



Clinical Documentation Integrity Weekly Bulletin

**Orthopedic Special
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Talk Ten (ICD 10) Tuesday Tips...**Got a Minute:**

Specificity: *noun* spec·i·fic·i·ty \,spe-sə-'fī-sə-tē\
the quality or condition of being free from ambiguity

Is it Excisional or Non-excisional Debridement?

- To what level was the debridement performed?

When documenting a debridement procedure, proper descriptors are **essential** to facilitate accurate coding, including the **level of debridement**. **Verbiage such as “down to and including/not including fascia, muscle, bone, or joint” is needed for a complete picture** of the debridement performed. Below are guidelines to differentiate excisional and non-excisional debridement.

Excisional Debridement

Surgical removal or cutting away of devitalized tissue, necrosis, or slough down to viable tissue using a blade/scalpel (not scissors), and outside or beyond wound margin. The use of the terms “sharp” or debridement to “bleeding tissue” may imply “excisional” but is not precise enough...’excisional’ must be documented in order to code as such.

Documentation must include: Technique (e.g. excisional); **Instrument** (e.g. scalpel); **Nature of tissue** (devitalized, necrotic etc); **Appearance and Size**; **Depth of debridement** (e.g. skin, muscle, bone etc)

E.g. “Using a #5 blade, I excisionally debrided the necrotic skin around the edges of the elbow cellulitis. The wound measured 2 cm x 2 cm and was covered with damp gauze at conclusion of procedure.”

Non-Excisional Debridement

Cleaning, brushing, scrubbing, washing, irrigating of wound; chemical or enzymatic treatment; or minor trimming/scraping to remove fragments of dead tissue. Debridement is usually only to level of subcutaneous tissue.

Reference: Pinson, Richard D. and Tang, Cynthia; 2013 CDI Pocket Guide; pg. 57-58; Coding clinic, Second Quarter 2004, page 5.