Traumatic Complex Wound Repair

The repair of wounds by utilizing sutures, staples, or tissue adhesives may be classified as simple, intermediate, or complex as described in the CPT 2011 codebook. This article will focus on complex wound repairs.

*CPT 2011 defines a complex repair as one, which “includes the repair of wounds requiring more than layered closure, viz., scar revision, debridement (eg, traumatic lacerations or avulsions), extensive undermining, stents or retention sutures. Necessary preparation includes creation of a limited defect for repairs or the debridement of complicated lacerations or avulsions.” A complex repair does not include, however, the debridement of an open fracture or open dislocation unless one of the above requirements is met.*

Traumatic wound repairs may be done in an office, emergency department, or surgical arena, and may require wound edge excision, extensive undermining, or the placement of stents or retention sutures. Undermining traumatic wound edges in certain instances may help prevent necrosis or wide, railroad rack, weak, or depressed scars, as well as decreasing wound tension and improving the tensile strength necessary to provide support during the healing process.

The following examples identify traumatic wound requiring complex repair.

**Example 1**

A 4-year-old slips on the edge of a pool, strikes the mandible and experienced a 3.5-cm serrated and curvilinear, full-thickness laceration of the chin. The child’s pediatrician elects to widely excise the serrated skin margins and undermine the dermis from the subcutaneous tissue to reduce the tension on the suture line. The wound is then approximated in layers with absorbable interrupted sutures and a running subcuticular closure.

**How to Code**

This procedure would be reported with code 13132-Repair complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 to 7.5 cm. Any significant, separately identifiable evaluation and management (E/M) service performed in addition to the wound repair would be reported separately using modifier 25.

**Example 2**

A 45-year-old seeks treatment in an emergency department for multiple chain saw injuries involving a 5-cm laceration to the right thigh and 2.5-cm laceration to the forehead. Both wounds are typical of chain saw lacerations involving multiple serrated full- and partial-thickness 0.5-cm flap defects perpendicular to the principle laceration axis. Due to the unlikely vascular viability of the flap serrations, the emergency physician elects to widely excise the wound edges to create a single linear closure on both
the thigh and the forehead wounds. The wound edges are mobilized with proper undermining to minimize tension on the wound and are closed in layers with simple and running techniques.

**How to Code**

This procedure would be reported with code 13121, *Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm, for the thigh*, and code 13131, *Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm*, for the forehead complex laceration repairs. Any significant, separately identifiable evaluation and management (E/M) service performed in addition to the wound repair would be reported separately using modifier 25.

**Example 3**

A 26-year-old construction worker is struck with a large glass window pane and experiences a 12-cm jagged laceration to the midabdomen. The individual is hemodynamically stable and taken to the operative theater for proper anesthesia and wound care. Careful wound evaluation reveals no residual foreign body and no involvement of the rectus sheath. No enlargement of the wound or dissection is required. The wound edges are trimmed and the tissue planes are undermined. Due to the length of the laceration and potential wound tension concerns, the laceration is closed in layers and retention sutures are used.

**How to Code**

This procedure would be reported with code 13101, *Repair, complex, trunk; 2.6 cm to 7.5 cm*, and code 13102, *Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)*. Any significant, separately identifiable evaluation and management (E/M) service performed in addition to the wound repair would be reported separately using modifier 25.