

Wound Repair – Document the Details!

By Greer Contreras, CPC

Approximately 19% of initial emergency department visits for injuries are open wounds resulting in laceration repair codes being amongst the most commonly reported in the ED setting.¹ Clearly documenting the details of these repairs will lead to accurate coding and deserved reimbursement.

Properly coding for these services requires coders to make decisions based on the location of the wound, length of the repair (in centimeters), and the overall complexity. In order to determine the complexity of the repair the coder must rely on detailed documentation from the ED physicians, which should include specific documentation of the layers repaired, cleansing of the wound (was extensive cleansing necessary?), foreign body removal, debridement, wound edge revision, etc.

Let's get down to the basics. When documenting your procedure note, remember the 3 L's plus one:

- Location
- Length
- Layers
- DETAILS, DETAILS, DETAILS!

Location – Wound repairs are categorized by anatomic location. Similarly, classified repairs are combined and reported with one code. For example, a 2cm wound on the arm and a 3cm wound on the leg that have been repaired in a single layered fashion, will be combined and reported with one code.

Length – The length of each individual repair must be documented in centimeters. Wounds come in all shapes and sizes, so precise measurement of all wound edges repaired, including any angles such as with a stellate laceration, is necessary for coding.

Layers – Documenting the number of layers repaired is a key indicator to the complexity of the repair. Single layered repairs are categorized differently than multi-layered repairs.

Details, Details, Details! – Wound repair codes are classified by the complexity of the repair as either a simple, intermediate, or complex repair. Not clearly documenting all the details may result in inaccurately reporting the complexity of the service provided.

A simple repair is a single layered closure involving the epidermis, dermis or subcutaneous tissues without deeper structures. An intermediate repair is defined as more than a single layer

¹ Injury in the United States: 2007 Chartbook, US Department of Health and Human Services

closure or is a simple repair involving debridement or extensive cleansing. A statement regarding debridement and or any foreign body removal is essential for capturing the appropriate complexity involved. A complex repair involves wounds requiring more than a normal layered closure. Repairing the muscle layer or creating a defect (as in undermining, wound edge revision, etc.) is normally associated with complex repairs. Typically jagged, stellate or angulated wounds, such as traumatic injuries, are consistent with complex repairs.

With the infinite range of “wounds” that walk through the doors of an ED on any given day, it is important to document all the work involved, such as the technique performed (did the repair require considerably more risk, time, and intensity of work than the usual intermediate repair, as defined above?). What is complex to one physician may be routine to another. Individual physician perception of the complexity varies, making it all the more important to clearly document the extent of the work involved. Remember, as with every encounter documented... it's all in the details.

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