

Local Coverage Determination (LCD): Debridement Services (L33614)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

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LCD Information

Document Information

LCD ID

Original Effective Date

L33614

For services performed on or after 10/01/2015

Original ICD-9 LCD ID
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Debridement Services

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Notice Period End Date
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Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Publications:

120 Cosmetic Surgery

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

Debridement is the removal of infected, contaminated, damaged, devitalized, necrotic, or foreign tissue from a wound. The codes in this local coverage determination (LCD) cover debridement of skin, subcutaneous tissue, fascia, muscle, bone and removal of foreign material. Debridement promotes wound healing by reducing sources of infection and other mechanical impediments to healing. Its goal is to cleanse the wound, reduce bacterial contamination and provide an optimal environment for wound healing or possible surgical intervention. The usual end point of debridement is removal of pathological tissue and/or foreign material until healthy tissue is exposed. Debridement techniques include, among others, sharp and blunt dissection, curettage, scrubbing, and forceful irrigation. Surgical instruments may include a scrub brush, irrigation device, electrocautery, laser, sharp curette, forceps, scissors, burr or scalpel. Prior to debridement, determination of the extent of an ulcer/wound may be aided by the use of blunt probes to determine wound/ulcer depth and to disclose abscess and sinus tracts.

This LCD does not apply to debridement of burned surfaces. For debridement of burned surfaces CPT codes 16000-16036 apply. Regulations concerning the use of these codes are not addressed in this LCD. This LCD does not apply to debridement of nails and the provider is referred to NGS LCD Routine Foot Care and Debridement of Nails (L33636).

Indications:

Debridement is indicated for any wound requiring 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.

CPT codes 11000 and 11001 describe removal of extensive eczematous or infected skin. A key word is extensive. Conditions that may require debridement of large amounts of skin include: 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), or autoimmune skin diseases (such as pemphigus).

CPT codes 11042-11047 should be used for debridement of relatively localized areas depending upon the involvement of contiguous underlying structures. These codes 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.

Debridement for osteomyelitis is covered for chronic osteomyelitis and osteomyelitis associated with an open wound.

CPT codes 97597 and 97598 should be used for debridement of superficial ulcers (skin, dermis and/or epidermis, whenever necrotic tissue is present in an open wound. They may also be indicated in cases of abnormal wound healing or repair. These services will not be considered a reasonable and necessary procedure for a wound that is clean and free of necrotic tissue.

- The wound care performed must be 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, and the patient's condition. Not all wounds require debridement at each session 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. A 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 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.
- If a simple dressing change is performed without any active wound procedure as described by these codes, do not bill these codes to describe the service.

- CPT codes 97597 and 97598 are categorized by CMS as “sometimes therapy” services. If billed by a hospital subject to OPSS for an outpatient service, these CPT codes will be paid under the OPSS when the service is not performed by a qualified therapist and it is inappropriate to bill the service under a therapy plan of care.
- Debridement of the wound(s) if indicated must be performed judiciously and at appropriate intervals. It is expected that, with appropriate care, and no extenuating medical or surgical complications or setbacks, wound volume or surface dimension should decrease over time. It is also expected the wound care treatment plan is modified in the event that appropriate healing is not achieved. It is expected that comorbid conditions that may interfere with normal wound healing have been addressed; the etiology of the wound has been determined and addressed as well as addressing patient compliance issues. This may include, for example, evaluation of pulses, ABI and/or possible consultation with a vascular surgeon.

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.

Limitations:

If there is no necrotic, devitalized, fibrotic, or other tissue or foreign matter present that would interfere with wound healing, the debridement service is not medically necessary. The presence or absence of such tissue or foreign matter must be documented in the medical record.

The following procedures are considered part of active wound care management, and are not considered as debridement and are not included in this LCD: Removal of devitalized tissue from wound(s), non - selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care.

The care of minor wounds (post-operative, traumatic, or otherwise) is incidental to other covered services. Many claims for debridement are essentially dressing changes and are not separately payable.

Use of CPT codes 11000-11047 is not appropriate for the following services: 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. Report these procedures, when they represent covered, reasonable and necessary services, using the CPT or HCPCS code that most closely describes the service rendered.

For services related to removal of callus (hyperkeratotic tissue) around an ulcer, paring or cutting of corns, trimming or debridement of nails, please refer to NGS LCD Routine Foot Care and Debridement of Nails (L33636).

CPT codes 11000 and 11001 are not appropriate for debridement of a localized amount of tissue normally associated with a circumscribed lesion. Examples of the inappropriate use of these codes are ulcers, furuncles, and localized skin infections.

CPT code 11001 is limited to those practitioners who are licensed to perform surgery above the ankle, since the amount of skin required by the code 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. These lesions typically heal without significant surgical intervention beyond removal of the corn and shoe modification.

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.

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[Coding Information](#)

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. 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.

011x Hospital Inpatient (Including Medicare Part A)
012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
021x Skilled Nursing - Inpatient (Including Medicare Part A)
022x Skilled Nursing - Inpatient (Medicare Part B only)
023x Skilled Nursing - Outpatient
034x Home Health Services not under a plan of treatment
071x Clinic - Rural Health
073x Clinic - Freestanding
074x Clinic - Outpatient Rehabilitation Facility (ORF)
075x Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
077x Clinic - Federally Qualified Health Center (FQHC)
085x Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. 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.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

036X Operating Room Services - General Classification
042X Physical Therapy - General Classification
045X Emergency Room - General Classification
049X Ambulatory Surgical Care - General Classification
051X Clinic - General Classification
052X Freestanding Clinic - General Classification
076X Specialty Services - General Classification
096X Professional Fees - General Classification
0975 Professional Fees - Operating Room
0981 Professional Fees - Emergency Room Services
0982 Professional Fees - Outpatient Services
0983 Professional Fees - Clinic

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

11000 DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE
11001 DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE BODY SURFACE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
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 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)
 DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE,
 11046 IF PERFORMED); EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
 DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR
 11047 FASCIA, IF PERFORMED); EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
 DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE
 DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), OPEN WOUND, (EG, FIBRIN, DEVITALIZED
 97597 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
 DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE
 DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), OPEN WOUND, (EG, FIBRIN, DEVITALIZED
 97598 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)

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes Description

XX000 Not Applicable

ICD-10 Codes that DO NOT Support Medical Necessity N/A

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General Information

Associated Information

Documentation Requirements:

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

The medical record should include the following information:

- An operative note or procedure note for the debridement service. This note should describe the anatomical location treated, the instruments used, anesthesia used if required, the type of tissue removed from the wound, the depth and area of the wound and the immediate post procedure care and follow-up instructions.
- Identification of the wound location, size, depth and stage either by description and/or a drawing or photograph.
- A description of the type(s) of tissue involvement, the severity of tissue destruction, undermining or tunneling, necrosis, infection or evidence of reduced circulation. If infection has developed, the patient's response to this infection should be described.
- The patient's comorbid medical and mental condition, and all health factors that may influence the patient's ability to heal tissue, such as, but not limited to the following: 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.

- A determination of the initial treatment plan to include the expected frequency and duration of the skilled treatment and the potential to heal. Continuation of treatment plan with ongoing evidence of the effectiveness of that plan, including 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, etc). Appropriate changes in the ongoing treatment plan to reflect the clinical presentation must be present in the record.

The documentation must include that if indicated, ongoing pressure relief has been prescribed, for example, shoe inserts, modifications, padding, frequent position changes, etc. and monitoring is occurring.

In cases of excessive frequency or prolonged duration of treatment, documentation should include an evaluation for possible infection (e.g. culture and sensitivity), osteomyelitis (e.g. x-ray), and treatment of any infection by antibiotics. Any other conditions that may significantly affect wound healing should also be appropriately addressed in the medical record.

Photographic documentation of wounds either immediately before or immediately after debridement is recommended for prolonged or repetitive debridement services (especially those that exceed five extensive debridements per wound (CPT code 11043 and/or 11044)). If the provider is unable to use photographs for documentation purposes, the medical record should contain sufficient detail to determine the extent of the wound and the result of the treatment.

Supportive Documentation Requirements (required at least every 10 visits) for 97597 and 97598:

- 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)
- 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.

Medical records must be made available to Medicare upon request.

Utilization Guidelines:

Cornerstones of chronic foot ulcer management include relief of pressure, control of infection and appropriate debridement. While there is some consensus that 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 patients and ulcers. Reduction of pressure and/or control of infection will facilitate healing and may reduce the need for repeated debridement services. The treatment plan for a patient who requires frequent repeated debridement 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.

When the patient has required more debridement services per wound than defined below, the medical record must include documentation reflecting neuropathic, vascular, metabolic, or other comorbid conditions.

Debridement of diabetic foot ulcers more frequently than once every seven (7) days, for a period longer than three (3) months may not be reasonable and necessary. Services exceeding this intensity and duration of treatment will be considered not medically necessary.

Debridement services are now defined by body surface area of the debrided tissue and not by individual ulcers or wounds. For example, debridement of two ulcers on the foot to the level of subcutaneous tissue, total area of 6

sq cm should be billed as CPT code 11042 with unit of service of "1".

For patients with chronic wounds being treated in an outpatient setting, services beyond the fifth surgical debridement, CPT code 11043, 11046 and/or 11044, 11047, per patient, per year, per wound may require a medical review of records demonstrating the medical reasonableness and necessity. Providers are reminded that the CPT code used to report the debridement must represent the level of debridement and not the depth of the ulcer.

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.

Sources of Information and Basis for Decision

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of any Web site addresses listed.

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
04/01/2016	R2	The LCD was returned for comment to the Jurisdiction 6 and Jurisdiction K regions from 10/29/2015 through 12/12/2015. CPT codes 97597 and 97598 (previously included in the Outpatient Physical and Occupational Therapy Services LCD, L33631) were added to the LCD. Indications and Documentation Requirements for these services were added to the LCD. Limitations were revised to clarify services which are not appropriately billed with the debridement codes covered in this LCD.	<ul style="list-style-type: none">• Provider Education/Guidance
10/01/2015	R1	ICD-10 codes have been removed from the LCD. Medical necessity criteria apply to all services within this LCD.	<ul style="list-style-type: none">• Provider Education/Guidance

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Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A54858](#) - (MCD Archive Site)

Related National Coverage Documents N/A

Public Version(s) Updated on 02/05/2016 with effective dates 04/01/2016 - N/A Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)