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Dermatology Coding Alert

Wound Repair: 3 Tips Help You Recover Your Full Debridement Pay

Maximize 11040-11044 pay with modifier 51.

In most cases, your practice won't report debridement separate from wound repair codes. But when exceptions arise, follow these three tips to choose the appropriate wound repair code.

If you're considering reporting debridement separate from a wound closure, make sure your physician's notes clearly document that the wound was contaminated and required saline or other substances or instrumentation to cleanse and debride the wound.

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 physician 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 physician removes large amounts of devitalized or contaminated tissue or when the physician performs debridement without immediate primary repair of a wound, notes **Pamela Biffle, CPC, CPC-I, CCS-P, CHCC, CHCO,** owner of PB Healthcare Consulting and Education Inc. in Watauga, Texas.

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

In the case in which the dermatologist excises a lesion, debridement is included in the procedure. However, when the dermatologist only performs debridement or performs the debridement in addition to the wound repair, such as the case when a wound is excessively dirty or contaminated with debris, you would also code the debridement code with the wound repair/excision code, appending modifier 51 (Multiple procedures) for the multiple procedure.

Example: A patient returns to the dermatologist several days after a chemical peel to her forehead, cheeks and chin. The areas on her chin are weeping a purulent material, and the wound is infected. The dermatologist debrides the infected areas of her chin and applies an antibiotic ointment.

You should report this scenario using codes 11640 (Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less) and 11040 (Debridement; skin, partial thickness) also with modifier 51.

2. Make Sure Debridement Doesn't Justify a Higher Level Repair

Although physicians most commonly clean a wound immediately before they repair a wound, 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.

3. Don't Overlook Intermediate Wound Closure

If the physician 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).

Cash in: 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 approximately $138 whereas 12031 (Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities [excluding hands and feet]; 2.5 cm or less) may pay $220. The difference in reimbursement reflects the difference in the repair. 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, according to CPT. Intermediate repair involves layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia, addition to the skin (epidermal and dermal) closure. Therefore, if the physician performs a one-layer closure, you should report the repair with the appropriate simple repair code (12001-12021).

To report 12001-12021, the physician must use materials other than adhesive strips to perform the closure, reports **Kenny Engel, CPC,** coding coordinator with Advanced Healthcare in Germantown, Wis. Those materials include

surgical staples

tissue adhesives, such as Dermabond, or any other 2-cyanoacrylate product

sutures, such as Dermalon, Ethilon, Prolene, Surgilon, and Dexon.

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