

# Wound care and debridement policy

## Applies to

Commercial, Medicare and Medicaid

## Definition

Priority Health follows Medicare policy for NCCI edits where applicable.

It's the provider's responsibility to review coding rules and apply modifiers where appropriate and supported by documentation.

When *any* of the following debridement services are performed, the casting/splinting/strapping is included in the surgical procedure.

In alignment with CMS, we won't reimburse a dressing change when performed as part of debridement or other wound care. This will process on the claim as a not separately payable service if billed along with and will be considered a component of an E/M service or procedure that may be coded on the same date of service.

These services can be found on the CMS NCCI PTP edits.

*This isn't an all-inclusive listing.*

## Debridement codes

- 11042** – Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
- 11045** – Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
- 11043** – Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
- 11046** – Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
- 11044** – Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
- 11047** – Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

## **Selective debridement**

Documentation must clearly describe the instruments utilized for debridement. Examples may include forceps, scissors, scalpel or high-pressure waterjet.

Wound details should be documented to include the size of area to be debrided, drainage, condition of surrounding tissue, texture, temperature and any additional specific elements identified during the assessment.

**97597** – Debridement (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less

**97598** – Debridement (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

## **Nonselective debridement (97602)**

Documentation must clearly describe techniques utilized for non-selective debridement (e.g., Abrasion, enzymatic, etc.).

Wound details should be documented to include the size of area to be debrided, drainage, condition of surrounding tissue, texture, temperature and any additional specific elements identified during the assessment.

## **Whirlpool**

Whirlpool services may be separately reimbursed when performed on the same date of service as non-selective debridement or for services unrelated to wound care. The appropriate modifier should be appended for distinct services when applicable.

Whirlpool services aren't separately reimbursed when selective debridement is performed on the same date of service unless two separate wounds are treated utilizing separate modalities for treatment. Appropriate modifier(s) should be appended to reflect separate wound and modality.

Documentation must support use of distinct service modifiers.

## **Casting / splinting / strapping codes**

**29580** - Strapping; Unna boot

**29581** - Application of multi-layer compression system; leg (below knee), including ankle and foot

All supplies utilized for Unna boot or compression bandages are considered inclusive to the procedure outlined above.

Per CMS NCCI manual chapter 4:

- Casting/splinting/strapping CPT codes shall not be reported for application of a dressing after a therapeutic procedure.
- Modifier application is ONLY appropriate if performed at a separate session or separate location and supported by documentation as guided by CMS. [Get more information](#). Documentation will be requested when Unna boot or multi-layer compression dressing are coded with a wound debridement on the same date of service as wound debridement.

See additional modifier information [in our Provider Manual](#).