

## Dermatology Coding Alert

### You Be the Coder: Debridement of Infected Decubiti

Question: Our dermatologist debrided two sites with infected decubiti. Should I report each site separately? Which code(s) should I report for this service?

Idaho Subscriber

Answer: As a first choice, you should look at the decubiti excision codes (15920-15999). Select a code according to the location of the ulcer(s) and whether the physician also performs ostectomy (bone removal) or primary suture. You may report each excision separately, and you may also report free skin grafts (15002-15261) if the dermatologist uses a graft to close the wound or donor site.

For example, the dermatologist removes both a coccygeal pressure ulcer and a sacral pressure ulcer with ostectomy. Report 15920 (Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture) and 15935 (Excision, sacral pressure ulcer, with skin flap closure; with ostectomy).

In addition, the dermatologist uses a full-thickness graft to close the sacral pressure ulcer excision. Therefore, you may report, for instance, 15200 (Full-thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less).

If you don't think the dermatologist'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, or part thereof [List separately in addition to code for primary procedure]) if the dermatologist debrides a total area greater than 10 percent..