

WOUND CARE AND DEBRIDEMENT

Date of origin: June 2024

Review dates: 09/24

APPLIES TO

- Commercial
- Medicare
- 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.

POLICY SPECIFIC INFORMATION**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 location and supported by documentation as guided by CMS. Modifiers XE, XS, XP and XU give greater reporting specificity – use these modifiers instead of modifier 59 whenever possible. Only use modifier 59 if no other specific modifier is appropriate. [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.](#)

CHANGE / REVIEW HISTORY

Date	Update(s) made
Sept. 10, 2024	Effective Nov. 11, 2024: “Casting / splinting / strapping codes” section: <ul style="list-style-type: none">• In alignment with CMS, separate and distinct modifier application (59, XE, XS, SP and XU) will only be appropriate when performed at a separate location. These modifiers will no longer be appropriate when performed in a separate session.