

Outpatient Facility Coding Alert

Reader Question: Verify Depth and Surface Area for Wound Code Selection

Question: Our wound care specialist treated a patient with multiple extensive wounds requiring repeated debridement and other modalities, including hyperbaric oxygen chamber treatments. The combined total surface area exceeds 180 sq cm. Wounds are located on both right (up to 30 sq cm) and left calves (45 sq cm), heels of both feet (right 30 sq cm, left 25 sq cm) and great toe of the right foot. How does this claim get coded?

New York Subscriber

Answer: Per CPT®, wound debridement (11042-11047) is reported according to the depth of tissue that is removed and by the wound's surface area. When the physician performs debridement of a single wound, you report depth using the deepest level of tissue removed. In multiple wounds, you sum the surface area of those wounds that are at the same depth but do not combine sums from different depths.

You did not mention anything about the depth of the wounds that were treated. Assuming that they were all of the same depth, you will have to report the procedure based on the area of debridement. Thus, if the debridement that your physician performed was no more than subcutaneous, you will report 11042 (Debridement, subcutaneous tissue [includes epidermis and dermis, if performed]; first 20 sq cm or less) for the first 20 sq cm of debridement. Since the total in your scenario is about 180 sq cm, you will also need to submit the add-on code +11045 (...each additional 20 sq cm, or part thereof [List separately in addition to code for primary procedure]) for the additional 160 sq cm. You will have to report 11045x8.

Code the physician's involvement in the hyperbaric oxygen treatment with 99183 (Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session). You will have to report only one unit of this code for the entire session irrespective of the time spent for the procedure.