

Multiple and Complex Lacerations – REVISED JULY 2012

Doctor Name _____

Pt Name _____ (please attach ER sheet or Pt label)

Date of Service _____

13610 – laceration repair (suture or glue) without anesthetic. Please indicate:

Total number of lacerations under this fee item: _____

Please indicate location or Dx for these lacerations: _____

13611 - laceration repair (suture or glue) with anesthetic. Please indicate:

Total number of lacerations under this fee item: _____

Please indicate location or Dx for these lacerations: _____

13612 – extensive laceration repair greater than 5 cm. Please indicate the length of each laceration being billed under this fee item. Please note each laceration cannot be less than 6 cm or more than 35 cm :

_____ cm _____ cm _____ cm _____ cm
_____ cm _____ cm _____ cm _____ cm

Complex Lacerations

Please indicate code: _____ 6075 lip/eyelid _____ 6076 nose/ear _____ 6077 scalp/cheek/neck

_____ layered closure (required for all three fee items) or repair involved cartilage or nose / ear _____

In addition please indicate which one or more of the following are applicable (at least one is required):

- () Necrotic tissue required debridement
- () There was tissue loss
- () Wound required tissue shift aside from minor undermining or advancement flaps.
- () Wound was skived, ragged or stellate where excision of margins was necessary to obtain 90 degree closure.
- () Wound was contaminated and required excision of foreign material
- () Required key alignment sutures involving critical margins of _____ (staff add applicable location: eyelid, nose, lip, mouth, tongue, cheek, scalp or ear

Avulsed and complicated _____ 70150 tongue/floor of mouth