Brundage Group
EXCELLENCE IN REVENUE CYCLE

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Excisional Debridement

Physicians/Providers must document "excisional debridement of bone, fascia or muscle," otherwise the procedure will be coded as non-excisional

The following information must also be documented by the provider:

- Description of the **area debrided**
- The **exact instruments used** (scalpel, scissors, forceps, etc.)
- The deepest tissue depth reached during the debridement in terms of **skin, fascia, muscle, tendon, or bone**. (Units of measurement, such as centimeters or inches, are not useable for coding purposes.
- Documentation of **removal or cutting away** of devitalized tissue**,** necrosis or slough

Terms such as "sharp debridement" or statement of use of scalpel alone are not considered sufficient for code assignment of excisional debridement

Coders may not assume that debridement of bone, fascia or muscle is excisional. Nor may they assume that sharp debridement is excisional. The exact wording of "excisional debridement" with the supporting documentation must be present. Failure to document appropriately may result in problems with physician reimbursement and/or denials.