

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954

05101, 05201, 05301, 05401, 05102, 05202, 05392, 05302, 05402

Contractor Type

Carrier

MAC A

MAC B

LCD Database ID Number

Wisconsin

Illinois

Michigan

Minnesota

Iowa

Kansas

Missouri

Nebraska

LCD Database ID Number**LCD Version Number****LCD Title**

Wound Care

Contractor's Determination Number

GSURG-051

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CMS National Coverage Policy

Title XVIII of the Social Security Act; Section 1862(a)(1)(A), (a)(1)(D)

Title XVIII of the Social Security Act; Section 1833(e).

Code of Federal Registry, Vol. 64. No 112/Tuesday, November 2, 1999/Rules and regulations page 59426.

CMS Publication 100-2, Medicare Benefit Policy Manual, Chapter 7-§40.1.2.8; Chapter 15, Section 22.02, 220.3, 230

CMS Publication 100-3, Medicare National Coverage Determination Manual, Chapter 1- Part 4, § 270

CMS Publication 100-4, Medicare Claims Processing Manual, Chapter 5, §10, 10.2, 20-20.5, 32, 40.2-40.5, 50

CMS Publication 100-8, Medicare Program Integrity Manual, Chapter 3, Section 3.4.1.1.1

CMS Publication 100-9, Medicare Contractor Beneficiary and Provider Communications Manual,
Chapter 5 Correct Coding Initiative
CMS Resident Assessment Instrument (RAI) Version 2.0, Chapter 3, Minimum Data Set (MDS) Items
(L/M)

Primary Geographic Jurisdiction

Wisconsin
Illinois
Michigan
Minnesota
Iowa
Kansas
E Missouri
W Missouri
Nebraska

Oversight Region

Region I
Region V

CMS Consortium

Midwest
*Northwestern

Original Determination Effective Date

Wisconsin:
Illinois:
Michigan:
Minnesota:
Iowa
Kansas
Missouri
Nebraska

Revision Effective Date

Pending

Indications and Limitations of Coverage and/or Medical Necessity

This policy addresses non-operating department care of wounds, including but not limited to ulcers, pressure sores, open surgical sites, fistulas, tube sites and tumor erosion sites.

This policy does not address metabolically active human skin equivalent/substitute dressings, burns or hyperbaric oxygen therapy. (Note: see NCD 20.29 for Hyperbaric Oxygen Therapy). (Note: see GSURG-037 Application of Bioengineered Skin Substitutes and Skin Grafting - Part B Physician Services).

In order to be covered under Medicare per Title XVIII of the Social Security Act 1862(a)(1)(A) a service must be reasonable and necessary, which includes services which are safe and effective, furnished in the appropriate setting, and ordered and/or furnished by qualified personnel.

WOUND CARE should employ comprehensive wound management including appropriate control of complicating factors such as unrelieved pressure, infection, vascular and/or uncontrolled metabolic

derangement, and/or nutritional deficiency in addition to appropriate debridement. Medicare coverage for WOUND CARE on a continuing basis for a particular wound in a patient requires documentation in the patient's record that the wound is improving in response to the WOUND CARE being provided. It is not medically reasonable or necessary to continue a given type of WOUND CARE if evidence of wound improvement cannot be shown.

Evidence of improvement includes measurable changes (decreases) of some of the following:

- Drainage
- Inflammation
- Swelling
- Pain
- Wound dimensions (diameter, depth)
- Necrotic tissue/slough

Such evidence must be documented with each date of service provided. A wound that shows no improvement after 30 days requires a new approach, which may include physician reassessment of underlying infection, metabolic, nutritional, or vascular problems inhibiting wound healing, or a new treatment approach.

Debridement is defined as 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. This LCD applies to debridement of localized areas such as wounds and ulcers. It does not apply to the removal of extensive eczematous or infected skin.

Debridements of the wound(s), if indicated, must be performed judiciously and at appropriate intervals. Medicare expects that with appropriate care, wound volume or surface dimension should decrease by at least 10 percent per month or wounds will demonstrate margin advancement of no less than 1 mm/week. Medicare expects the wound-care treatment plan to be modified in the event that appropriate healing is not achieved.

Surgical debridement is excision or wide resection of all dead or devitalized tissue, possibly including excision of the viable wound margin. This is usually carried out in the operating theatre under anesthesia by a surgeon. It is frequently used for deep tissue infection, drainage of abscess or involved tendon sheath, or debridement of bone-

Sharp debridement is the removal of dead or foreign material just above the level of viable tissue, and is performed in an office setting or at the patient's bedside with or without the use of local anesthesia. Sharp debridement is less aggressive than surgical debridement but has the advantage of rapidly improving the healing conditions in the ulcer. These typically are the services of recurrent, superficial or repeated wound care.

Debridement is used in the management and treatment of wounds or ulcers of the skin and underlying tissue. Providers should select a debridement method most appropriate to the type of wound, the amount of devitalized tissue, and the condition of the patient, the setting, and the provider's experience.

Debridements of the wound(s), if indicated, must be performed judiciously and at appropriate intervals. With the appropriate care, wound volume or surface dimension should decrease, once the size and depth of involvement and the extent of the undermining has been established. Interim outcomes should be established for the wound. These short-term goals help the clinician recognize wound improvement and serve to confirm the patient's wound-healing response. Medicare expects the wound-care treatment plan to be modified in the event that appropriate healing is not achieved.

Providers who report debridement services to Medicare must pay close attention to CPT code definitions for debridements. The following coding guideline(s) is here for emphasis:

CPT codes 11040–11044 are used to report surgical removal (debridement) of devitalized tissue from wounds. CPT codes 11040–11044 are payable to physicians and qualified non-physician practitioners licensed by the state to perform the services.

CPT codes 97597–97598 are used to report selective (including sharp) and non-selective debridement of devitalized tissue and are payable to physicians as well as qualified non-physician practitioners, licensed physical therapists and licensed occupational therapists, if operating within their legal scope of practice.

Removal of non-tissue integrated fibrin exudates, crusts, biofilms or other materials from a wound without removal of tissue does not meet the definition of any debridement code and may not be reported as such.

With appropriate management, it is expected that, in most cases, a wound will reach a state at which its care should be performed primarily by the patient and/or the patient's caregiver with periodic physician assessment and supervision. Wound care that can be performed by the patient or the patient's caregiver will be considered to be maintenance care.

Wounds or ulcers that are juxtaposition, involve contiguous areas, or on the same extremity are considered to reflect only one debridement service. Thus, multiple units of services for these should not be billed.

Repeated debridements are not the same service as the original debridement service. CPT codes 11043 and 11044 are codes that describe deep debridement of the muscle and bone.

These original debridements typically are true surgical debridements. However, once the initial debridement of muscle and/or bone has been performed, there typically is no true necrotic muscle or bone there to be subsequently debrided. Equally important, once true debridements have been performed, further debridements are not actually bone or muscle: just because there is a Stage IV ulcer, additional debridements are not necessarily bone and/or muscle debridements. The issue in billing for debridement services is not the stage of the wound; it is what procedure is actually being performed. A Stage III wound should not be automatically billed with CPT code 11043 nor should a Stage IV wound automatically be billed with a CPT code 11044 for further (repeated) debridements. Recurrent debridements most commonly are described by the CPT codes 11040, 97597, or 97598.

Care of chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers through use of Electrical Stimulation (ES) or Electromagnetic Therapy (ET) is covered under the limitations detailed in the National Coverage Determination (NCD) published in the CMS Internet-Only Manual (IOM) Pub. 100-03, National Coverage Determinations Manual, Chapter 1, Part 4, Section 270.1. Medicare would not expect ES/ET to be used as the initial treatment modality. The use of ES/ET will be covered as part of a therapy care plan only after standard wound therapy has been tried for at least 30 days

and there are no measurable signs of healing. Medicare would not expect the treatment of a wound to include both ES and ET. If measurable signs of healing (e.g., decrease in wound size/surface or volume, decrease in amount of exudates and decrease in amount of necrotic tissue) have not been demonstrated within any 30-day period, ES/ET should be discontinued. Additionally, ES/ET must be discontinued when the wound demonstrates a 100 percent epithelialized wound bed. See the CMS policy for full text.

Negative Pressure Wound Therapy (97605-97606): involves the application of controlled or intermittent negative pressure to a properly dressed wound cavity. Suction (negative pressure) is applied under airtight wound dressings to promote the healing of open wounds resistant to prior treatments. Negative pressure wound therapy facilitates the removal of excessive exudates that inhibit wound healing. Medicare coverage will be considered for negative pressure wound therapy when it is used as an adjunct to surgery, an alternative to surgery, or a therapy for refractory chronic wounds.

Negative Pressure Wound Therapy Criteria: All of the following must be met:

- Wound is free of active osteomyelitis; and
- Wound is free of nonviable or necrotic tissue and macroscopic contamination; and
- Medical record documents appropriate nutritional assessment(s) and interventions; and
- Wound does not contain exposed arteries or veins.

At least ONE of the following conditions must be present and documented:

- Pressure ulcers, Stage III or IV;
- Venous or arterial insufficiency ulcers;
- Dehisced wounds or wounds with exposed hardware or bone;
- Neuropathic ulcers
- Complications of surgically-created or traumatic wound where accelerated granulation therapy is necessary which cannot be achieved by other available topical wound treatment.

Selective debridement refers to the removal of specific, targeted areas of devitalized or necrotic tissue from a wound along the margin of viable tissue. Occasional bleeding and pain may occur. The routine application of a topical or local anesthetic does not elevate active wound care management to surgical debridement. Selective debridement includes selective removal of necrotic tissue by sharp dissection including scissors, scalpel, and forceps; and selective removal of necrotic tissue by high-pressure water jet. Selective debridement should only be done under the specific order of a physician.

High Pressure Water Jet / Pulsed Lavage: (non-immersion hydrotherapy) is an irrigation device, with or without pulsation used to provide a water jet to administer a shearing effect to loosen debris, within a wound. Some electric pulsatile irrigation devices include suction to remove debris from the wound after irrigation

The following Non-Selective Debridement Techniques are not separately billable

- Chemical: necrotic tissue is digested by exogenous proteases in the wound (Enzymes, hypertonic saline). Debridement with topical enzymes is used when the necrotic substances to be removed from a wound are protein, fiber and collagen.

- Whirlpool: Whirlpool is considered for coverage if medically necessary for the healing of the wound. Generally, whirlpool treatments do not require the skills of a therapist to perform. The skills of a therapist may be required to perform an accurate assessment of the patient and the wound to assure the medical necessity of the whirlpool for the specific wound type. Documentation must support the use of skilled personnel in order to be considered for coverage. The skills, knowledge and judgment of a qualified therapist might be required when the patient's condition is complicated by circulatory deficiency, areas of desensitization, complex open wounds, and fractures. Immersion in the whirlpool to facilitate removal of a dressing would not be considered a skilled treatment modality and would not be billable. Note that whirlpool is bundled into 97597 and 97598 and is not separately billable unless applied to a different body part that the wound being treated.
- Blunt debridement: Removal of necrotic tissue by cleansing, scraping, chemical application or wet to dry dressing technique. It may also involve the cleaning and dressing of small or superficial lesions. Generally, this is not a skilled service and does not require the skills of a therapist, nurse, or enterostomal nurse
- Enzymatic Debridement: Debridement with topical enzymes is used when the necrotic substances to be removed from a wound are protein, fiber and collagen. The manufacturers' product insert contains indications, contraindications, precautions, dosage and administration guidelines; it would be the clinician's responsibility to comply with those guidelines.

Mechanical Debridement: Wet-to-moist dressings may be used with wounds that have a high percentage of necrotic tissue. Hydrotherapy (immersion without jets) and wound irrigation (non-pulsated) are also forms of mechanical debridement used to remove necrotic tissue. They also should be used cautiously as maceration of surrounding tissue may hinder healing. Documentation must support the use of skilled personnel in order to be considered for coverage. While mechanical debridement is a valuable technique for healing ulcers, it does not qualify as debridement services (i.e. CPT 11040-11044 or 97597-97598)

The following services are not considered debridement:

- Removal of necrotic tissue by cleansing, scraping (other than by a scalpel or a curette), chemical application, and wet-to-dry dressing.
- Scraping the base of the wound bed to induce bleeding, following the removal of devitalized tissue, is not considered to be a separately billable service.
- Washing bacterial or fungal debris from lesions.
- Removal of secretions and coagulation serum from normal skin surrounding an ulcer.
- Dressing of small or superficial lesions.
- Paring or cutting of corns or non-plantar calluses. Skin breakdown under a dorsal corn that begins to heal when the corn is removed and shoe pressure eliminated is not considered an ulcer and does not require debridement unless there is extension into the subcutaneous tissue.
- Incision and drainage of abscess including paronychia, trimming or debridement of mycotic nails, avulsion of nail plates, acne surgery, destruction of warts, or burn debridement. Providers should

report these procedures, when they represent covered, reasonable and necessary services, using appropriate CPT or HCPCS codes.

Non-Covered Modalities:

- **Ultrasonic Wound Debridement:** (CPT code 0183T) a system that uses continuous low frequency ultrasonic energy to atomize a liquid and deliver continuous low frequency ultrasound to the wound bed. The level of scientific evidence is insufficient to validate the efficacy and superiority of this treatment to support it as a proven intervention. Based on the absence of scientific evidence to the contrary, this service will not be considered separately coverable by Medicare. If it is used in conjunction with other methods of sharp debridement, the sharp debridement only would be considered for coverage. In addition, this service does not qualify as a separate, significantly payable service.
- **Massage:** Massage has not been proven to be effective in wound care and will not be considered for coverage.
- **Ultra-sound deep thermal modality (97035):** The effectiveness of this modality has not been proven in wound care; and therefore will not be considered for coverage.
- **Infrared (97026):** see CMS Pub100-3, Chapter 1, Part 4, Section 270.6
- **Noncontact Normothermic Wound Therapy (NNWT):** There is insufficient scientific or clinical evidence to consider this device as reasonable and necessary for the treatment of wounds within the meaning of SSA 1862(a)(1)(A), and will not be covered by Medicare. (Pub 100-3, Chp 1, Part 4, Section 270.2)
- **Blood-Derived Products for Chronic Non-Healing Wounds.** (Pub 100-3, Chp 1, Part 4, Section 270.3)
- Dressing changes not separately payable.
- **Phototherapy-ultraviolet (97028)** used to promote healing of skin disorders will not be considered for coverage for decubitus ulcers.
- **Trimming of callous or fibrinous material from the margins of an ulcer or from feet with no ulcer present** is not considered debridement by this Contractor and would not be considered for coverage.
- Nutritional counseling.
- Documentation time
- Administrative tasks

Maintenance wound care is not covered as debridement services.

CPT code 97597 and 97598 require the presence of devitalized tissue (necrotic cellular material). Secretions of any consistency do not meet this definition. The mere removal of secretions (cleansing of a wound) does not represent a debridement service

CPT code 97602 has been assigned a status indicator "B" in the Medicare Physician Fee Schedule Database (MPFSDB), meaning that it is not separately payable under Medicare.

Skin breakdown under a dorsal corn that begins to heal when the corn is removed and shoe pressure eliminated is not considered an ulcer and generally does not require debridement that would be considered necessary and reasonable, unless the breakdown extends into the subcutaneous tissue. These lesions typically heal without significant surgical intervention beyond removal of the corn and shoe modification. Generally, debridement is not considered reasonable and necessary if pressure reduction and infection control are sufficient to allow the healing of an ulcer. However, some wounds may develop or fail to heal in spite of these measures. Removing a collar of callus (hyperkeratotic tissue) around an ulcer is not debridement of skin or necrotic tissue and should not be billed as debridement.

The use of CPT codes 11040-11044 is not appropriate for the following services: washing bacterial or fungal debris from lesions, paring or cutting of corns or calluses, incision and drainage of abscess including paronychia, trimming or debridement of nails, avulsion of nail plates, acne surgery, destruction of warts, or burn debridement. Providers should report these procedures, when they represent covered, reasonable and necessary services, using the CPT or CPT codes that describe the service supplied.

Local infiltration, metacarpal/digital block or topical anesthesia are included in the reimbursement for debridement services and are not separately payable. Anesthesia administered by or incident to the provider performing the debridement procedure is not separately payable.

Active wound care may not be billed by a Medicare Part B provider when a home health agency (HHA) is seeing the patient as that service is considered to be included in the HHA care.

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Coverage Topic

Ambulatory Surgical Centers
 Outpatient Hospital Services
 Surgical Services

Bill Type Codes:

12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPTS 13X must be used for ASC claims submitted for OPPTS payment -- eff. 7/00)
22x	SNF-inpatient or home health visits (Part B only)
23x	SNF-outpatient (HHA-A also)
71x	Clinic-rural health
73x	Clinic-independent provider based FQHC (eff 10/91)
75x	Clinic-CORF
83x	Special facility or ASC surgery-ambulatory surgical center (Discontinued for Hospitals Subject to Outpatient PPS; hospitals must use 13X for ASC claims submitted for OPPTS payment -- eff. 7/00)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

Revenue Codes:

0360	Operating room services-general classification
0420	Physical therapy-general classification

0421	Physical therapy-visit charge
0422	Physical therapy-hourly charge
0423	Physical therapy-group rate
0429	Physical therapy-other
0430	Occupational therapy-general classification
0431	Occupational therapy-visit charge
0432	Occupational therapy-hourly charge
0433	Occupational therapy-group rate
0434	Occupational therapy-evaluation or re-evaluation
0439	Occupational therapy-other (may include restorative therapy)
0450	Emergency room-general classification
0451	Emergency room-emtala emergency medical screening services (eff 10/96)
0452	Emergency room-ER beyond emtala screening (eff 10/96)
0456	Emergency room-urgent care (eff 10/96)
0459	Emergency room-other
0490	Ambulatory surgical care-general classification
0499	Ambulatory surgical care-other
0510	Clinic-general classification
0511	Clinic-chronic pain center
0512	Clinic-dental center
0513	Clinic-psychiatric
0514	Clinic-OB-GYN
0515	Clinic-pediatric
0516	Clinic-urgent care clinic (eff 10/96)
0517	Clinic-family practice clinic (eff 10/96)
0519	Clinic-other
0520	Free-standing clinic-general classification
0521	Free-standing clinic-rural health clinic
0761	Treatment or observation room-treatment room (eff 9/93)
0977	Professional fees-physical therapy
0978	Professional fees-occupational therapy

CPT/HCPCS Codes

11040	Debride skin, partial
11041	Debride skin, full
11042	Debride skin/tissue
11043	Debride tissue/muscle
11044	Debride tissue/muscle/bone
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

97605	Neg press wound tx, < 50 cm
97606	Neg press wound tx, > 50 cm
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

Does the CPT 30% Rule Apply

No

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

Medicare is establishing the following limited coverage for CPT/HCPCS codes 11040, 11401, 11042, 11043, 11044, 97597, 97598, 97602, 97605 and 97606.

040.0	GAS GANGRENE
440.23	Atherosclerosis of native arteries of the extremities with ulceration
440.24	Atherosclerosis of native arteries of the extremities with gangrene
443.9	Peripheral vascular disease
454.0	Varicose veins of lower extremities with ulcer
454.1	Varicose veins of lower extremities with inflammation
454.2	Varicose veins of lower extremities with ulcer and inflammation
680.0 - 680.9	Carbuncle and furuncle of face - carbuncle and furuncle of unspecified
681.0 - 681.9	Unspecified cellulitis and abscess of finger - cellulitis and abscess of unspecified digit
682.0 - 682.9	Cellulitis and abscess of face - cellulitis and abscess of unspecified sites
686.09	Other pyoderma
686.8	Other specified local infections of skin and subcutaneous tissue
686.9	Unspecified local infection of skin and subcutaneous tissue
707.00- 707.9	Decubitus ulcer, unspecified site - chronic ulcer of unspecified site
709.4	Foreign body granuloma of skin and subcutaneous tissue
728.86	Necrotizing fasciitis
729.6	Residual foreign body in soft tissue
730.10 - 730.19	Chronic osteomyelitis site unspecified - chronic osteomyelitis involving multiple sites
730.20 - 730.29	Unspecified osteomyelitis site unspecified - unspecified osteomyelitis involving multiple sites
758.4	Balanced autosomal translocation in normal individual
785.4	Gangrene
872.0 - 872.01	OPEN WOUND OF EXTERNAL EAR UNSPECIFIED SITE COMPLICATED – Auricle, ear
872.8 - 872.9	Open wound of ear part unspecified without complication - open wound of ear part unspecified complicated
873.30 -	Open wound of scalp without complication - open wound of scalp complicated

873.1	
873.2 – 873.21	OPEN WOUND OF NOSE - UNSPECIFIED SITE WITHOUT MENTION of COMPLICATION
873.40 - 873.59	Open wound of face unspecified site uncomplicated - open wound of other and multiple sites complicated
873.8	Other and unspecified open wound of head without complication
875.0 - 875.1	Open wound of chest (wall) without complication - open wound of chest (wall) complicated
876.0 - 876.1	Open wound of back without complication - open wound of back complicated
877.0 - 877.1	Open wound of buttock without complication - open wound of buttock complicated
878.0 - 878.9	Open wound of penis without complication - open wound of other and unspecified parts of genital organs complicated
879.0 - 879.9	Open wound of breast without complication - open wound(s) (multiple) of unspecified site(s) complicated
880.00 - 887.7	Open wound of shoulder region without complication - traumatic amputation of arm and hand (complete) (partial) bilateral (any level) complicated
890.0 - 897.7	Open wound of hip and thigh without complication - traumatic amputation of leg(s) (complete) (partial) bilateral (any level) complicated
906.0	Late effect of open wound of head neck and trunk
906.1	Late effect of open wound of extremities without tendon injury
906.2	Late effect of superficial injury
919.0 - 919.9	Abrasion or friction burn of other multiple and unspecified sites without infection - other and unspecified superficial injury of other multiple and unspecified
958.3	Posttraumatic wound infection not elsewhere classified
991.6	Hypothermia
997.60	Unspecified late complication of amputation stump
997.62	Infection (chronic) of amputation stump
997.69	Other late amputation stump complication
998.31	Disruption of internal operation wound
998.32	Disruption of external operation wound
998.51	Infected postoperative seroma
998.59	Other postoperative infection
998.6	Persistent postoperative fistula not elsewhere classified
998.83	Non-healing surgical wound

CPT/HCPCS codes G0281 and G0329:

Covered

707.01 - 707.07	Decubitus ulcer, elbow - decubitus ulcer, heel
707.09	Decubitus ulcer, other site
707.10 - 707.15	Unspecified ulcer of lower limb - ulcer of other part of foot
707.19	Ulcer of other part of lower limb
707.8 - 707.9	Chronic ulcer of other specified sites - chronic ulcer of unspecified site

Diagnoses that Support Medical Necessity

See above

ICD-9 Codes that DO NOT Support Medical Necessity

Codes not listed above

Diagnoses that DO NOT Support Medical Necessity

Documentation Requirements

The medical record must include a Certified Plan of Care containing treatment goals and physician follow-up. The record must document complicating factors for wound healing as well as measures taken to control complicating factors when debridement is part of the plan. Appropriate modification of treatment plans, when necessitated by failure of wounds to heal, must be demonstrated.

The patient's medical record must contain clearly documented evidence of the progress of the wound's response to treatment at each visit. This documentation must include, at a minimum:

- Current wound volume (surface dimensions and 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.
- Other material in the wound that is expected to inhibit healing or promote adjacent tissue breakdown.

When debridements are reported, the debridement procedure notes should demonstrate tissue removal (i.e., skin, full or partial thickness; subcutaneous tissue; muscle and/or bone), the method used to debride (i.e., hydrostatic, sharp, abrasion, etc.) 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.

Appropriate evaluation and management of contributory medical conditions or other factors affecting the course of wound healing (such as nutritional status or other predisposing conditions) should be addressed in the record at intervals consistent with the nature of the condition or factor.

Photographic documentation of wounds immediately before and after debridement is recommended for prolonged or repetitive debridement services (especially those that exceed five debridements per wound). Photographic documentation is required for payment of more than five extensive debridements (beyond skin and subcutaneous tissue) per wound.

When ES or ET is used, wounds must be evaluated periodically (no less than every 30 days) by the treating provider. Clear documentation of this must be present in the patient's medical record.

Active debridement must be performed under a treatment plan as any other therapy service outlining specific goals, duration, frequency, modalities, an anticipated endpoint, and other pertinent factors as they may apply. Departure from this plan must be documented.

Documentation for debridement exceeding Utilization Guidelines must include a complete description of the wound, progress towards healing, complications that have delayed healing and a projected number of additional treatments necessary.

When hydrotherapy (whirlpool) is billed by a physical therapist with CPT codes 97597 or 97598, the documentation must reflect that the skill set of a physical therapist was required to perform this service in the given situation.

When hydrotherapy (whirlpool) is billed by a therapist with CPT codes 97597 or 97598, the documentation must reflect the clinical reasoning why hydrotherapy was a necessary component of the total wound care treatment. Separate billing of whirlpool (97022) is not permitted with 97597-97598 unless it is provided for a different body part than the wound care treatment.

Utilization Guidelines

Wounds or ulcers that are juxtaposition, involve contiguous areas, or on the same extremity are considered to reflect only one debridement service. Thus multiple units of service for these should not be billed.

Services beyond the fifth surgical debridement, CPT code 11043 and/or 11044, per patient, per year, will be payable only upon medical review of records that demonstrate the medical reasonableness and necessity (appeal). This guideline is not applicable to wound care services for burn wounds.

Payment for prolonged, repetitive debridement services requires adequate documentation of complicating circumstances that reasonably necessitated additional services. It is expected only one debridement involving true removal of muscle and/or bone to be required for management of most wounds within a 12 (twelve) month period.

Sources of Information and Basis for Decision

Agency for Health Care Policy and Research, Clinical Practice Guide, Number 15, Publication No. 95-0652, December 1994.

American Physical Therapy Association, Guide to Physical Therapist Practice, Second Edition, 2001.

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Pulsavac III Wound Debridement System, Zimmer Inc, Wound protocol Information.

Wound Care Information Network, www.medicaledu.com.

Mist Therapy System marketing information

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Advisory Committee Meeting Notes

Meeting Date:

Wisconsin: 09/26/2008
Illinois: 09/17/2008
Minnesota: 09/11/2008
Michigan 09/24/2008
Iowa
Kansas
Missouri
Nebraska

Start Date of Comment Period

Wisconsin: 10/01/2008
Illinois: 10/01/2008
Minnesota: 10/01/2008
Michigan 10/01/2008
Iowa
Kansas
Missouri
Nebraska

End Date of Comment Period

Wisconsin: 12/16/2008
Illinois: 12/16/2008
Minnesota: 12/16/2008
Michigan 12/16/2008
Iowa
Kansas
Missouri
Nebraska

Start Date of Notice Period

(Published)

Revision History Number/Explanation

Last Reviewed On

Notes

- - An asterisk indicates a revision to that section of the policy.

[Billing and Coding Guidelines](#)

Does this LCD contain a "Least Costly Alternative" Provision?

No

DRAFT