Dermatology Coding Alert

Reporting Debridement Separately From Wound Repair? Maximize Pay With These Tips

Look for devitalized or contaminated tissue to justify 11040

Many clinical scenarios do not require dermatologists to perform debridement as a separate service from wound closure. However, recognizing the times when it is necessary can help your practice get the full reimbursement it deserves.

If you're considering reporting debridement separately from a wound closure, make sure your dermatologist's notes clearly document that the wound was contaminated and required saline or other substances or instrumentation to cleanse and debride the wound, says **Linda Martien, CPC, CPC-H**, coding consultant at National Healthcare Review in Woodland Hills, Calif.

Don't miss: If you report a debridement code with your wound closure codes, append modifier 59 (Distinct procedural service) to the debridement code. This informs the payer that you recognize that debridement is generally bundled into wound repair, but that clinical circumstances required the dermatologist to perform debridement as a separate service.

1. Look for Wound Repair With the Debridement

CPT specifies that you may also report debridement codes independently of repair codes when the dermatologist removes large amounts of devitalized or contaminated tissue or when the dermatologist performs debridement without immediate primary repair of a wound.

The dermatologist may clean debris from the wound without repairing the wound because it was not deep enough to require repair or the dermatologist delayed the repair due to an extenuating circumstance.

For example: The dermatologist may not have enough time to repair the wound at that time, or the patient may present with a more significant skin condition that requires medical attention first. In such a case, you can bill debridement for full, separate payment without a wound repair code.

For instance, a patient presents with a basal cell carcinoma on the bridge of her nose, and upon excising the lesion, measuring 0.3 cm with margins (11640, Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less), the dermatologist may also need to debride the bone underneath for any potentially invasive carcinoma (11040, Debridement; skin, partial thickness).

Documentation example: Using the above-mentioned scenario, the documentation might read, "Patient presented with basal cell carcinoma on the tip of her nose. The dermatologist first anesthetized the area with Lidocaine and 1 percent epenephrin. The lesion with margins measuring 0.3 cm was excised with further debridement to ensure clean margin throughout. The dermatologist then applied antibiotic ointment and light dressing."

You should report these procedures using code 11640 and code 11040 appended with modifier 51 (Multiple procedures).

Although dermatologists most commonly clean a wound immediately before they repair it, you wouldn't report a debridement code separately. Don't miss: The debridement procedure may also necessitate a repair procedure that will affect your billing report.

2. Don't Overlook Intermediate Wound Closure for Your Extensive Debridements

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If the dermatologist performs a simple repair with minimal amounts of debridement, for instance, you should only report a simple repair code (12001-12021). If that same wound needs extensive cleaning or removal of particulate matter, you may instead report an intermediate repair code (12031-12057).

Money opportunity: There is a significant difference in payment between simple and intermediate repair codes. Reporting code 12001 (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities [including hands and feet]; 2.5 cm or less) will reimburse you about $145, whereas 12031 (Layer closure of wounds of scalp, axillae, trunk and/or extremities [excluding hands and feet]; 2.5 cm or less) may pay $175.

The difference in reimbursement reflects the difference in the repair, says **Marie West**, coding specialist at Medical Data Services Ltd. in Edmond, Okla. Specifically, the intermediate repair involves more time, effort and supplies than the simple repair and therefore is reimbursed at a higher rate.

Simple repairs require a simple one-layer closure involving the epidermis, dermis or subcutaneous tissues without significant involvement of deeper structures, CPT says.

Intermediate repair involves layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia, in addition to the skin (epidermal and dermal) closure. Therefore, if the dermatologist performs a one-layer closure, you should report the repair with the appropriate simple repair code (12001-12021), West says.

If the dermatologist performed a multiple-layer closure, however, you should report the repair with the appropriate intermediate repair code (12031-12057), she says.

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