

**UTMB COMPLIANCE STANDARD**

UTMB OFFICE OF INSTITUTIONAL COMPLIANCE	10/01/2004	-Effective
Documentation, Billing, and Coding Policy	2/1/2006	-Revised

## **Billing for Wound Care/Debridement**

<b>Purpose</b>	To define the standard for documentation for wound care and debridement at UTMB.
<b>Audience</b>	Physicians, Non-Physician Providers, Department Administrators, Billing Managers, Billing and Coding Staff
<b>Policy</b>	All wound care and debridements billed under a faculty physician's name must be ordered and supervised by the physician and/or performed directly by the physician.
<b>Procedure</b>	<p>The billing physician documentation must:</p> <ul style="list-style-type: none"><li>• Describe the medical condition, including current treatment diagnosis and all relevant diagnoses, of the patient</li><li>• Describe the wound sufficiently to document medical necessity for the service, including the size and depth of the wound</li><li>• Document the presence and extent of or absence of signs of infection and/or the presence and extent or absence of necrotic, devitalized, or non-viable tissue</li><li>• Describe the method of debridement or wound care prescribed (excisional vs. non-excisional);</li><li>• Include the depth (of tissue) and level of debridement or type of wound care to support the Common Procedural Terminology (CPT) code billed</li><li>• Selective debridement (non-excisional) requires the <b>total</b> wound surface area (of all the wounds) to be documented in square centimeters</li><li>• Describe all dressing and/or treatment (salves, etc.)</li><li>• Document the progress of the wound, including factors that would complicate normal healing, and the response of the wound to treatment</li></ul> <p>For debridements, the appropriate CPT codes (11040-11044, 97597-97598, or 97602) should be selected for billing based on the technique documented. The documentation must verify the surgical excision of tissue (not just “scraping”-even with the use of a sharp instrument) in order to bill an excisional debridement (11040-11044). If another technique is used for debridement, the non-excisional codes should be used. The documentation should include a description of the character of the wound before and after debridement.</p> <p>TrailBlazer Health Enterprises, the carrier and fiscal intermediary for</p>

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	<p>Medicare in Texas has performed probe audits in the past (2002 and 2005 are referenced below). Their findings include a lack of documentation of clear medical necessity to support debridement. Medicare would expect the documentation for debridement to include references to the wound infection, necrosis, or the presence of non-viable tissue. Documentation should also evidence the progress of the wound and the wound's response to treatment.</p> <p>When the service provided is only a non-surgical cleansing of a wound <b>without debridement</b>, with or without the application of a surgical dressing, the appropriate Evaluation and Management (E/M) service code should be used (and not the debridement codes). The selection of the E/M service should be supported by the documentation of the appropriate key components (History, Physical Exam, and Medical Decision Making).</p> <p>Any departments performing and billing for debridement and/or wound care should review the CPT code descriptions, the TrailBlazer probe audit recommendations, and the Medicare Local Coverage Determination (LCD) for wound care.</p>
<b>References</b>	<p>Common Procedural Terminology (CPT) 2006 Medicare Sentinel No. 02-1S, March 2002 (probe audit results) Trailblazer Health Enterprises, TrailBlazer Medical Review, Spring 2005; <a href="http://www.trailblazerhealth.com/notices.asp?action=print&amp;id=3061">http://www.trailblazerhealth.com/notices.asp?action=print&amp;id=3061</a> (probe audit results) TrailBlazer, LLC Local Coverage Determination (LCD) for Wound Care Coding Clinic, Second Quarter 2002, published by the American Hospital Association Coders Desk Reference 2006, published by Ingenix, Inc.</p>