

Dermatology Coding Alert

Reader Questions: Check Wound Size Before You Code Wound Care

Question: Our dermatologist saw a patient status post bilateral wrist arthroplasty and he debrided two forearm sites with infected decubiti. Should I report each site separately? Which code(s) should I report?

Idaho Subscriber

Answer: As a first choice, you should look at the codes for excision of decubiti (15920-15999). Select a code according to the location of the ulcer(s) and whether the surgeon also performed osteotomy (bone removal) or primary suture. You may report each excision separately, and you can also report free skin grafts (15000-15261) if the surgeon uses a graft to close the wound or donor site.

If you don't think the surgeon's documentation will support a code from the 15920-15999 range, you could select 11000 (Debridement of extensive eczematous or infected skin; up to 10% of body surface).

In this case, you cannot code the sites separately because 11000's descriptor specifies a certain percentage of body surface. Rather, you should add the total surface area of the two sites together to get the appropriate percentage. Based on that total area, you can report +11001 (... each additional 10% of the body surface [list separately in addition to code for primary procedure]) if the physician debrides a total area greater than 10 percent.

If the infected decubiti extend deeper than the skin or if debridement involves more than just skin, you might also report a code from the 11040-11044 series (Debridement; skin, partial/full thickness, subcutaneous tissue, muscle and bone).