

**FIRST COAST SERVICE OPTIONS
MAC – PART A/B
CODING GUIDELINES**

LCD Database ID Number

L33566

Contractor Name

First Coast Service Options, Inc.

Contractor Number

09101 – Florida
09201 – Puerto Rico/Virgin Islands
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

LCD Title

Wound Debridement Services

Coding Guidelines

CPT codes 11000-11047 should not be used to describe debridement of burn wounds. For local treatment of burns, see CPT codes 16000-16030.

Wound debridements (CPT codes 11042-11047) are reported by depth of tissue that is removed and by surface area of the wound. These services may be reported for injuries, infections, wounds and chronic ulcers. When performing debridement of a single wound, report depth using the deepest level of tissue removed. In multiple wounds, sum the surface area of those wounds that are at the same depth, but do not combine sums from different depths. For example: When bone is debrided from a 4 sq cm heel ulcer and from a 10 sq cm ischial ulcer, report the work with a single code, 11044. When subcutaneous tissue is debrided from a 16 sq cm dehisced abdominal wound and a 10 sq cm thigh wound, report the work with 11042 for the first 20 sq cm and 11045 for the second 6 sq cm. If all four wounds were debrided on the same day, use modifier 59-distinct procedural service or HCPCS modifier XS-separate structure with 11042, 11045, and 11044.

Debridement of Necrotizing Soft Tissue Infections (CPT codes 11004-11008) (Inpatient Only)

CPT codes 11004-11006 describe extensive debridement of skin, subcutaneous tissue, muscle, and fascia to treat necrotizing soft tissue infections. Generally, these debridement procedures are performed on high-risk patients. The code descriptor indicates the specific area that receives treatment.

CPT code 11008 describes the concurrent removal of a mesh or prosthetic device.

CPT codes 11042-11047 should not be billed with revenue codes 0420 and 0430.

Procedures submitted with a modifier –58 may be subject to medical review. The medical record must reflect the subsequent procedure was planned at the time of the initial procedure, as well as the rationale for the staged procedure.

Coding Guidelines Wound Debridement Services

CPT codes 97597, 97598, and 97602 describe procedures that promote healing. Since the codes involve selective and non-selective debridement techniques, do not report codes 11042-11047 for the same wound in addition to these codes. Performance of a dressing change only, or in the absence of wound care, is not separately reported and is included in the evaluation and management (E/M) service.

Only physicians and qualified non-physician practitioners (NPPs) may bill debridement codes identified in the 11000 series when they are both appropriate and allowed by the state licensure. Physicians, NPPs, and therapists acting within their scope of practice and licensure, may provide debridement services using the active wound care management CPT codes 97597, 97598, and *97602.

*CPT code 97602 (Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), larval therapy, including topical application(s), wound assessment, and instruction(s) for ongoing care, per session) represents services that have a B-status Indicator on the Medicare Fee Schedule for physician's services. Therefore, these services are bundled into payment for other services.

Evaluation and management (E&M) codes are not usually billed in conjunction with a debridement procedure. When providing and billing surgical debridements, the surgical debridement service is to include: the pre-debridement wound assessment, the debridement, and the post-debridement instructions provided to the patient on the date the service was performed. When a "medically reasonable and necessary" E&M service is provided and documented on the same day as a debridement service, it is payable by Medicare when the documentation clearly establishes the service as a "separately identifiable service" (modifier 25) that was medically reasonable and necessary, as well as distinct, from the debridement service(s) provided.

Comments

Pressure Ulcer Stages (Updated by the National Pressure Ulcer Advisory Panel)

(Suspected) Deep Tissue Injury

Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.

Stage I

Intact Skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

Stage II

Partial-thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

Stage III

Full-thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Stage IV

Full-thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.

Unstageable

Full-thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown, or black) in the wound bed.

This staging system should be used only to describe pressure ulcers. Wounds from other causes, such as arterial, venous, diabetic foot, skin tears, tape burns, perineal dermatitis, maceration, or denudement should not be staged using this system. Other staging systems exist for some of these conditions and should be used instead.

Wagner's Classification (intended to rate the severity of diabetic foot ulcerations)

Coding Guidelines Wound Debridement Services

- Grade 0 – Skin with prior healed ulcer scars, areas of pressure that are sometimes called pre-ulcerative lesion, or the presence of bony deformity, which puts pressure on an unguarded point.
- Grade 1-A – The wound is superficial in nature, with partial or full-thickness skin involvement but does not include tendon, capsule, or bone.
- Grade 1-B – As above, the wound is superficial in nature, with partial or full thickness skin involvement but not including tendon, capsule nor bone; however the wound is infected. The definition of this wound implies superficial infection without involvement of underlying structures. If the wound shows signs of significant purulence or fluctuance, further exploration to expose a higher grade classification of infection is in order.
- Grade 1-C – As above but with vascular compromise.
- Grade 1-D – As above but with ischemia. Because ischemia is a type of vascular compromise, the distinction between these two grades is often difficult to make.
- Grade 2-A – Penetration through the subcutaneous tissue exposing tendon or ligament, but not bone.
- Grade 2-B – Penetration through the deep tissues including tendon or ligament and even joint capsule but not bone.
- Grade 2-C – As above 2B, but including ischemia.
- Grade 2-D – As above 2C, but including infection.
- Grade 3-A – A wound which probes to bone but shows no signs of local infection nor systemic infection.
- Grade 3-B – A wound which probes to bone and is infected.
- Grade 3-C – A wound which probes to bone is infected and is ischemic.
- Grade 3-D – A wound which probes to bone characterized by active infection, ischemic tissues and exposed bone.
- Grade 4 – Gangrene of the forefoot.
- Grade 5 – Gangrene of the entire foot.

Revision History

Date	Revision
01/01/2017	1-Based on 2017 HCPCS update, revised descriptor for CPT code 97602. The effective date of this revision is based on date of service.
10/01/2015	This “Coding Guideline” replaces all previous “Coding Guidelines” to comply with ICD-10-CM based on Change Request 8112. The effective date of this “Coding Guideline” is based on date of service.

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