

Dermatology Coding Alert

CPT Update: Use 3 Specialized Codes for Extensive Debridements in 2005

But don't substitute the 11004 series when reporting pressure ulcer excisions

Soon you'll have three new codes to use when you report debridement for life-threatening wounds. Jan. 1 marks the advent of a cluster of new debridement codes with location and soft tissue specifics.

Here's a sneak peak at the codes:

1. 11004 - Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
2. 11005 - Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
3. 11006 - Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure.

Coding advice: These new debridement codes will come into play whenever a physician treats a patient with a necrotizing infection, particularly a postoperative wound infection, says **Marcella Bucknam, CPC, CCS-P, CPC-H, CCA**, coordinator of HIM certificate programs at Clarkson College in Omaha, Neb.

Prior to 2005, Bucknam says, CPT did not include specific codes to cover the extra work involved with treating complicated wounds when the debridement is extensive or when it is the primary treatment for the patient's condition.

Bonus: The new codes will more aptly describe the physician's work in treating these sometimes life-threatening wounds, says Carrie Ontiveros, CPC, coding specialist with the Wichita Clinic in Wichita, Kan.

Warning: Coders should NOT use these codes in place of codes 15920-15999 for pressure ulcer excision even if the decubiti include necrotic tissue, Bucknam says.

Taking Extra Precautions Against Contamination? Look to 11008

CPT 2005 also includes a new debridement add-on code, +11008 (Removal of prosthetic material or mesh, abdominal wall for necrotizing soft tissue infection [list separately in addition to code for primary procedure]), that you should report with the primary debridement code 11000 (Debridement of extensive eczematous or infected skin; up to 10% body surface).

You will mainly report the new add-on code 11008 for wound infection treatment cases, Bucknam says.

You should use this add-on code when the patient has an inflammatory reaction to the mesh the physician used to previously repair the abdominal wall, she says. The add-on code describes the extra work involved in removing that mesh and preserving the operative wound from further contamination.

Red flag: Don't forget that you cannot report this code alone, Bucknam says. This code only refers to the removal of an infected prosthetic. If the patient complains of problems, such as pain around the surgical site, but the physician concludes that infection is not the cause of the problem, you should not report this code, she says.

