

Dermatology Coding Alert

Reader Question: Modifier 78 Helps Dehiscence Pay

Question: Is repair of wound dehiscence ever payable during the global period? If so, should I use one of the wound dehiscence codes (which seem to be more suitable for major surgeries) or the regular repair codes? What modifier should I use?

Georgia Subscriber

Answer: Yes, you can bill for repair of wound dehiscence during the postoperative (or global surgical) period of a previous procedure using an appropriate code with modifier 78 (Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following the initial procedure for a related procedure during the postoperative period). This tells the insurer that the procedure is the result of a complication arising from an earlier procedure.

Note that you can only use modifier 78 when there is a return to the OR or procedure room. Medicare defines an OR as "a place of service specifically equipped and staffed for the sole purpose of performing procedures. The term includes a cardiac catheterization suite, a laser suite, or an endoscopy suite. It does not include a patient's room, a minor treatment room, a recovery room, or an intensive care unit."

"Dehiscence" refers to a splitting open or bursting. As such, wound dehiscence usually describes the opening up of a previously sutured area (for example, an incision following surgery, wound repair, etc.). If a wound becomes infected, it will more likely dehisce due to the natural inflammatory process.

Wound dehiscence code 12020 (Treatment of superficial wound dehiscence; simple closure) describes repair when there is no sign of infection. In this case, the dermatologist simply debrides and irrigates the wound and closes it in a single layer.

If infection is evident, the dermatologist may prefer to clean the wound and pack it with gauze strips, leaving the wound open to allow infection to drain. In this case, 12021 (... with packing) is the better choice. If the dehiscence has opened and requires closure in multiple layers, report 13160 (Secondary closure of surgical wound or dehiscence, extensive or complicated).