

Dermatology Coding Alert

Reader Question: Ensure That Diagnosis Matches Patient's Condition

Question: When I bill Medicare for deep debridement (11042) using the diagnosis the physician supplied -- 709.9 -- I'm getting denied payment. What diagnosis should I use for debridement?

Minnesota 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 physician has chosen a non-specific code (709.9, Unspecified disorder of skin and subcutaneous tissue), so you'll need to go back to the procedure note or ask the physician for more details regarding the reason for the debridement.

Example: If the physician documents that the patient has a pressure ulcer, which is the reason for the debridement, you should first choose the appropriate five-digit code for the site of the pressure ulcer from 707.00 through 707.09, and then choose a code for stage of the pressure ulcer from the series 707.2x (Chronic ulcer of skin; pressure ulcer stages).