

## **Dermatology Coding Alert**

### **Reader Question: 709.9 Dx Selection Must Be Backed by Note**

Question: When I bill Medicare for deep debridement (11042) using the diagnosis the dermatologist supplied --09.9 --'m getting denied payment. What diagnosis should I use for debridement?

California Subscriber

Answer: You should use the diagnosis code that describes the patient's condition. You should never assign a code just because it is a "payable" diagnosis for the procedure (11042, Debridement, subcutaneous tissue [includes epidermis and dermis, if performed]; first 20 sq. cm or less).

In this case, your dermatologist has chosen a non-specific code (709.9, Unspecified disorder of skin and subcutaneous tissue), so you'll need to go back to the op note or ask the surgeon for more detail regarding the reason for the debridement.

For instance: If the dermatologist documents that the patient has a pressure ulcer, which is the reason for the debridement, you should choose the appropriate five-digit code such as 707.2x (Chronic ulcer of skin: Pressure ulcer stages).