

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

Debridement, excision and/or grafting - in Operating Room

# R691	Minor burn..... per unit		75.00	
# R692	Moderate burn per unit		87.50	
# R693	Major burn..... per unit		100.00	

Payment rules:

1. R691, R692 and R693 are eligible for payment only when rendered in an Operating Room.
2. Unit means ¼ hour or major part thereof.
3. Time units are calculated based on the time spent by the physician in direct contact with the patient and commence when the physician is first in attendance with the patient in the operating room and end when the physician is no longer in attendance with that patient in the operating room.
4. Only one of R691, R692 or R693 is eligible for payment for the same patient during the same encounter.
5. R083, R084, R085, R086, R087, R088, R091, R092, R093 are *not eligible for payment* in addition to R691, R692 or R693.

[Commentary:

See General Preamble GP6 for definitions and time-keeping requirements. As noted on GP6, start and stop times must be recorded in the patient's permanent medical record or the service is *not eligible for payment*.]

Burn debridement and excision - outside Operating Room

#R660	- hand - each digit		28.90	
#R661	- dorsum, palm - each		47.95	
#R662	- nose, cheek, lip, ear, forehead, scalp, neck, eyelid - each		28.90	
#R637	Debridement and excision, per % of total body treated other than hand, head or neck		29.65	

Skin allograft procurement

R690	- for banking purposes, per % of total body harvested, other than hand, head or neck	7	17.25	7
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NECROTIZING FASCIITIS

Debridement, excision and flap and/or graft closure - in Operating Room

# R698	Debridement, excision and flap and/or graft closure for necrotizing fasciitis per unit	6	100.00	10
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Payment rules:

1. R698 is *only eligible for payment* when the service is rendered in an Operating Room and the patient requires Intensive Care Unit management on the *day* the surgery takes place.
2. R698 is *not eligible for payment* for reconstructive services.
3. Unit means ¼ hour or major part thereof.
4. Time units are calculated based on the time spent by the physician in direct contact with the patient in the operating room.

[Commentary:

1. For reconstruction services, the appropriate fee codes apply.
2. See General Preamble GP5 for definitions and time-keeping requirements. As noted on GP5, start and stop times must be recorded in the patient's permanent medical record or the service is *not eligible for payment*.]