repair length, and anatomic location. These guidelines state that wound repair codes are applicable when a physician closes a wound using only or a combination of sutures, staples, or tissue adhesives (eg, cyanoacrylate glue), alone or in combination with adhesive strips. The guidelines also specify that chemical cauterization, electrocauterization, or the application of adhesive strips as the sole repair method are included in the appropriate evaluation and management (E/M) code and, therefore, should not be reported separately.

The linear closure repair codes are classified into three categories depending on the complexity of the repair: simple, intermediate, or complex. It is important to clearly differentiate these repairs based on the criteria defined in the CPT 2025 code set.

The guidelines state that defects created by incision, excision, or trauma may require intermediate or complex closure, which should be reported separately. For the excision of benign or malignant lesions requiring more than a simple closure (ie, requiring an intermediate or complex closure), it would be appropriate to report a code from the excision code range of either 11400-11446 or 11600-11646 and the appropriate intermediate (12031-12057) or complex (13100-13153) closure code.

Repair—Simple Repair (12001-12021)

The codes in the Repair—Simple subsection are used to report the repair of superficial wounds that primarily involve the epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures and require a simple one-layer closure

Any single-layer wound closure via sutures that penetrate the epidermis or are buried in the dermis, and/or subcutaneous layer, or via cyanoacrylate glue tissue adhesive, only meets the criteria for a simple repair. (See Table 1 for a summary of the codes for simple repair.)

Table 1. Summary of Simple Repair Codes

CPT Code	Code Descriptor
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	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	over 30.0 cm
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	2.6 cm to 5.0 cm
12014	5.1 cm to 7.5 cm
12015	7.6 cm to 12.5 cm
12016	12.6 cm to 20.0 cm
12017	20.1 cm to 30.0 cm
12018	over 30.0 cm
12020	Treatment of superficial wound dehiscence; simple closure
12021	with packing

Repair—Intermediate Repair (12031-12057)

The codes in the Repair—Intermediate subsection are used to report wound repairs that require a layered closure of one or more of the deeper layers of subcutaneous tissue/superficial (non-muscle) fascia in addition to a superficial (epidermal and dermal) closure (ie, simple repair). (See Figure 2.)

The integument and superficial soft tissue are composed of three main layers: the epidermis, dermis, and subcutaneous tissue. The epidermis is the outermost layer composed of regenerating keratinocytes. The dermis consists of dense, irregular connective tissue and lies between the epidermis and subcutaneous tissue. The subcutaneous tissue is the deepest layer, located between the dermis and the deep fascia. It is primarily composed of fat cells and connective tissue, including the loosely packed collagen and elastic fibers comprising the superficial fascia. In many areas, the superficial fascia is clinically indistinguishable from the subcutaneous tissue. Therefore, sutures that are placed within the subcutaneous tissue will also penetrate the superficial fascia.

Typically, a **layered closure** is the key distinguishing feature of intermediate repair. Deeper sutures (often referred to as subcutaneous, deep dermal, or buried sutures) approximate (bring together or close) the subcutaneous tissue or superficial fascia—and often the deep dermis—to offload wound tension, ie, to support an epidermal closure under less tension and with less risk of dehiscence. Superficial sutures then approximate the epidermis and superficial dermis. The CPT guidelines specify that a single-layer closure of a heavily contaminated wound that requires extensive cleaning of particulate matter constitutes intermediate repair (see Table 2 for a summary of the codes for intermediate repair). In addition, they indicate that an intermediate repair may include but does not require **limited undermining**. Undermining refers to the creation of a plane of separation between the superficial wound edge and the deeper connective tissue, which is typically performed via surgical dissection. Undermining the wound edges before closure releases and redistributes tension on the wound, enabling appropriate wound edge eversion and decreasing the risk of wound dehiscence. **Limited undermining** is defined as undermining under the intact skin surface for a distance of less than the maximum width of the defect, which is measured perpendicular to the closure line along at least one entire edge of the defect.

Table 2. Summary of Intermediate Repair Codes

CPT Code	Code Descriptor
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 Repair (13100-13160)

The codes in the Repair—Complex subsection are used to report wound repairs that, in addition to meeting the criteria for an intermediate repair, also require at least one of the following:

- Exposure of bone, cartilage, tendon, or named neurovascular structure;
- Debridement of wound edges, such as traumatic lacerations or avulsions;
- Extensive undermining (defined as undermining under the intact skin surface for a distance equal to or greater than the maximum width of the defect, which is measured perpendicular to the closure line along at least one entire edge of the defect [ie, line of closure]);
- Involvement of free margins of helical rim, vermilion border, or nostril rim; or
- Placement of retention sutures.

(Note: Retention sutures are deeply or widely placed support-sutures whose purpose is to alleviate tension across a surgical repair. Retention sutures include large-bore sutures placed outside the primary suture line through all layers of the closure, including the skin surface. They also include support sutures to anchor a repair edge to deep, inflexible structures, such as the muscular fascia or periosteum.)

Table 3. Summary of Complex Repair Codes

CPT Code	Code Descriptor
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	2.6 cm to 7.5 cm
13102	each additional 5 cm or less (List separately in addition to code for primary procedure)
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	2.6 cm to 7.5 cm
13122	each additional 5 cm or less (List separately in addition to code for primary procedure)
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm

13132	2.6 cm to 7.5 cm
13133	each additional 5 cm or less (List separately in addition to code for primary procedure)
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)
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated

Coding Examples

The following coding examples are provided as questions and answers to highlight the differences in coding simple, intermediate, and complex repairs. For the complete descriptors of these repair codes, refer to Tables 1-3.

Question 1: After excising a 2 x 2-cm cyst on a patient's right upper back, limited undermining with a linear repair of 4.5 cm in length is performed. Because of the cyst's depth, two layers of sutures are required: one to close the deep dermis/subcutaneous tissue with buried sutures and another to reapproximate the epidermis. In addition to the benign excision code, what would be the appropriate wound repair code to report for this scenario?

Answer 1: This scenario describes an intermediate repair; therefore, it would be appropriate to report code 12032, Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6-7.5 cm, based on the repair length of 4.5 cm.

Current CPT guidelines specify that an intermediate repair involves the repair of wounds that require layered closure of one or more of the deeper layers of subcutaneous tissue/superficial (non-muscle) fascia, in addition to closure of the skin (epidermis and dermis). Note that simple linear repair is included in the benign and malignant cutaneous lesion excision codes; however, intermediate and complex linear closures may be reported separately, when performed.

Question 2: After excising a 0.8 x 0.8-cm basal cell carcinoma from a patient's left postauricular scalp, a layered linear repair with a suture line length of 4.8 cm is performed. The defect width, which is measured perpendicular to the closure, is 1.6 cm. Because of high skin tension in this area, extensive undermining is performed to a 2-cm distance in all directions along both edges of the closure line to facilitate closure. Two layers of sutures are used to close the deep subcutaneous tissue and the dermis/epidermis. In addition to the malignant excision code, what would be the appropriate wound repair code to report for this scenario?

Answer 2: This scenario describes a complex repair; therefore, it would be appropriate to report code 13121, Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm. In addition to meeting the criteria for intermediate repair, which includes layered closure involving the subcutaneous tissue, this repair also involves extensive undermining, a defining feature of complex repairs. Given the high wound tension and the need for extensive undermining, reporting a complex repair is the most appropriate course of action in this case.

Question 3: A patient presents with a 2.2-cm traumatic laceration of the temple extending through the full thickness of the epidermis and dermis. The wound is repaired using single-layer sutures. Because of skin laxity and lack of tension, undermining is not performed. Adhesive strips are applied over the sutured closure. What would be the appropriate code to report for this scenario?

Answer 3: This scenario describes a simple repair; therefore, it would be appropriate to report code 12011. Simple repair codes are reported when the closure involves a single-layer suture. Guidelines in the CPT 2025 code set specify that the use of adhesive strips does not constitute a second layer of closure.

Question 4: After excising a 0.6-cm squamous cell carcinoma from the right helical rim of a patient's ear, a layered linear repair is required to reapproximate the free margin of the helical rim to preserve the shape of the external ear and to decrease the risk of dehiscence. Undermining is not required due to sufficient tissue mobility. Two layers of sutures are used to close the deep subcutaneous tissue and the dermis/epidermis. The final suture line length is 3.0 cm. In addition to the appropriate malignant excision code, what would be the appropriate wound repair code to report for this scenario?

Answer 4: It would be appropriate to report code 13152, Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm. The procedure described meets the criteria for a complex repair because the requirements for an intermediate repair are met (layered closure of one or more of the deeper layers of subcutaneous tissue in addition to the skin [epidermal and dermal] closure), and it involves the free margin of the helical rim.



Therefore, reporting a complex repair is the most appropriate course of action in this case.