Title
GSURG-051 Wound Care

LCD Database ID Number
L28572

Revision Effective Date
07/16/2012

AMA CPT/ ADA CDT Copyright Statement

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).

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:
09/01/2012 article,12/01/2011, article, 01/01/2011, article; 08/01/2009

Revision History:
09/01/2012 removed billing information regarding skin substitutes this issue covered in LCD GSURG-052 Applications of Bioengineered Skin Substitutes, removed contract numbers.06/01/2012, Four, This guideline is effective for J-8 providers in Michigan MAC B 07/16/12, Michigan MAC A; 07/23/12, Indiana MAC A 07/23/12 and Indiana MAC B 08/20/12, 12/01/2011, three, Corrected billing and coding guidelines by adding CPT codes 11043 and 11046 so that statement three now reads - 3. CPT codes 11043, 11046, 11044, and 11047 are usually appropriately billed in place of service inpatient hospital, outpatient hospital or ambulatory care center (ASC). Billing of these codes in another place of service is most likely a billing error and thus the service will be denied. If a provider feels that CPT 11043, 11046, 11044, or 11047 were actually performed in another place of service, a review of the denied claim should be requested and documentation, including an operative report, should be submitted; 01/01/2011, two, 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.