

Dermatology Coding Alert

CCI 22.3: Tidy Up Your Debridement Coding With These CCI Bundles

Latest edits move several debridement codes into Column 1.

Correct Coding Initiative (CCI) version 22.3, which took effect October 1, has a few items that dermatology coders will want to note.

Why? If your physician performs a debridement with another procedure during the same encounter, you need to check out the latest CCI lists. Most of the debridement codes you're likely to use have been affected by CCI 22.3.

Check out this expert input on how to navigate the new debridement code edits from CCI.

Mind These Debridement Edits

Many of the codes that you use in dermatology are included in CCI 22.3 edits. According to these edits, these procedure codes are considered a Column 1 code with each of these debridement procedures:

- 11000 (Debridement of extensive eczematous or infected skin; up to 10% of body surface)
- 11004 (Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum)
- 11005 (...abdominal wall, with or without fascial closure)
- 11042 (Debridement, subcutaneous tissue [includes epidermis and dermis, if performed]; first 20 sq cm or less)
- 11043 (Debridement, muscle and/or fascia [includes epidermis, dermis, and subcutaneous tissue, if performed]; first 20 sq cm or less)
- 11044 (Debridement, bone [includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed]; first 20 sq cm or less)
- 97597 (Debridement [e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps], open wound, [e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm], including topical application[s], wound assessment, use of a whirlpool, when performed and instruction[s] for ongoing care, per session, total wound[s] surface area; first 20 sq cm or less)
- 97602 (Removal of devitalized tissue from wound[s], non-selective debridement, without anesthesia [e.g., wet-to-moist dressings, enzymatic, abrasion], including topical application[s], wound assessment, and instruction[s] for ongoing care, per session).

In addition to the above-mentioned codes, the list also includes +11001, +11045, +11046, +11047 and +97598, which are add-on codes to 11000, 11042, 11043, 11044 and 97597, respectively. The debridement codes listed above are mostly column 2 codes with most of the codes that you use in dermatology (integumentary codes 10040-17250).

"These edits are generally consistent with Current Procedural Terminology (CPT®) guidance regarding reporting of debridement," says **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "Debridement is generally understood to be part of a more extensive procedure when that procedure is reported. For instance, CPT® guidelines preceding the integumentary repair codes (12001-13160) indicate that debridement is part of such services. Those guidelines specifically state, 'Debridement is considered a separate procedure **only** when gross contamination requires prolonged cleansing, when appreciable amounts of devitalized or contaminated tissue are removed, or when debridement is carried out separately without immediate primary closure." Moore adds.

Modifier indicator: Each of the above-mentioned edit pairs carries a modifier indicator of "1," meaning that you might be able to report both codes in an edit pair if you have sufficient documentation to support separate coding. "The edit can be overcome, if appropriate, with the use of modifier 59 (Distinct procedural service)," says **Mary I. Falbo, MBA, CPC**, CEO of Millennium Healthcare Consulting, Inc. in Lansdale, Pa. If so, you should append a modifier to the Column 2



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Resources: If you have not already availed yourself of the latest CCI edits, you can find them on the Centers for Medicare & Medicaid Services web site

 $at\ \underline{https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html?redirect=/nationalcorrectcodinited/.}$