Wound Debridement Coding Accuracy Checklist (2025 Edition)

Section 1: Documentation Verification
[] Wound size (pre and post debridement) - Document in cm2 (length x width).
[] Wound depth - Specify tissue layer (dermis, subcutaneous, muscle, or bone).
[] Tissue type removed - Use precise terms (slough, necrotic fat, devitalized muscle).
[] Technique or instrument used - Example: scalpel, curette, hydro jet.
[] Viable tissue endpoint - Indicate exposure of healthy bleeding tissue.
[] Medical necessity justification - Example: 'Necrotic tissue delaying granulation'.
[] Wound progress over time - Show improvement or ongoing need.
[] Provider credentials and signature - Must match credentialing data.
Section 2: Coding and Modifier Accuracy
[] CPT family selection - 97597-97598 (selective), 11042-11047 (surgical).
[] Surface area calculation - Report per 20 sq cm; use add ons as needed.
[] CPT and ICD-10 mapping - Ensure each wound links to correct diagnosis.
[] No mixed-family coding - Do not report 97597 and 11042 on same site/date.
[] Modifier 59/XU - Use for distinct wounds or anatomical sites.
[] Modifier 25 - Only with separate, identifiable E/M service.
[] NCCI edit review - Validate code pairings per payer rules.
Section 3: Payer and Policy Compliance
[] Follow local Medicare LCD (e.g., L35125, L35041).
[] Verify ongoing medical necessity for repeated debridements.
[] Check documentation for healing progress.
[] Include photos when required by payer.
[] Avoid unbundled or duplicated codes.
[] Ensure EHR data matches submitted claim data.
Section 4: Pre Submission Quality Control
11 Review CPT codes and modifiers for accuracy

Internal Audit Tip

Conduct monthly/quarterly audits for compliance:

11044/11047 - Excisional debridement of bone.

- Check CPT ICD pairing and modifier usage.
- Review wound progress documentation.
- Verify adherence to LCD requirements.
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