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By Nina Youngstrom

Serial debridement on the same patient may turn into a liability now that auditors use data mining to spot patterns of suspicious billing. Some coders are worried that electronic medical records allow physicians to gloss over the medical necessity of the procedures, which are being audited by at least one Medicare administrative contractor (MAC) in Targeted Probe and Educate (TPE). A procedure note won't protect physicians from claim denials unless they have documentation to establish that surgically excising a wound of tissue, muscle or bone is necessary to jump-start healing, and they should investigate the underlying condition because there's a limit to how much excisional debridement a wound can take, one expert says.

"A lot of [physicians] fall into repetitive patterns and forget that payers have ready access to examine practice patterns on a broader scale over time," says Toni Turner, owner of InRich Advisors in The Woodlands, Texas. Auditors will be troubled if a patient receives 12 surgical debridements over 16 weeks of treatment at a wound center, for example. "It's not normal to have a hole in you. If you have a hole for more than six weeks in your body, something is going on to prohibit the normal phases of healing," Turner says. With repetitive excisional debridement, physicians are performing surgery on a patient week after week, and that means they probably haven't addressed the underlying problems that are keeping it from healing," Turner says. "It's important to look at the whole patient versus the hole."

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