

Dermatology Coding Alert

Reader Question: 11042 Gets Deep Into Debridement Service

Question: A patient with uncontrolled type II diabetes presents with an ulcer on his lower leg. The dermatologist debrides the wound through subcutaneous tissue and applies a dressing. I think the right code is 11042, but a colleague suggested 97597 or 97598. Which is right?

Florida Subscriber

Answer: You should report 11042 (Debridement, subcutaneous tissue [includes epidermis and dermis, if performed]; first 20 sq cm or less). When your dermatologist treats a wound, you should select the wound debridement code according to the depth to which the physician debrides the wound.

Remember, you shouldn't confuse the depth of debridement with the depth of the wound. Code 11042's definition includes "skin and subcutaneous tissue" but does not include the muscle and bone.

Heads up: The debridement code includes reimbursement for the dressing application, so you may not code separately for that service. Routine dressing and supplies are bundled into the debridement code.

You shouldn't report 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) and 97598 (...each additional 20 sq cm, or part thereof [List separately in addition to code for primary procedure]) because these codes indicate that the dermatologist used a waterjet and that the patient was not under any kind of anesthesia, either local or general. These aspects are not part of your scenario.