Post Payment Medical Review Focus Area: Wound Debridement

NGS Part A

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Objectives

- Provide education and discuss related Medical Review activities to reduce errors and increase compliance with Medicare coverage of wound debridement services

Agenda

- LCD & LCA on Wound Debridement
- Documentation
- NGS Medical Review
- Resources

Local Coverage Determination (LCD) L33614 and Local Coverage Article (LCA) A56617 on Debridement Services

Debridement

- Debridement - removal of infected, contaminated, damaged, devitalized, necrotic, or foreign tissue from a wound.
  - Promotes wound healing by reducing sources of infection and other mechanical barriers to healing
  - Goal: cleanse the wound, reduce bacterial contamination and provide an optimal environment for wound healing or possible surgical intervention
- Usual end point of debridement: removal of pathological tissue and/or foreign material until healthy tissue is exposed

Debridement

- Prior to debridement: Determine the extent an ulcer/wound may be aided by the use of blunt probes to determine wound/ulcer depth and to locate any abscess or sinus tract
- Debridement techniques include, among others:
  - Sharp and blunt dissection
  - Curettement, scrubbing, and forceful irrigation
- Surgical instruments may include
  - Scrub brush, irrigation device, electrocautery, laser, sharp curette, forceps, scissors, burr or scalpel

Local Coverage Determination (LCD)

- LCD L33614 “Debridement Services”
  - Covers debridement of skin, subcutaneous tissue, fascia, muscle, bone and removal of foreign material
- L33614 does not apply to
  - Debridement of burned surfaces
  - Debridement of nails
    - Refer to NGS LCD L33636 “Routine Foot Care and Debridement of Nails” for coverage of nail debridement and services related to removal of callus (hyperkeratotic tissue) around an ulcer, paring or cutting of corns, trimming or debridement of nails

LCD: Wound Debridement Indications

- Wound debridement services are indicated for
  - Removal of deep seated foreign material, devitalized or nonviable tissue at the level of skin, subcutaneous tissue, fascia, muscle or bone, to promote optimal wound healing or to prepare the site of appropriate surgical intervention.
  - Conditions that may require debridement of large amounts of skin:
    - Rapidly spreading necrotizing process (sometimes seen with aggressive streptococcal infections)
    - Severe eczema
    - Bullous skin diseases
    - Extensive skin trauma (including large abraded areas with ground-in dirt)
    - Autoimmune skin diseases (such as pemphigus)

LCD: Wound Debridement Indications

- Debridement services may be indicated for
  - Subcutaneous tissue, muscle, fascia, or bone are appropriate for treatment of skin ulcers, circumscribed dermal infections, conditions affecting contiguous deeper structures, and debridement of deep-seated debris from any number of injury types
  - Osteomyelitis: Chronic osteomyelitis and osteomyelitis associated with an open wound
  - Superficial ulcers (skin, dermis and/or epidermis) whenever necrotic tissue is present in an open wound
  - Abnormal wound healing or repair; however, these services will not be considered a reasonable and necessary procedure for a wound that is clean and free of necrotic tissue

LCD: Wound Debridement Indications

- Must be performed in accordance with accepted standards of medical practice
- If debridement is performed, the type of debridement should be appropriate to the type of wound and the devitalized tissue, as well as the patient's condition

LCD: Wound Debridement Indications

- Not all wounds require debridement, or the same level of debridement, at each session
  - It is unusual to debride more than one time per week for more than three months
    - Greater frequency or duration of selective debridement should be justified in the documentation
  - Most very small wounds do not require selective debridement
    - Ulcers that may require selective debridement are typically larger than two by two (2 x 2) cm
    - Wounds with tunneling, regardless of size, may require selective debridement
  - Selective debridement is usually not reasonable and necessary for blisters, ulcers smaller than those described above and uninfected ulcers with clear borders

LCD: Wound Debridement Indications

- If indicated, debridement of the wound(s) must be performed judiciously and at appropriate intervals
- Expectation
  - Wound volume or surface dimension should decrease over time with appropriate care, and no extenuating medical or surgical complications or setbacks
  - When appropriate healing is not achieved, the wound care treatment plan should be modified
  - Ensure:
    - Co-morbid conditions, that may interfere with normal wound healing, have been addressed
    - Etiology of the wound has been determined and addressed a
    - Patient compliance issues are addressed
      - This may include, for example, evaluation of pulses, ABI and/or possible consultation with a vascular surgeon

LCD: Wound Debridement Indications

- The number of debridement services required is variable and depends on numerous intrinsic and extrinsic factors
- Debridement services are covered provided all significant relevant comorbid conditions are addressed that could interfere with optimal wound healing

LCD: Wound Debridement Limitations

- Debridement is not medically necessary when
  - No necrotic, devitalized, fibrotic, or other tissue or foreign matter is present that would interfere with wound healing
    - The presence or absence of such tissue or foreign matter must be documented in the medical record
  - Debridement area of greater than 10%: Coverage is limited to those practitioners who are licensed to perform surgery above the ankle, since the amount of skin required is more than that contained on both feet
  - Skin breakdown under a dorsal corn is not considered an ulcer and generally does not require debridement
    - Such lesions typically heal without significant surgical intervention beyond removal of the corn and shoe modification

Local Coverage Article (LCA)

- LCA A56617 “Billing and Coding: Debridement Services”
  - Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or Outpatient Prospective Payment System (OPPS) packaging edits
    - Refer to NCCI and OPPS requirements prior to billing Medicare
  - For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim
  - Diagnosis code(s) must best describe the patient's condition for which the service was performed

Local Coverage Article (LCA)

- Debridement services are defined by body surface area of the debrided tissue and not by individual ulcers or wounds
  - Example: Debridement of two ulcers on the foot to the level of subcutaneous tissue, total area of six sq cm should be billed as CPT code 11042 with unit of service of “1”
- Initial debridement may be deep and through skin, subcutaneous tissue, muscle fascia, and muscle
- Subsequent debridement is often more superficial and best described by CPT codes 97597 or 97598 rather than 11043 or 11044

CPT Code	Description
97597	Debridement (eg., high pressure waterjet with/without suction, sharp selective debridement with scissors. Scalpel and forceps), open wound, (eg., 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	Add-on code: Debridement (eg., high pressure waterjet with/without suction, sharp selective debridement with scissors. Scalpel and forceps), open wound, (eg., 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)
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11001	Add-on code: Debridement of extensive eczematous or infected skin; each additional 10% of body surface, or part thereof (list separately in addition to code for primary procedure)

CPT Code	Description
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq. CM or less
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq. CM or less
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq. CM or less
11045	Add-on code: 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)
11046	Add-on code: 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)
11047	Add-on code: 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)

CPT Codes & Guidelines

- CPT codes 11000 and 11001
  - Describes removal of extensive eczematous or infected skin
  - Do not use for debridement of a localized amount of tissue normally associated with a circumscribed lesion
    - Examples: ulcers, furuncles, and localized skin infections
- CPT codes 11042-11047
  - Used for debridement of relatively localized areas depending upon the involvement of contiguous underlying structures
- Do not bill CPT codes 11000-11047 for:
  - Washing bacterial or fungal debris from feet, incision and drainage of abscess including paronychia, avulsion of nail plates, acne surgery, destruction of warts, or burn debridement.

CPT Codes & Guidelines

- CPT codes 97597 and 97598
  - CMS categorizes as “sometimes therapy” services
    - Paid under OPPS, when billed by Hospital outpatient department subject to OPPS, when the service is not performed by a qualified therapist and it is inappropriate to bill the service under a therapy plan of care
  - Do not bill these codes when a simple dressing change is performed without any active wound procedure
  - Additional Information:
    - The Centers for Medicare & Medicaid Services Internet-Only Manual Pub. 100-04, *Medicare Claims Processing Manual*, 100-4, Chapter 4, Section 200.9 - Billing for “Sometimes Therapy” Services that May be Paid as Non-Therapy Services for Hospital Outpatients
    - CMS IOM Pub. 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Sections 220 - Coverage of Outpatient Rehabilitation Therapy Services and 230 - Practice of Physical Therapy, Occupational Therapy, and Speech-Language Pathology

CPT Codes & Guidelines

- Reimbursement for debridement services includes, and not separately payable:
  - Local infiltration, metacarpal/digital block or topical anesthesia
  - Anesthesia administered by, or incident to, the provider performing the debridement procedure Incidental to other covered services
  - Care of minor wounds (post-operative, traumatic, or otherwise) is incidental to other covered services

FYI: Often, claims for debridement are essentially dressing changes which are not covered under wound debridement guidelines

Type of Bill (TOB) Codes

- The LCD and LCA do not specify TOB codes applicable to debridement services
  - Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type
  - Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims

Revenue Codes

- The LCD and LCA do not specify revenue codes applicable to debridement services
  - Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination
  - Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes

✓ National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual 2021 (subscription required)

Documentation

Documentation Requirements

- Medical records must be made available to Medicare upon request and must fully support the medical necessity for all billed services including but not limited to:
  - Wound location
    - Size, depth and stage either by description and/or a drawing or photograph
  - Description of the type(s) of tissue involvement
    - Severity of tissue destruction, undermining or tunneling, necrosis, infection or evidence of reduced circulation
    - When infection is involved include description of patient's response to this infection

Documentation Requirements

- Patient's comorbid medical and mental condition
  - All health factors that may influence the patient's ability to heal tissue
    - **Examples:** Mental status, mobility, infection, tissue oxygenation, chronic pressure, arterial insufficiency/small vessel ischemia, venous stasis, edema, type of dressing, chronic illness such as diabetes mellitus, uremia, COPD, malnutrition, CHF, anemia, iron deficiency, and immune deficiency disorders
  - Include, when/if indicated, ongoing pressure relief has been prescribed
    - **Example:** shoe inserts, modifications, padding, frequent position changes, and monitoring
- Initial treatment plan
  - Include the expected frequency and duration of skilled treatment and potential to heal

Documentation Requirements

- Continuation of treatment plan
  - Ongoing evidence of treatment plan effectiveness
  - Include: Diminishing area and depth of the ulceration, resolution of surrounding erythema and /or wound exudates, decreasing symptomatology, and overall assessment of wound status (such as stable, improved, worsening)
  - Appropriate changes in the ongoing treatment plan to reflect the clinical presentation

Documentation Requirements

- Operative or procedure note – include description of anatomical location treated
- Instruments used
- Anesthesia (when applicable)
- Type of tissue removed from the wound
  - Include depth and area of wound along with immediate post procedure care and follow-up instructions

Documentation Requirements

- Documentation relevant to excessive frequency or prolonged duration of treatment
  - Evaluation for possible
    - Infection - e.g. culture & sensitivity
      - » Treatment of infection with antibiotics
    - Osteomyelitis – e.g. X-ray
    - Other conditions affecting wound healing
  - Photographic documentation of wounds either immediately before or immediately after debridement is recommended
    - Especially treatments exceeding five extensive debridements per wound (CPT code 11043 and/or 11044)
    - When unable to use photographs the medical record should contain sufficient detail to determine the extent of the wound and treatment results

Documentation Requirements

- CPT codes 97597 and 97598 require supportive documentation at least every ten visits including:
  - Etiology and duration of wound
  - Prior treatment by a physician, non-physician practitioner, nurse and/or therapist
  - Stage of wound
  - Description of wound: length, width, depth, grid drawing and/or photographs
  - Amount, frequency, color, odor, type of exudate
  - Evidence of infection, undermining, or tunneling
  - Nutritional status
  - Comorbidities (e.g., diabetes mellitus, peripheral vascular disease)

Documentation Requirements

- Pressure support surfaces in use
- Patient's functional level
- Skilled plan of treatment, including specific frequency, modalities and procedures
- Type of debridement performed, including instrument used, to support the debridement code billed
- Changing plan of treatment based on clinical judgment of the patient's response or lack of response to treatment
- Frequent skilled observation and assessment of wound healing are recommended daily or weekly to justify the skilled service. At a minimum, the progress report must document the continuing skilled assessment of wound healing as it has progressed since the evaluation or last progress report.

Chronic Foot Ulcer Management

- Chronic foot ulcer management includes relief of pressure, control of infection and appropriate debridement
  - While repeated debridement may promote more rapid healing of diabetic foot ulcers, the appropriate interval and frequency of debridement depends on the individual clinical characteristics of each patient and ulcer
  - Reduction of pressure and/or control of infection facilitates healing and may reduce the need for repeated debridement services
  - When frequent repeated debridement is required, the treatment plan should be reevaluated to ensure that pressure reduction and infection control have been adequately addressed
  - In the presence of documented significant ischemic disease with necrotic ulceration, extensive and definitive debridement may be required

Diabetic Foot Ulcer Management

- Debridement of diabetic foot ulcers
  - Frequency of debridement depends on individual clinical characteristics of patients and their ulcers
  - Debridement more frequently than once every seven days for longer than three months may not be reasonable and necessary
  - Services exceeding this intensity and duration of treatment are not medically necessary

Additional Information

- When more debridement services per wound are required, the medical record must include documentation reflecting neuropathic, vascular, metabolic, or other comorbid conditions
- When treating a patient with chronic wounds in an outpatient setting, services beyond the fifth surgical debridement, per patient, per year, per wound may require medical review of records demonstrating the medical reasonableness and necessity
  - CPT codes 11043, 11046 and/or 11044, 11047
  - As a reminder, the CPT code used to report the debridement must represent the level of debridement and not the depth of the ulcer

Caution: E/M with Modifier 25

- OPPS payment for minor surgical procedures includes physician services such as evaluating the patient prior to or immediately after the procedure and typical follow-up care, dictating procedure notes, talking with the family or other physicians, writing orders
  - E/M service must be significant and separately identifiable from all services for wound care and debridement
  - GO463 billed with modifier 25 on same DOS as wound debridement

NGS Medical Review

Respond to Post Payment Review ADR

- Service specific review: random claim selection with provider sent ADR request
- Respond in timely manner
  - NGS recommends within 35-40 days of the ADR letter date
  - CMS allows up to 45 days
  - Helpful NGS tool: ADR Calculator
- NGSConnex is the preferred method for submission of records in response to an ADR
  - You Tube Video: How to Use the Medical Review Additional Documentation Request Portal in NGSConnex
- Additional information on ADRs and Ways to submit Medical Records via Paper, Fax, CD, esMD

Respond to Post Payment Review ADR

- Submit all medical records requested per claim at one time
  - Ensure documentation is legible and authenticated by acceptable handwritten or electronic signature
- Failure to submit requested documentation will result in denial – RC 56900
- Results of the post-payment review will be sent to provider upon completion of the review along with an offer for education when necessary

Current Medical Review Activities

- J6 edit: 5FGFP
  - TOB: 13X, 85X
  - CPT codes: 11042
- JK edit: 5BGFP
  - TOB: 13X, 85X
  - CPT codes: 97597, 97598

Documentation to Submit in Response to NGS ADR

- History & Physical
- Physician's orders
- Plan of care/treatment
- Pertinent radiology and laboratory reports
- Progress notes including physical findings and treatment effectiveness
- Documentation of medical necessity
- Identification of wound location, size, depth, and stage
  - Description, and/or drawing or photograph

Documentation to Submit in Response to NGS ADR

- Operative/procedure note for debridement
  - Describe anatomic location, instruments used, anesthesia (when applicable), type of tissue removed, depth and area of wound
- Immediate post-procedure care and follow-up instructions
- Description of type(s) of tissue involvement
  - Severity of tissue destruction, undermining or tunneling, necrosis, infection or evidence of reduced circulation
    - When infection is involved, include response to infection along with any treatment and response to treatment

Documentation to Submit in Response to NGS ADR

- Documentation supporting use of modifiers, when applicable
- When an ABN was issued, include copy of signed and dated ABN

Top Denials

- 56900
  - Requested medical records were not received within the 45 day time limit
    - If less than 120 days after denial notification or remittance advice, submit records to the contractor requesting records
      - Do not resubmit the claim
- 55B31
  - Missing documentation specific to wound care services
    - Examples: Missing documentation related to tools used, tissue type removed, measurements
    - NGS Job Aid: Reason Code 55B31 – Preventing Denied Claims

Top Denials

- 55B12
  - Claim denied after review due to documentation not supporting medical necessity
- 55B13
  - Claim denied after review due to documentation not supporting medical necessity of the frequency, duration or amount of the service(s) billed.

Top Denials

- 55B28
  - Wrong service
    - Example: Billing selective wound debridement but documentation is for paring down callus (routine foot care)
- 55B29
  - Claim/service recoded to reflect services actually provided based on medical records

Resources

Resources

- NGS Local Coverage Determination (LCD): Debridement Services (L33614)
- Local Coverage Article: Billing and Coding: Debridement Services (A56617)
- J6 Medical Review Focus Area: Service Specific Post-Payment Audits of Wound Debridement
- JK Medical Review Focus Area: Announceing Service Specific Post Payment Audits of Wound Debridement (Edit 5BGFP)

Resources

- NGS articles:
  - How To Find and Respond to Post Payment Review ADR
  - Signature Requirements
  - Missing or Illegible Signatures/ Signature Requirements
  - Hardcopy Order and Progress Note Signature Guidelines Attestation Sample
  - Missing or Illegible Signatures/Signature Illegible Signatures/Signature Requirements
  - Submitting Electronic Medical Records

Resources

- NGS Job Aid: Responding to Additional Development Requests for Information
- NGS Manual: Fiscal Intermediary Standard System (FISS)/Direct Data Entry (DDE) Provider Online Guide
- NGS TPE Manual: Medical Documentation Signature Requirements
- NGS Provider Resource: Additional Development/Documentation Request Timeline Calculator
- MLN Matters article MM6698: *Signature Guidelines for Medical Review Purposes*

NGS You Tube Videos

- NGSMedicare.com You Tube Channel
- How to Use the Medical Review Additional Documentation Request Portal in NGSConnex
- Medicare Signature Requirements
- Submit Medical Record Documentation Electronically
- How to Use the Medical Review Additional Documentation Request Portal in NGSConnex
- How to Submit Part A Redeterminations and Clerical Error Reopenings in NGSConnex (Redetermination = first level appeal)
- How to Submit Reconsiderations in NGSConnex (Reconsideration = 2nd level appeal)

NGS Interactive Voice Response System

- How to determine when an ADR was mailed
  - Did you know the IVR system will advise you when an ADR has been sent? By selecting Claims Status (touch-tone 2), you will hear the date the ADR was sent.

    Refer to the IVR User Guide for all available features:
    - Jurisdiction 6 Part A
    - Jurisdiction 6 Part B
    - Jurisdiction K Part A
    - Jurisdiction K Part B

CMS Resources

- MLN Fact Sheet, ICN MLN909160: *Complying With Medical Record Documentation Requirements*
- MLN Fact Sheet, MLN4840534: *Medical Record Maintenance & Access Requirements*
- CMS Documentation Matters Toolkit
- CMS MLN Booklet: MLN906764: *Evaluation And Management Services Guide*
- CMS You Tube Videos:
  - Provider Minute: The Importance of Proper Documentation
  - Provider Minute: Physician Orders/Intent to Order Laboratory Services and Other Diagnostic Services

Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

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