

C.F.R.

Clinical Financial Resource, Inc.



LACERATION REPAIRS

Laceration repairs are one of the most common procedures performed in the ED setting.

CPT is based on three elements: length, location and complexity. Documentation should accurately reflect each of the 3 required elements in order to have the appropriate CPT assigned:

Length

- 2.5 cm or less
- 2.6 to 7.5 cm
- 7.6 cm to 12.5 cm
- 12.6 cm to 20.0 cm
- 20.1 cm to 30.0 cm

Location

CPT is based on the anatomic location of the laceration.

Simple repair anatomic sites:

Scalp, neck, axillae, external genitalia, trunk, hands and feet
Face, ears, eyelids, nose, lips and/or mucous membranes

Intermediate repair anatomic sites:

Scalp, axillae, trunk and/or extremities (excluding hands and feet)
Neck, hands, feet and/or external genitalia

Complex repair anatomic sites:

Forehead, cheeks, chin, mouth, neck, axillae, external genitalia, hands and feet
Eyelids, nose, ears and/or lips

Complexity

Simple repair is used when a wound is superficial; e.g., involving primarily the epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures, and requires simple one layer closure. This includes local anesthesia and chemical or electro cauterization of wound not closed.

Intermediate repair includes the repair of wounds that, in addition to the above, require layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia, in addition to the skin (epidermal and dermal) closure. Single-layer closure of heavily contaminated wounds that have required **extensive cleaning or removal of particulate matter** also constitutes intermediate repair.

Complex repair 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.

Documentation Tips

1. The repaired wound(s) should be measured and recorded in centimeters, whether curved, angular, or stellate.
2. When multiple wounds are repaired, add together the lengths of those in the same classification (see above) and from all anatomic sites that are grouped together into the same code descriptor.
3. If the wound is extensively irrigated or matter is removed, documentation should reflect this additional work.

Resources

Current Procedural Terminology – AMA publication