



MEDICAL POLICY STATEMENT INDIANA MEDICAID

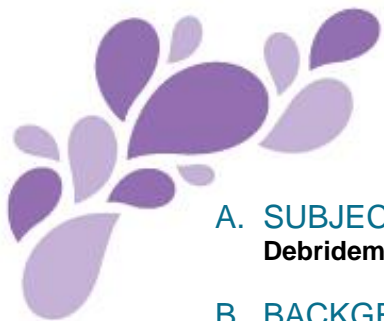
Original Issue Date	Next Annual Review	Effective Date
11/01/2017	11/01/2018	12/20/2017
Policy Name		Policy Number
Debridement Services		MM-0180
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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A. SUBJECT

Debridement Services

B. BACKGROUND

About 3 to 6 million people in the United States are affected by non-healing wounds, with 85% of these events occurring in persons 65 years and older. Most chronic wounds are ulcers that are associated with ischemia, diabetes mellitus, venous stasis disease, or pressure. The healing of wounds is a progressive process involving four continuous, overlapping, and definite phases. Each phase must happen in a precise and highly monitored manner. Interruptions, deviations or delays in the process can lead to setbacks in healing of the wound or result in a chronic wound that is difficult to heal.

Debridement Services are indicated in select cases to assist in promoting wound healing where removal of deep seated foreign material or nonviable tissue at the level of the skin, subcutaneous tissue, fascia, muscle or bone is required. The intent of debridement is to reduce infection and bacterial contaminants, cleaning the wound and removing any mechanical impediments in order to provide a favorable environment for wound healing or surgical intervention as necessary.

Prior to initiating debridement blunt probes may be used to evaluate the extent of the wound and assess for abscesses or sinus tracts. Co-morbid conditions that would impede normal wound healing, along with identifying the etiology of the wound and educating the patient on compliance should be addressed prior to beginning treatment.

In the instance that debridement services are indicated, it is expected that they will be performed within reason and at appropriate treatment intervals. The expected outcome of wound debridement, with appropriate care and barring extenuating medical or surgical obstacles, is decreased wound size and volume. Should appropriate healing not occur, it is expected and reasonable for the plan of care for the wound to be modified.

C. DEFINITIONS

- **Debridement** is the removal of infected, contaminated, damaged, devitalized, necrotic, or foreign tissue from a wound

D. POLICY

I. No Prior Authorization

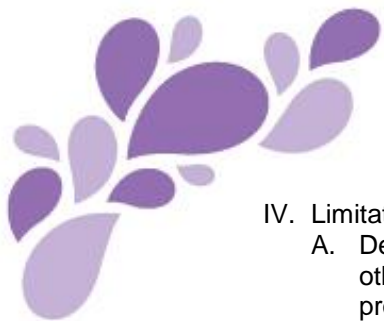
NOTE: Although the debridement services covered by this policy do not require prior authorization, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

II. Osteomyelitis

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

III. Chronic Foot Ulcer Management

- A. Debridement of diabetic foot ulcers more frequently than once every seven (7) days, for longer than three (3) consecutive calendar months, is not indicative of an effective plan of treatment. Should a patient require more debridement services per wound than noted above, the medical record must include careful documentation reflecting neuropathic, vascular, metabolic, or other co-morbid conditions.
- B. Removing a collar of callus (hyperkeratotic tissue) around an ulcer is not considered debridement of skin or necrotic tissue



IV. Limitations of Coverage

- A. Debridement services are not covered in the absence of necrotic, devitalized, fibrotic, or other tissue or foreign matter present that would interfere with the normal wound healing process and must be documented in the medical record.
- B. 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 and is not addressed in this policy.
- C. Anesthesia services are not separately reimbursable for these services.

E. CONDITIONS OF COVERAGE

HCPCS
CPT

AUTHORIZATION PERIOD

F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	11/01/2017	New Policy.
Date Revised		
Date Effective	12/15/2017	

H. REFERENCES

1. Lawriter - OAC - 5160-1-01 Medicaid medical necessity: definitions and principles. (2015, March 22). Retrieved March 31, 2017, from <http://codes.ohio.gov/oac/5160-1-01>
2. Guo, S., & DiPietro, L. (2010, March). Factors Affecting Wound Healing. Retrieved September 06, 2017, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2903966/>

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.