

Internal Medicine Coding Alert

CPT® Coding: Perfect Wound Debridement Reporting with These 4 Tips

Hint: Watch edits when reporting multiple wound debridement of different depths.

When an internal medicine provider performs wound debridement, you should look through documentation to check the depth and surface area of the wound, as these factors influence the code(s) that you will select for the procedure.

Use these four useful tips to take you through a step-by-step process that will enable you to successfully report wound debridement each time your clinician performs the procedure.

#1 Choose Appropriate Wound Debridement Codes Based on Depth

In general, when the physician performs wound debridement, you will typically have to choose the code that you report for the procedure based on the depth of the wound. Among the debridement codes done most commonly by internal medicine physicians, you will likely report one of the following CPT® codes based on the depth at which the wound debridement was performed:

- 11042 (Debridement, subcutaneous tissue [includes epidermis and dermis, if performed]; first 20 sq cm or less)
- 11043 (Debridement, muscle and/or fascia [includes epidermis, dermis, and subcutaneous tissue, if performed]; first 20 sq cm or less)
- 11044 (Debridement, bone [includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed]; first 20 sq cm or less).

If your clinician performed a superficial debridement involving only the surface layers of the skin, you will have to report the procedure with the CPT® code, 97597 (Debridement [e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps], open wound, [e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm], including topical application[s], wound assessment, use of a whirlpool, when performed and instruction[s] for ongoing care, per session, total wound[s] surface area; first 20 sq cm or less).

When a single wound has multiple depths, one CPT® code is reported based on the deepest level debrided.

Reimbursement: If you look at the relative value units (RVUs) for each of the codes, you will see that 97597 is allocated just 2.12 RVUs while 11044 carries the highest RVU of the debridement codes and is allocated 8.96 RVUs. Based on the 2016 conversion factor, this translates to a Medicare reimbursement of \$75.91 for 97597 while 11044 pays out \$320.81.

As the difference in the reimbursement between the codes is quite huge, it is very important for you to check patient documentation to see the exact depth to which your clinician performed the debridement. If you fail to identify deeper levels of debridement, you stand to lose a lot on ethical reimbursement. If you have any doubts regarding the depth to which your clinician debrided the wound, you can query your physician directly so that you do not lose out on deserved pay.

#2 Report Appropriate Add-on Codes Depending on Area of Wound

If you look at the wound debridement codes, 97597 and 11042-11044, you will see that all the codes carry the term "first 20 sq cm or less." That means, if your clinician debrided more than 20 sq cm of wound area, you will have to report an appropriate add-on code(s) for each additional 20 sq cm of debridement along with the base code.

The add-on codes that you will report for additional wound debridement above the initial area of wound debridement include:

- +97598 as an add-on code for 97597
- +11045 as an add-on code for 11042
- +11046 as an add-on code for 11043
- +11047 as an add-on code for 11044.

Example: If your clinician performed 60 sq cm of wound debridement that included skin and subcutaneous tissues, you will have to report 11042 for the first 20 sq cm of wound debridement and two units of +11045 for the additional 40 sq cm of debridement.

#3 Know Whether to Report Foreign Body Removal Separately

When performing wound debridement, if your clinician finds a foreign body in the wound and removes it, you should not report the removal of the foreign body separately with an additional code. "Do not separately report the removal of a foreign body in the same wound as debridement includes removal of necrotic tissue and foreign matter from a wound," says **Cindy Hughes, CPC, CFPC**, consulting editor of Cindy Hughes Consulting in El Dorado, KS.

You will not report the foreign body removal with an additional code such as 10120 (Incision and removal of foreign body, subcutaneous tissues; simple) or 20520 (Removal of foreign body in muscle or tendon sheath; simple) when you're reporting wound debridement codes. The work involved in debridement includes removal of foreign bodies and should not be reported separately.

Example: Your internist reviews a 15-year-old male patient who suffered from an injury while on a skateboard. The boy collided with a windowpane and the shattered glass entered the boy's upper right arm. After examination, your clinician notes that the patient had an open wound in the upper arm. Your physician debrides the wound, including skin and some subcutaneous tissue, and removes a shard of glass. Your clinician then places a topical antibiotic and performs dressings.

What to report: In this instance, your clinician performed wound debridement. So, you will need to report the following set of codes:

- 11042 to report the wound debridement
- the appropriate level E/M code with modifier 25 appended
- S41.121A (Laceration with foreign body of right upper arm, initial encounter) appended to 11042 and the E/M to represent the patient's injuries
- Y93.51 (Activity, roller skating [inline] and skateboarding) appended to 11042 and the E/M to represent the cause of the patient's injuries.

#4 Watch Edits When Reporting Different Debridement Codes

When your clinician is performing debridement of different wounds at the same depth, you will just sum up the surface area of the wounds after debridement and report the appropriate code for the first 20 sq cm area of the wound. You report the appropriate add-on code for reporting additional area of wound debridement beyond the first 20 sq cm.

But, when your clinician is performing debridement of different wounds at different depths, you cannot add up the surface area of the wounds of different depths and report them with a single code and add-on code(s) (as necessary). "Multiple wounds with debridement at the same level are reported with a single code representing the depth of debridement and combined surface area measurements," Hughes says. So, you will have to report the appropriate wound debridement codes and add-on codes reflecting the different depths of wounds, while still adding the area of wounds at the same depth.

"If multiple wounds are debrided at different depths, report codes separately for each wound debrided at a different depth and append modifier 59 to the code for the lesser service," Hughes adds. "Some payers may prefer HCPCS modifiers identifying site (e.g., T4), separate site - XS, or other unusual non-overlapping service - XU."

Heed This Final Caution

"While the codes above represent some of the more common debridement codes done by internists, they are certainly

not the only debridement codes in CPT®," Moore says. "Depending on the circumstances, you may need to look at other debridement codes. For instance, in the case of debridement of an open fracture or dislocation, you may need to use codes 11010-11012, and in the case of debridement of burns, codes 16020-16030 come into play," he adds.