

Billing and Coding Guidelines:

GSURG-051 Wound Care

LCD Database ID Number

L28572

Effective Date

09/15/2009

Contractor Name

Wisconsin Physicians Service (WPS)

CMS Regulations

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 11040-11042)
 - 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.

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 either CPT code 11040 or CPT code 11042.
- 3. CPT codes 11043-11044 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
Q4109	Tissuemend skin sub
Q4110	Primatrix skin sub
Q4111	Gammagraft skin sub
Q4112	Cymetra allograft
Q4113	Graftjacket express allograf
Q4114	Integra flowable wound matri

Procedure Codes

11040	Debride skin, partial
11041	Debride skin, full
11042	Debride skin/tissue

11043	Debride tissue/muscle
11044	Debride tissue/muscle/bone
97605	Neg. press wound tx, < 50 cm
97606	Neg press wound tx, > 50 cm
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors , scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters
97598	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters
97602	Wound(s) care non-selective
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
G0329	Electromagnetic therapy, to one or more areas for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care

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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08/01/2009

Revision History:

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.