

Part B Insider (Multispecialty) Coding Alert

Decubitus Ulcers: Confused by Ulcer Coding? Here Are Rules to Live By

In real estate, location is always the most important factor. But with decubitus ulcers, it's not necessarily so.

With decubitus ulcers, you only pay attention to the ulcer's location on the body if the physician actually excised the ulcer. If the physician debrided the ulcer, you only need to note how deep the ulcer went, says **Jan Rasmussen** with Professional Coding Solutions in Eau Claire, Wis. The ulcer debridement codes (11040-11044) range from skin-deep to bone-deep.

If you're billing for debridement of an ulcer and claiming it went all the way to the bone, you need careful documentation, says coding expert **Terry Fletcher** in Laguna Niguel, Calif. Also, if the patient has a condition such as diabetes, it's important to code that diagnosis to increase your chances of getting paid for a serious ulcer.

You have to live up to the language in the CPT descriptor for each debridement code, Rasmussen says. The physician's notes "can't just say something like 'Debridement done.' "

The main difference between debridements and excisions: In the latter case, the physician will close the wound. In the case of debridements, the physician will leave the wound open and hope that healthy tissue will grow over the site of the ulcer.

If the physician must go back and perform a debridement for the second or third time, use modifier -58 (Staged or related procedure by same physician ...) if it's within the global period, Rasmussen says. 11040 only has a 10-day global period, but the more extensive 11044 has a 90-day global period. The CPT guidelines say never to bill 11040 with 97601, a code for nonphysician practitioners, who would never bill for debridements.

If the patient had eczematous or infected skin over more than 10 percent of her body and the physician debrided this, you can bill 11000, Rasmussen adds. Each arm is considered 10 percent of the body surface, and the torso is 18 percent.

Flow Chart: Coding by Depth or Location

1) Did the physician debride or excise the ulcer?

If excision, go to 2). If debridement, go to 3).

Excision

2) Where on the body was the ulcer located?

Coccygeal - then code 15920 through 15922

Sacral - then code 15931 through 15937

Ischial - then code 15940 through 15946

Trochanteric - then code 15950 through 15958

Debridement

3) What depth was the ulcer?

11040 - skin, partial thickness

11042 - skin, and subcutaneous tissue

11043 - skin, subcutaneous tissue and muscle

11044 - skin, subcutaneous tissue, muscle and bone

