ALLIANCE OF
WOUND CARE
STAKEHOLDERS
POWER THROUGH COLLECTIVE ADVOCACY

August 25, 2014

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Part A/HHH Policy
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Electronically Submitted to J11A.Policy@PalmettoGBA.com

Re: Debridement of Wounds (DL 35415)

Dear Dr. Sculimbrene:

On behalf of the Alliance of Wound Care Stakeholders ("Alliance"), I am pleased to submit the following comments in response to the Palmetto draft LCD on Debridement of Wounds (DL 35415)**.** The Alliance is a nonprofit multidisciplinary trade association of health care professional organizations whose mission is to promote quality care and access to products and services for people with wounds through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. Our clinical specialty societies and organizations not only possess expert knowledge in complex chronic wounds, but also in wound care research. A list of our members can be found at www.woundcarestakeholders.org.

The Alliance believes that for the most part the draft LCD is well done; however, there is some language contained in the policy that is inconsistent with clinical practice that we request is corrected prior to the final release of the Palmetto policy. There is also an inconsistency between the Part B LCD and the Part A draft LCD with respect to ICD-9-CM codes. The Alliance has described the issues and our recommendations in more detail below.

Specific Comments

Progression of the wound

Within the "Coverage Indications, Limitations, and/or Medical Necessity" section of the policy, Palmetto inaccurately describes the progression for use of debridement. Specifically, Palmetto states, "Debridement techniques usually progress from non- selective to selective to surgical but can be combined." This is not medically accurate. There is not a standard pattern for the progressive use of debridement technique for a wound. Rather, the amount of tissue removed and the technique selected for removal of the necrotic debris is

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dependent on the amount, and the condition of the wound. As such, the Alliance recommends that in order to be medically accurate, Palmetto delete this sentence from the policy.

Documentation of Viable Tissue

The draft Part A LCD includes the following language:

> *When debridement's are reported, the debridement procedure notes must demonstrate tissue removal (i.e., skin, full or partial thickness; subcutaneous tissue; muscle and/or bone), and the character of the wound (including dimensions, description of necrotic material present, description of tissue removed, degree of epithelialization, etc.) before and after debridement.* ***There should be a statement if any viable tissue was removed; and if so, then there should be a quantification of the surface area, volume, or dimensions of the viable tissue removed.***

The Alliance has significant concerns with the clinical capability to comply with the requirements in the last sentence of the above paragraph. There is no possible way to accurately quantify the surface area, volume, or dimensions of the viable tissue removed during a debridement. Debridement is intended to remove non-viable tissue and if a minimal amount of viable tissue is removed because it is adhering to the non-viable tissue, there is no way to measure that specific tissue. In the process of debriding a wound, if the clinician removes dead tissue in a staged approach or from sections of the wound to preserve the viable tissue, the amount of dead tissue removed will be in pieces. It is rare that a clean, intact piece of necrotic tissue is removed all at once and remains in a solid state to measure the dead tissues portion or possibly measure any viable tissue portion. The draft LCD requirement to quantify **viable tissu**e removed makes no clinical sense.

However, a clinician can estimate the amount of the necrotic tissue, as a percent of the wound size, that has been removed but, bear in mind, this is only an estimate.

As a result, the Alliance recommends that the last sentence of the above paragraph needs to be removed. If Palmetto needs to require some type of quantification of the removed tissue, the following language could be used: *There should be a statement describing the percent of necrotic tissue removed compared to the size of the wound.*

Coding

The Alliance is concerned that Palmetto is being inconsistent between the ICD-9-CM codes listed in the current Palmetto Part B LCD as compared to the draft LCD issued for Part A. The codes included in this draft policy should be the same as those identified in the currently active Part B policy. As such, the Alliance recommends that prior to this draft policy becoming final, Palmetto revise the list of codes to ensure that all of the ICD-9-CM codes listed in the Part B policy are identified in this Part A LCD. The list included in the current Part B LCD is more accurate.

In addition, the Alliance recommends that both the Part A and Part B policies have the following ICD-9-CM codes added in:

730:10-730:19	Chronic Osteomyelitis site unspecified – chronic osteomyelitis involving multiple sites
459:11	Postphlebetic syndrome with ulcer
997.69	Other late amputation stump complication

By adding these codes, Palmetto is providing a more comprehensive policy that includes a full list of clinical conditions applicable for debridement.

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On behalf of the Alliance of Wound Care Manufacturers, we appreciate the opportunity to submit these comments. If you have any questions of would like further information, please do not hesitate to contact me.

Sincerely,

Marcia Nusgart R.Ph.
Executive Director