

Part B Insider (Multispecialty) Coding Alert

Reader Questions: Look to Wound Margins for Debridement Clues

Question: The physician performs a level-three E/M service in the emergency room, and then performs debridement of skin as well as subcutaneous tissue on a chronically infected wound from an electrical burn on patient's upper back. Notes indicate that the physician used sharp selective debridement according to the notes both skin and a significant amount of subcutaneous tissue were removed. What is the correct code for this encounter? Is this a 11040 service?

Answer: You are in the right code set for the debridement, but choose the following codes for this procedure:

- 11042 (Debridement; skin, and subcutaneous tissue) for the debridement
- 99283 (Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity...)
- modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended to 99283 to show that the E/M and debridement were separate services.

Explanation: The 11040 (... skin, partial thickness) code is for debridement of skin and subcutaneous tissue. In your scenario, the additional debridement of the subcutaneous tissue warrants 11042.

CPT 2011 changes things: Keep in mind that in 2011, you will have to look at the debridement section carefully as there have been several key changes: Superficial debridements described by 11040/11041 have been deleted

The deeper debridements continue to be stratified by the depth of tissue involved; subcutaneous, muscle/ fascia, or bone but they are now further delineated based on the surface area with the initial codes limited to the first 20 sq cm and add on codes available for each additional 20 sq cm.