UF Jacksonville Physicians, Inc.
UNIVERSITY of FLORIDA

Department: Compliance
Policy Number: 2012-07-001
Initial Approval Date: 10/4/2012
Review Responsibility: Maryann Palmeter
Review Date: 07/13/2020
Revised Date: 07/13/2020

TITLE: Application of the "-52" Modifier to Surgical Procedures with Delayed Primary Closure

POLICY/PURPOSE:

If a patient's surgical wound has been intentionally left open after surgery, it is usually for one of the following reasons:

- the wound edges cannot be approximated and therefore primary closure is not possible;
- the wound is heavily infected/ contaminated and to try and attempt to close it would possibly result in further infection and subsequent wound breakdown; or
- the patient may have undergone a procedure where primary closure would result in a build-up of pressure and subsequent necrosis.

CPT® 2020 states, "Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service." This is further supported in a Frequently Asked Questions response published in the AMA's *CPT Assistant.*

Although CPT® states that a service or procedure may be partially reduced or eliminated at the **physician's discretion** (emphasis added), the use of the"- 52" modifier is not subject to physician discretion and should be applied consistently in similar circumstances.

Medicare policy states, "Surgeries for which services performed are **significantly less** (emphasis added) than usually required may be billed with the "-52" modifier to indicate a reduced service has been provided."

The surgeon may pack the wound with gauze or use a drainage system or the wound may be closed with sutures, staples, or adhesive tape at a later date. In most cases, some semblance of closure is performed even if the wound edges are not re-approximated initially. As such, the procedure is not being significantly reduced.

This policy is being established to set forth a standard procedure for the application of the "-52" modifier (reduced service) to surgical procedure codes when surgical protocol calls for delayed primary closure or secondary suture. The application of the "-52" modifier will result in the charge amount being reduced by ten (10) per cent.

DEFINITIONS:

Primary wound closure – is the fastest type of closure, and is also known as healing by primary intention. Wounds that heal by primary closure have a small, clean defect that minimizes the risk of infection and requires new blood vessels and keratinocytes to migrate only a small distance. Surgical incisions, paper cuts, and small cutaneous wounds usually heal by primary closure.

Secondary wound closure – also known as healing by secondary intention, describes the healing of a wound in which the wound edges cannot be approximated or closed. Secondary closure requires a granulation tissue matrix to be built to fill the wound defect. This type of closure requires more time and energy than primary wound closure, and creates more scar tissue. The majority of wounds close by secondary wound closure.

Delayed primary closure – also known as healing by tertiary intention. Delayed primary closure is a combination of healing by primary and secondary intention, and is usually instigated by the wound care specialist to reduce the risk of infection. In delayed primary closure, the wound is first cleaned and observed for a few days to ensure no infection is apparent before it is surgically closed. Examples of wounds that are closed in this way include traumatic injuries such as dog bites or lacerations involving foreign bodies.

PROCEDURE:

When the operative report clearly indicates the surgical field was left open for healing by secondary or tertiary intention, the "-52" modifier is **not** to be appended to the surgical procedure code.

This policy is applicable to all payer classes.

REFERENCES:

AMA *CPT 2020 Professional Edition*, Appendix A
AMA *CPT Assistant* May, 2012, p. 14, Frequently Asked Questions: Surgery: Female Genital
Medicare Claims Processing Manual 100-04, Chapter 12, Section 40.2 (A) (10)
Swezey, Laurie. "Wound Care Principles: Three Types of Wound Closure." *Wound Source,* Kestrel Health Information, Inc., 7 Nov 2011. https://www.woundsource.com/blog/wound-care-principles-three-types-wound-closure.

APPROVED BY: Maryann C. Palmeter