



Wound Debridement Reimbursement Information (2026)*

In most cases, **wound debridement** (11042-11047) is intended for debriding acute wounds of devitalized tissue, while **active wound care management** (97597-97598) is intended for cleansing and promoting healing of chronic wounds. **Surgical preparation** codes (15002-15005) relate to healing wounds by primary intention, whereas debridement and wound management codes relate to healing wound by secondary intention.¹

- **Active wound care management is limited to surface area only, and generally does not go below skin level.**
- **Debridement is measured in total depth and surface area, going from skin level down to the bone.**

Do not report 11042-11047 in conjunction with 97597-97598 for the same wound. When performing debridement of a single wound, report depth using the deepest level of tissue removed. In multiple wounds, sum the surface area of those wounds that are at the same depth, but do not combine sums from different depths.²

CODING ¹⁻⁴	
CPT Code	Code Descriptor
Active Wound Care Management	
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 cm ² or less
+97598	Each additional 20 cm ² , or part thereof (List separately in addition to code for primary procedure)
Debridement	
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 cm ² or less
+11045	Each additional 20 cm ² , or part thereof (List separately in addition to code for primary procedure)
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 cm ² or less
+11046	Each additional 20 cm ² , or part thereof (List separately in addition to code for primary procedure)
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 cm ² or less
+11047	Each additional 20 cm ² , or part thereof (List separately in addition to code for primary procedure)
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface
+11001	Each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)
Surgical Preparation	
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 cm ²
+15003	Each additional 100 cm ² , or part thereof
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 cm ²
+15005	Each additional 100 cm ² , or part thereof
Burns, Local Treatment	
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (<5% total body surface area)
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (5%-10% total body surface area)
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (>10% total body surface area)

CPT codes contained herein have a 0 day CMS PFS global period and standard payment adjustment rules for multiple procedures may apply. Skin substitute graft applications (15271-15278), by definition, include removal of current graft and/or simple cleansing of the wound, when performed. Debridement is considered a separate procedure only when gross contamination requires prolonged cleansing, when appreciable amounts of devitalized tissue are removed, or when debridement is carried out separately without immediate primary closure. In instances where a multiple procedure payment reduction (MPPR) applies, the highest value procedure will be paid at 100% of the fee schedule, and all subsequent procedures are reimbursed at 50 percent. National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Column 1 and Column 2 edits indicate that many debridement and skin substitute application procedures billed for the same beneficiary on the same day by the same provider are mutually exclusive and should not typically be billed together. If a provider submits the two codes of an edit pair for payment for the same beneficiary on the same date of service, the Column 1 code (skin substitute application) is eligible for payment and the Column 2 code (debridement) is denied. However, if both codes are clinically appropriate and an appropriate NCCI-associated modifier is used, the codes in both columns are eligible for payment. Supporting documentation must be in the beneficiary's medical record.²⁻⁴

*DISCLAIMER: Payments specified in this document are Centers for Medicare & Medicaid Services (CMS) national unadjusted averages and are subject to change without notice. Actual payment rates will vary based on provider contract terms and/or periodic geographical adjustments. Coding information provided has not been verified with any entity responsible for coding policy, such as the AMA, the ICD-10 Committee, or any payer. All reimbursement information provided herein are for illustrative purposes only and shall not be construed as a warranty, statement, promise or guarantee of coding accuracy, coverage nor that payment in the amounts specified will be received. The decision as to how to complete a reimbursement claim form, including codes and amounts to bill, is exclusively the responsibility of the provider. Customers are urged to check with local payers regularly. Reimbursement will vary by site of care, patient condition, range of services provided, local payer instructions, and other factors at the time of claim processing. Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association (AMA).

CMS PAYMENT RATES⁵⁻⁶

HOSPITAL OUTPATIENT DEPARTMENT		PHYSICIAN		
CPT Code	POS 22 HOPD Allowable ⁵	CPT CODE	POS 11 PFS Non-Facility Allowable ⁶	POS 22 PFS Facility Allowable ⁶
Active Wound Care Management		Active Wound Care Management		
97597	\$204.98	97597	\$101.54	\$31.06
+97598	Packaged	+97598	\$47.76	\$21.71
Debridement		Debridement		
11042	\$415.32	11042	\$132.60	\$55.78
+11045	Packaged	+11045	\$41.75	\$22.04
11043	\$755.08	11043	\$239.48	\$132.28
+11046	Packaged	+11046	\$76.49	\$47.76
11044	\$1,687.37	11044	\$320.65	\$201.07
+11047	Packaged	+11047	\$128.59	\$85.17
11000	\$415.32	11000	\$59.12	\$24.38
+11001	Packaged	+11001	\$27.05	\$12.69
Surgical Preparation		Surgical Preparation		
15002	\$755.08	15002	\$363.07	\$197.07
+15003	Packaged	+15003	\$74.84	\$39.75
15004	\$415.32	15004	\$404.48	\$228.80
+15005	Packaged	+15005	\$124.59	\$78.16
Burns, Local Treatment		Burns, Local Treatment		
16020	\$204.98	16020	\$92.85	\$54.44
16025	\$204.98	16025	\$165.67	\$101.87
16030	\$415.32	16030	\$213.77	\$122.92

EXAMPLES BY PLACE OF SERVICE⁶

Select reimbursement examples for debridement within various places of service (POS) are included below.

Subcutaneous Tissue Debridement Performed by a Physician in a HOPD (POS 22) Setting

PHYSICIAN (POS 22)		HOSPITAL OUTPATIENT DEPARTMENT (POS 22)	
CPT Code	PFS Facility Allowable ⁶	CPT Code	HOPD Allowable ⁵
11042	\$55.78	11042	\$415.32
+11045	\$22.04	+11045	Packaged

Subcutaneous Tissue Debridement Performed by a Physician in an Office (POS 11) Setting

PHYSICIAN (POS 11)	
CPT Code	PFS Non-Facility Allowable ⁶
11042	\$132.60
+11045	\$41.75

References:

1. Wound debridement vs active wound care management. AMA CPT® Assistant. 2016;26(10):1.
2. American Medical Association. Current Procedural Terminology (CPT®) 2026. Professional Edition. American Academy of Professional Coders.
3. American Academy of Professional Coders. Just the Facts: Multiple Procedure Payment Reductions (MPPR). Posted April 5, 2018. www.aapc.com/blog/41773-mppr-facts/
4. Centers for Medicare & Medicaid Services. Medicare National Correct Coding Initiative (NCCI) Edits. Last updated October 16, 2025. <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits>
5. Centers for Medicare & Medicaid Services. HOPD Addenda. Last updated January 16, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient-pps/quarterly-addenda-updates>
6. Centers for Medicare & Medicaid Services. Physician Fee Schedule. Last updated January 1, 2026. <https://www.cms.gov/medicare/physician-fee-schedule/search>

Refer to <https://www.bioventussurgical.com/resources/#instructions-for-use> for indications, contraindications, adverse reactions, warnings and precautions.

888-847-7831 | lifenethealth.org | orders@lifenethealth.org

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