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BCN Provider *News*

Clinical editing billing tips

Reporting and coding debridement codes

Debridement CPT codes *11043-11044 and *11046-11047 are specific to muscle or fascia. This includes the epidermis, dermis and subcutaneous tissue. These codes can easily be mistaken and coded when codes *11042 or *11045 are more appropriate. CPT codes *11042 and *11045 should be coded when the debridement is performed on the subcutaneous tissue, including the epidermis and dermis. In accordance with the code description, BCN will review the diagnoses reported on these claims to ensure they are appropriate for the corresponding CPT code. Diagnosis codes should be reported with the appropriate stage of the pressure ulcer or non-pressure chronic ulcer diagnosis.

In line with this change, please ensure documentation supports the billed service and that coding on the claim reflects that documentation. If you receive a clinical edit and you believe it's incorrect, you may file a clinical edit appeal. We'll review the documentation upon appeal.

Diagnosis code reporting

BCN supports and performs clinical editing on services that may not have a diagnosis code reported at the highest level of specificity available. The diagnoses reported should best reflect the condition the patient is being treated for. For example, if treating an oblique fracture of shaft of the humerus, the reported diagnosis should include laterally as well as if it is displaced or nondisplaced.

Some CPT codes also require an anatomic-specific modifier. The anatomic site or lateral modifier should be on the claim line. The diagnosis code reported for that claim line should also be lateral specific, if one is available. Anatomic sites that may have an associated modifier are: eyelids, fingers, toes, left circumflex coronary artery, left anterior descending coronary artery, left main coronary artery, right coronary artery, ramus intermedius, left side, right side and bilateral.

If a clinical edit occurs for an incorrect or missing modifier, you may correct this by submitting a corrected claim with the appropriate or corrected modifier or through a clinical edit appeal.