

Billing and Coding Guidelines

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Title

GSURG-051 Wound Care

LCD Database ID Number

L28572

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12/01/2011

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CMS National Coverage

Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

Benefits Manual section on surgical dressings (Ch.15 sect.100)

Billing Guidelines

- A. Wound Care (CPT Codes 97597, 97598 and 11042-11047)
1. Active wound care is performed to remove devitalized and/or necrotic tissue to promote healing of a wound on the skin. These services are billed when an extensive cleaning of a wound is needed prior to the application of dressings or skin substitutes placed over or onto a wound that is attached with dressings.
 2. Debridement is the removal of foreign material and/or devitalized or contaminated tissue from or adjacent to a traumatic or infected wound until surrounding healthy tissue is exposed.
 3. CPT 97597 and/or CPT 97598 are typically used for recurrent wound debridements.
 4. CPT 97597 and/or CPT 97598 are not limited to any specialty.

Coding Guidelines

1. Active wound care, performed with minimal anesthesia is billed with either CPT code 97597 or 97598.
2. Debridement of a wound, performed before the application of a topical or local anesthesia is billed with CPT codes 11042 - 11047.
3. CPT code 11043, 11046 and 11044, 11047 may only be billed in place of service inpatient hospital, outpatient hospital or ambulatory care center (ASC).
4. The following HCPCS codes are considered a dressing and therefore bundled into the procedure.

Q4104	Integra BMWD skin sub
Q4105	Integra DRT skin sub
Q4107	Graftjacket skin sub
Q4108	Integra matrix skin sub

Q4110	Primatrix skin sub
Q4111	Gammagraft skin sub
Q4112	Cymetra allograft
Q4113	Graftjacket express allograf
Q4114	Integra flowable wound matri
Q4115	Alloskin, per square centimeter
Q4116	Alloderm, per square centimeter
Q4117	Hyalomatrix, per square centimeter
Q4118	Matristem micromatrix, 1 mg
Q4119	Matristem wound matrix, per square centimeter
Q4120	Matristem burn matrix, per square centimeter
Q4121	Theraskin, per square centimeter

Reasons for Denial

1. Performing deep debridement in POS other than inpatient hospital, outpatient hospital or ASC
2. Billing of debridement by unqualified personal.

Documentation Requirements

1. The medical record must clearly show that the criteria listed in LCD GSURG-051 under “Indications and Limitation of Coverage and/or Medical Necessity” have been met.
2. There must be a documented plan of care with documented goals and documented provider follow-up present in the patient's medical record. Wound healing must be a medically reasonable expectation based on the clinical circumstances documented.
3. Documentation of the progress of the wound’s response to treatment must be made for each service billed. At a minimum this must include current wound size, wound depth, presence and extent of or absence of obvious signs of infection, presence and extent of or absence of necrotic, devitalized or non-viable tissue, or other material in the wound that is expected to inhibit healing or promote adjacent tissue breakdown.
4. When debridements are performed, the debridement procedure notes must document tissue removal (i.e. skin, full or partial thickness; subcutaneous tissue; muscle; and/or bone), the method used to debride (i.e., hydrostatic versus sharp versus abrasion methods), and the character of the wound (including dimensions, description of necrotic material present, description of tissue removed, degree of epithelialization, etc.) before and after debridement.
5. When, the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

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09/15/2009

Published/Website:

12/01/2011, article, 01/01/2011, article; 08/01/2009

Revision History:

12/01/2011, Corrected billing and coding guidelines by adding CPT codes 11043 and 11046 so now reads
 3. CPT codes 11043, 11046 and 11044, 11047 may only be billed in place of service inpatient hospital, outpatient hospital or ambulatory care center (ASC), does not change claims processing system;
 01/01/2011, 2011 HCPCS update; 08/01/2009, one, new LCD replaces L15700 Wound Care, L26653 GSURG-551 – Chronic Wound Care that are retired as of 9/15/2009

Notes

An asterisk indicates a revision to that section of the policy.

NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.