**Excisional and Non-Excisional Debridement**

**ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2015 Pages 3-8 Effective with discharges: October 7, 2015**

Debridement of the skin and subcutaneous tissue is a procedure by which foreign material and devitalized or contaminated tissue are removed from a traumatic or infected lesion until the surrounding healthy tissue is exposed.

Excisional debridement of the skin or subcutaneous tissue is the surgical removal or cutting away of such tissue, necrosis, or slough and is classified to the root operation "Excision." Use of a sharp instrument does not always indicate that an excisional debridement was performed. Minor removal of loose fragments with scissors or using a sharp instrument to scrape away tissue is not an excisional debridement. Excisional debridement involves the use of a scalpel to remove devitalized tissue. Documentation of excisional debridement should be specific regarding the type of debridement. If the documentation is not clear or if there is any question about the procedure, the provider should be queried for clarification. A code is assigned for excisional debridement when the provider documents "excisional debridement," and/or the documentation meets the root operation definition of "Excision" (cutting out or off, without replacement, a portion of a body part).

Non-excisional debridement of the skin is the non-operative brushing, irrigating, scrubbing, or washing of devitalized tissue, necrosis, slough, or foreign material. Most non-excisional debridement procedures are classified to the root operation "Extraction" (pulling or stripping out or off all or a portion of a body part by the use of force).

**Question:**

On the wound care progress note the physician documented that an excisional debridement of the skin of the buttock was carried out. Would this be coded as excisional debridement?

**Answer:**

Yes, assign code 0HB8XZZ, Excision of buttock skin, external approach, for the excisional debridement of skin of the buttocks.

**Question:**

The physician performed excisional debridement of a coccyx wound down to the fascia and including bone. How should this debridement be coded?

**Answer:**

Assign code 0QBS0ZZ, Excision of coccyx, open approach. When multiple layers of the same site are debrided, assign only a code for the deepest layer of debridement.

**Question:**

In terms of coding excisional debridement, does dissection mean the same as excisional? For example, the provider's documentation states: "The debridement was sharp using knife dissection."

**Answer:**

No, knife dissection is not sufficient language to be able to code the root operation "Excision." Knife dissection may only be referring to the means used to reach the procedure site, and doesn't necessarily say what was done at the site. Query the physician for more information when the documentation only states knife dissection. Use of a sharp instrument does not always indicate that an excisional debridement was performed. A code is assigned for excisional debridement when the provider documents "excisional debridement," and/or the documentation meets the root operation definition of "excision" (cutting out or off, without replacement, a portion of a body part). Documentation of excisional debridement should be specific regarding the type of debridement. If the documentation is not clear or if there is any question about the procedure, the provider should be queried for clarification.

**Question:**

In the discharge summary the physician describes the patient's debridement: "The patient underwent a digressive debridement by physical therapy of her sacral decubitus with pulse lavage and wet-to-dry dressing changes..." Should this procedure be coded as an excisional debridement or a non-excisional debridement?

**Answer:**

Assign code 0HD6XZZ, Extraction of back skin, external approach, for the procedure performed.

The pulsed lavage digressive debridement is considered nonsurgical mechanical debridement. It does not involve cutting away or excising devitalized tissue. In pulsed lavage, an irrigating solution (or irrigant) is delivered under pressure along with suction. Pulsed lavage is used for the debridement of bone and tissue for wound cleansing in order to remove infectious agents and debris. This method of wound cleansing is also known as "mechanical lavage," "pulsatile lavage," "mechanical irrigation," and "high pressure irrigation." This type of debridement is coded as non-excisional debridement with the root operation "Extraction." The instrument used in the debridement extracts loose tissue, and involves more than simple irrigation. Therefore, the correct root operation is "Extraction" rather than "Irrigation."

**Question:**

Can you clarify what determines that a debridement in ICD-10-PCS is excisional? The progress note states: "I have debrided the abscess cavity, removing necrotic tissue and bone by sharp debridement." Does the word "excision" need to be present as with ICD-9-CM?

**Answer:**

Yes, the documentation standard for coding excisional debridement in ICD-10-PCS is the same as it is for ICD-9-CM. As with ICD-9-CM, the words "sharp debridement" are not enough to code the root operation Excision. A code is assigned for excisional debridement when the provider documents "excisional debridement," and/or the documentation meets the root operation definition of "excision" (cutting out or off, without replacement, a portion of a body part).

**Question:**

The patient presents for surgical treatment of a necrotizing soft tissue infection of the left buttock. The provider documented the following in the operative note: "Using a sharp scalpel, I first connected the abscess sites and excised down through the subcutaneous tissue with electrocautery. The tissue was in the process of liquefying and was nonviable. The wound measured 8 cm wide by 4 cm long and 2.5 cm deep, and was extensively excised." In this case, the physician does not explicitly document "excisional debridement," however the documentation meets the root operation definition of "Excision." What is the correct ICD-10-PCS code assignment for the procedure?

**Answer:**

Assign the following ICD-10-PCS code for the excisional debridement of the buttock:

0JB90ZZ Excision of buttock subcutaneous tissue and fascia, open approach

The ICD-10-PCS Official Guidelines for Coding and Reporting (A11) states, "Many of the terms used to construct PCS codes are defined within the system. It is the coder's responsibility to determine what the documentation in the medical record equates to in the PCS definitions. The physician is not expected to use the terms used in PCS code descriptions, nor is the coder required to query the physician when the correlation between the documentation and the defined PCS terms is clear."

**Question:**

The patient developed a non-healing necrotic ulcer of the right thigh. Using a VersaJet debrider, the physician performed debridement of the skin and subcutaneous tissue. How should this procedure be coded?

**Answer:**

Assign code 0HDHXZZ, Extraction of right upper leg skin, external approach, for the non-excisional debridement using VersaJet. The VersaJet is a device consisting of an ultra-high-pressure generator with a console and disposable attachments. A natural vacuum created by the jet stream removes tissue fragments. The device has specialized features that allow physicians to debride traumatic wounds, chronic wounds, or other soft tissue lesions and aspirate and remove contaminants or other debris. Debridement with Versajet debrider is coded as non-excisional debridement.

**Question:**

If a physician documents "debridement of bone, fascia or muscle," without specifying "excisional debridement," can that be reported as excisional debridement? In order for the surgeon to get down into these areas, wouldn't he or she need to excise/ cut? What code should we report for debridement performed on bone, muscle or fascia, if not specified as excisional?

**Answer:**

Coders cannot assume that the debridement of bone, fascia, or muscle is always excisional. For example, if a patient suffers a traumatic open wound and fascia, muscle, or bone is exposed, an excisional debridement may not be performed. ICD-10-PCS does not provide a default if the debridement is not specified as "excisional" or "non-excisional."

In many cases, only non-excisional debridement is required to clean the wound. Therefore, providers should specifically document the type of debridement. Clear and concise documentation is needed in order to accurately report excisional debridement. The link between good provider documentation and correct coding has always been emphasized in Coding Clinic. It is critical that hospitals work with their providers to ensure that the documentation used to support excisional debridement clearly describes the procedure. Although this may pose some challenges to the coding community, if the documentation is not clear or there is any question about the procedure, the provider should be queried for clarification. To avoid queries, which are frustrating and burdensome to both coders and providers, physicians should be encouraged to provide clear documentation at the point of care.

**Correction:**

Coding Clinic, Third Quarter 2015, page 5, contained a typographical error. The question involving non-excisional debridement of skin and subcutaneous tissue and the ICD-10-PCS code assignment described extraction of skin rather than "skin and subcutaneous tissue." The correct code assignment should have read as follows:

0JDL0ZZ Extraction of right upper leg subcutaneous tissue and fascia, open approach