

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Ace Debridement Coding with 4 Tips

Warning: Beware of bundling problems.

Debridement of damaged tissue is common in surgical cases, and procedure codes that describe or include debridement are plentiful, which can cause confusion over the right codes to choose. Sometimes just seeing the word in an op report can make you uncertain about how to approach the coding.

Read on to learn how our experts' tips can point you to the correct code family and help you pick the right debridement code in every situation.

Tip 1: Navigate Integumentary Debridement Section

You'll find lots of options for debridement reporting in the CPT® Integumentary section by that name, which includes codes 11000-+11047.

The section includes the following specialized code families for the specific conditions:

- For debridement of extensive infected or eczematous skin, use 11000 and possibly +11001, depending on the surface area.
- For debridement of a necrotizing soft tissue infection to the depth of the fascia, use a code from 11004-11006 depending on the anatomic site.
- For debridement that includes removing foreign material at an open fracture/dislocation site, turn to 11010-11012, depending on the depth of the work.

Core: The heart of this section is the wound debridement code set 11042-+11047, which describes debridement for injuries, infections, wounds, and chronic ulcers, according to CPT®. These are all excisional procedures, involving the removal of abnormal tissue such as eschar, slough, granulation, or necrosis to reach viable tissue.

Depth: You'll find the following three code families here, distinguished by the debridement depth:

- 11042 and +11045 (Debridement, subcutaneous tissue (includes epidermis and dermis, if performed)...))
- 11043 and +11046 (Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed)...))
- 11044 and +11047 (Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/ or fascia, if performed)...))

These codes all define the deepest layer of debridement and include the layers above that depth (up to the epidermis), if they're included in the work.

You'll notice that none of these codes describe debridement of only the top skin layers. A CPT® text note directs you "For debridement of skin [ie, epidermis and/or dermis only], see 97597, +97598." Look to tip three, below, for more on these codes.

Area: The first code in each of these pairs describe the first 20 sq cm or less of treated area, and the second in each pair is an add-on code for each additional 20 sq cm or part thereof.

Calculate: If you have wounds of the same depth but on different anatomic sites, you should add the surface area together and code based on the total surface area, according to **Catherine Brink, BS, CMM, CPC**, president of Healthcare Resource Management in Spring Lake, New Jersey. But you shouldn't add the area of multiple wound

debridements at different depths, instead reporting the appropriate code(s) from each depth family.

Hint: Code based on only the part of the wound the surgeon debrides - use the entire wound surface area only if the surgeon treats the entire area.



Tip 2: Beware These Bundling Rules

Because debridement is often just one step in a broader wound-treatment surgery, you can't always separately report a code from the range 11042-+11047. But the codes for more extensive procedures may themselves account for the work involved in debridement.

For instance: Repair (closure) codes (12001-13160) define the services as simple, intermediate, or complex based on the type of closure. Simple repair involves single-layer closure, intermediate repair involves layered closure, and complex repair additionally involves various types of more extensive work, according to the guidelines.

The National Correct Coding Initiative (NCCI) edits bundle many repair codes with debridement codes. For example, 11004 (Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum) is a column 2 code for 13100 (Repair, complex, trunk; 1.1 cm to 2.5 cm). These edit pairs have a modifier indicator of "1," meaning that you can bill the paired codes together, using a modifier, if the service is for different anatomic sites.

Relief: You're not necessarily losing pay by not separately coding extensive debridement in addition to a repair code. In fact, the closure guidelines allow you to choose an intermediate code instead of simple, or a complex code instead of intermediate, if the surgeon documents extensive debridement as part of the service.

For example: Although single-layer closure is a simple repair, the CPT® guidelines state that a "single-layer closure of heavily contaminated wounds that have required extensive cleaning or removal of particulate matter also constitutes intermediate repair." Similarly, the guidelines allow you to code as a complex repair, a multi-layer intermediate repair that also involves "debridement of wound edges (eg, traumatic lacerations or avulsions)."

Tip 3: Distinguish Active Wound Care Management

Active wound care management involves procedures such as debriding areas of devitalized tissue using a process such as sharp excision, high-pressure waterjet, or non-selective processes such as abrasion or enzyme treatments. According to CPT® guidelines, the intent of these procedures is "to remove devitalized and/or necrotic tissue and promote healing."

You'll report these procedures using codes such as the following:

- 97597 and +97598 (Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, 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...)
- 97602 (Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session)

Although the surgeon's work may be similar for some wound debridement codes as active wound care management, don't get confused between the two groups of codes.

Key: Active wound care management involves epidermis and dermis only. On the other hand, "the wound-debridement codes 11042-+11047 all involve deeper layers," says **Marcella Bucknam, CPC, CCS-P, COC, CCS, CPC-P, CPC-I, CCC, COBGC**, revenue cycle analyst with Klickitat Valley Health in Goldendale,

Washington. That's why CPT® text notes in the Debridement section direct you, "for debridement of skin [ie, epidermis and/or dermis only], see 97597, +97598."

Tip 4: Recognize Specific Type Codes

If your surgeon performs certain specific types of debridement procedures, you'll need to turn to other code families. CPT® provides specific codes in conditions such as burns or pressure ulcers. Text notes in the Debridement and Active Wound Care Management sections point you to some of these codes.

You should be aware of the following code families:

- For dermabrasions, turn to 15780-15783.
- For nail debridement, use 11720-11721.
- For debriding burns, look to 16020-16035.
- For pressure ulcers, see codes 15920-15999.