



Coding CORNERSM



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Welcome to the March issue of Maxim Coding CornerSM! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with updates on coding-related topics that matter to you. This month, we are focusing on coding for debridement. Read on below to learn more.

Coding for Debridement

Debridement can be performed on skin, muscle, fascia, bone, and other tissues. In this issue, we will focus on debridement of skin and subcutaneous tissue.

Debridement can be either excisional or non-excisional and can be performed by a Physician or other healthcare professional such as a nurse, nurse practitioner, Physician assistant, physical therapist, or other healthcare provider. Assigning a procedure code for debridement performed by a non-Physician professional is appropriate when documentation substantiates the code assignment.

Non-Excisional Debridement (86.28)

Non-excisional debridement is the non-surgical brushing, irrigation, scrubbing, or washing of devitalized tissue, necrosis, or slough. Examples of non-excisional debridement include whirlpool therapy, wet-to-dry dressings, medicated dressings, pulsatile lavage, and scraping away or snipping of tissue.

Excisional Debridement (86.22)

Excisional debridement is the surgical removal or cutting away of devitalized tissue, necrosis, or slough. The coding of excisional debridement has historically been problematic due to insufficient documentation. Consequently, CMS' Recovery Audit Contractor program (RAC) is focusing on excisional debridement as one of its target areas. In fiscal year 2006, nearly \$4 million in Medicare overpayment of excisional debridement was collected due to insufficient supporting documentation.

Documentation Requirements

Documentation stating "excisional debridement" is not sufficient for assigning code 86.22 for excisional debridement. Clear and descriptive documentation of the excisional debridement must be present in the medical record. Carefully read the documentation before assigning a code for excisional debridement. If the documentation is ambiguous then query the provider for more detailed information. Documentation should include the following:

- *How the debridement was performed*
 - E.g. cutting away of tissue, scraping, irrigation, lavage, etc.)
 - "Sharp debridement" is not sufficient for coding

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- of excisional debridement.
- *Depth of debridement*
 - The debridement must involve cutting outside or beyond the wound margin in order to assign a code for excisional debridement.
 - When a debridement is performed on multiple layers of the same site, only assign a code for the deepest layer. For example, if the debridement includes the skin, subcutaneous tissue, and muscle, then only debridement of the muscle is coded.
- *Instruments used to perform the debridement*
 - The type of instrument used does not always indicate the type of debridement, but can draw a better picture of the procedure. For example, scissors are often used to snip or cut away tissue (non-excisional), whereas a scalpel is often used to surgically remove the tissue (excisional).

Pathology

There are no requirements that tissue removed during excisional debridement must go to pathology. However, the provider performing the debridement should follow the facility's bylaws. If the bylaws stipulate that all tissue must be submitted to pathology and there is no pathology report, then the RAC can assume that an excisional debridement was not performed.

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