Council on Podiatric Medical Education

CPME

Proper Logging of Wound Care Cases

One of the most common occurrences of logging errors is logging for wound care.

The following changes were made to logging categories effective July 2023:

- Category 6.1, debridement of superficial ulcer or wound was deleted
- Category 11, Lower Extremity Wound Care was added:

  11.1 excisional debridement of ulcer or wound (e.g., neuropathic, arterial, traumatic, venous, thermal)
  11.2 advanced wound care modalities (e.g., negative pressure wound therapy, cellular and/or tissue-based product, total contact casting, multi-layer compression therapy/Unna boot)
  11.3 hyperbaric oxygen therapy

- Category 10.20, wound care, was modified to 10.20 wound care (non-podiatric)

Rules for application of these are found below:

- Category 11 should be used no matter where lower extremity wound care service is provided (e.g. OR, outpatient/clinic, ED, floors)
- ANY sharp debridement of an ulcer or wound of any type is category 11.1 and should not be miscategorized as category 3.8 I+D. Although traditionally referred to as “non excisional debridement”, RRC includes hydrostatic debridement such as Versajet and Misonix type debridement in this category.
- If a procedure note states "debridement of ulcer" or "debridement of wound" then it is miscategorized if it is 3.8; it should be logged as 11.1.

Further:

- If a wound is debrided and a biologic dressing is placed, the debridement is inclusive with the biologic being placed and should only be categorized as 11.2 without a separate debridement code.
- If a wound is debrided and a split thickness skin graft is applied, it should only be categorized as 3.12 Plastic Surgery Techniques (Including Skin Graft, Skin Plasty, Flaps, Syndactylization, Desyndactylization, and Debulking Procedures Limited to The Forefoot); the debridement is inclusive.
- If a wound is debrided and a wound VAC is placed, the debridement is inclusive, and the procedure should only be categorized as 11.2 (without a separate debridement code).
- If a wound is debrided and then hyperbaric oxygen treatment is utilized, it should only be logged as an 11.3.

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When is 3.8 properly used?

3.8 is incision and drainage/wide debridement of soft tissue infection (includes foot, ankle, or leg) and is intended for an incision and drainage (I+D) of an infection such as plantar space infection, necrotizing fasciitis, gas gangrene, etc. It is NOT used for excisional debridement of non-infected tissue.

In cases where a foot/ankle remains infected after an initial I+D and returns for another washout, then 3.8 is appropriate.

If an infected case is left open and returns to the OR for light debridement and delayed wound closure (because infection has resolved) then it is properly categorized as 6.6 repair of simple laceration (no neurovascular, tendon, or bone/joint involvement); includes simple delayed wound closure.

An Incision and drainage performed away from the OR, no matter how extensive, is properly logged as 6.17 incision and drainage (performed outside of the operating room) and not a 3.8.

Category 10.20 wound care (non-podiatric)

Category 10.20 is to be used for non-lower extremity wound care experiences.

Wound Care Medical Specialty Rotations

Many programs offer a rotation in wound care that they utilize as one of the two required rotations under “medical specialties.” CPME is clarifying that in order for a wound care rotation to qualify as a medical specialty rotation, it must involve training and assessment by non-DPMs. Programs certainly may have wound care rotations that only involve training by DPMs, but a rotation like that would not qualify as one of the two required “medical specialty” rotations.

If you offer a wound care rotation that does not involve training and assessment by non-DPMs, please note that this rotation is not considered a medical specialty; the program must offer two other medical specialty rotations in order to fulfill requirement 6.4 in CPME 320*, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies.*

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