

Wound Care Appeal / Redetermination Review Checklist

Claim-Level Review Tool Based on LCD L38902, Article A58565, and Noridian Wound Documentation Guidance

IMPORTANT: LCD L38902 expressly states that it does not address Skin Substitutes for Wound Care. Use this checklist for the underlying wound-care, debridement, documentation, and coding analysis. If the disputed service is a skin substitute/CTP product or application, identify the separate governing coverage policy for the applicable date of service before relying on this tool.

HOW TO USE THE GREEN / YELLOW / RED SYSTEM

GREEN — Appeal Ready	The existing contemporaneous record appears to satisfy the requirement. Identify the exact record location and affirmatively cite it in the appeal/redetermination.
YELLOW — Needs Follow-Up	The service may be supportable, but the record is incomplete, unclear, or the needed support may exist elsewhere. Locate the contemporaneous record or clarify the issue before filing.
RED — Do Not Defend As Billed Yet	The billed service/code appears unsupported or materially inconsistent with the record. Determine whether correction, reopening, corrected claim, or another procedural route is more appropriate before using an appeal to defend it.

The color is a triage decision, not a legal conclusion. A GREEN row still needs a record citation. A YELLOW row should not be cured with a newly created statement unless the issue can appropriately be clarified from contemporaneous evidence. A RED row does not automatically mean the claim is unpayable; it means the current claim and current record should not be defended without first resolving the defect.

CLAIM INFORMATION

Patient / Claim ID		Date(s) of Service	
Payer / Product	TRICARE For Life / WPS (confirm)	Denial / CARC-RARC	
CPT / HCPCS		Q-code / Product, if any	
Diagnosis Code(s)		Amount at Issue	

DENIAL AND CLAIM POSITION

Requirement / Review Question	Green	Yellow	Red	Where in Record?	Appeal Argument / Fix Needed
Exact denied line/service identified, including CPT/HCPCS, units, modifier(s), diagnosis pointer(s), and DOS.	☐	☐	☐		
Denial rationale is known and categorized as coding, documentation, medical necessity, frequency/utilization, or noncovered service.	☐	☐	☐		
Other lines on the same claim were reviewed for payment/denial consistency.	☐	☐	☐		
Surrounding dates and same-service claims were reviewed for inconsistent adjudication.	☐	☐	☐		
Correct procedural route has been identified: redetermination/appeal versus corrected claim/reopening.	☐	☐	☐		

2. UNDERLYING WOUND QUALIFICATION

Requirement / Review Question	Green	Yellow	Red	Where in Record?	Appeal Argument / Fix Needed
Record establishes a wound/ulcer that is refractory to healing or has a complicated healing cycle.	☐	☐	☐		
Wound type/etiology is clearly identified (e.g., surgical wound left open, infected open wound, biofilm, vascular/metabolic/pressure factors, necrotic tissue/eschar).	☐	☐	☐		
Record does not describe an ordinary acute wound progressing normally through expected healing.	☐	☐	☐		
Record explains any complicating metabolic, vascular, pressure, infectious, nutritional, or physiologic factors.	☐	☐	☐		

3. WOUND ASSESSMENT AND PLAN OF CARE

Requirement / Review Question	Green	Yellow	Red	Where in Record?	Appeal Argument / Fix Needed
Comprehensive wound evaluation is documented.	☐	☐	☐		
Wound etiology/cause is addressed.	☐	☐	☐		
Vascular status is assessed where clinically relevant.	☐	☐	☐		
Metabolic/nutritional factors are assessed where clinically relevant.	☐	☐	☐		
Infection is assessed and treated where present.	☐	☐	☐		
Pressure reduction/offloading or compression is documented where applicable.	☐	☐	☐		
Treatment plan is clearly stated and linked to the wound's clinical condition.	☐	☐	☐		
Physician intent, decision, and recommendation for the service are clear and authenticated.	☐	☐	☐		

4. WOUND MEASUREMENTS AND PROGRESSION

Requirement / Review Question	Green	Yellow	Red	Where in Record?	Appeal Argument / Fix Needed
Wound location is documented.	☐	☐	☐		
Current wound length, width, and depth are documented.	☐	☐	☐		
Wound volume or other measurements are documented when appropriate.	☐	☐	☐		
Stage is documented where applicable.	☐	☐	☐		
Presence/absence and extent of infection are documented.	☐	☐	☐		
Presence/absence and extent of necrotic, devitalized, or non-viable tissue are documented.	☐	☐	☐		
Undermining/tunneling or other features affecting measurement/healing are documented where present.	☐	☐	☐		
Record documents response to treatment and progress from prior measurements.	☐	☐	☐		

Requirement / Review Question	Green	Yellow	Red	Where in Record?	Appeal Argument / Fix Needed
Photograph/drawing is available where useful to support location, size, depth, or stage.	☐	☐	☐		

5. CONSERVATIVE TREATMENT / NONHEALING SUPPORT

Requirement / Review Question	Green	Yellow	Red	Where in Record?	Appeal Argument / Fix Needed
Conservative measures previously tried are documented.	☐	☐	☐		
Wound care notes and wound assessment are present.	☐	☐	☐		
Record specifically supports that the wound is nonhealing or not progressing as expected.	☐	☐	☐		
Other treatments/medications tried and failed, or considered and ruled out, are documented.	☐	☐	☐		
Wound measurements before the disputed treatment are available.	☐	☐	☐		
Treatment of infection is documented if infection was present.	☐	☐	☐		
Prior graft/skin substitute application notes are available if relevant.	☐	☐	☐		

6. DEBRIDEMENT – CLINICAL AND CODING SUPPORT

Requirement / Review Question	Green	Yellow	Red	Where in Record?	Appeal Argument / Fix Needed
Necrotic/devitalized tissue, biofilm, slough, abnormal granulation tissue, or other material requiring debridement is documented.	☐	☐	☐		
Procedure note identifies the actual tissue removed.	☐	☐	☐		
Depth billed matches the deepest level of tissue actually removed, not merely the deepest tissue exposed.	☐	☐	☐		
Surface area treated supports the primary/add-on code(s).	☐	☐	☐		
Method/instrument used is documented.	☐	☐	☐		
Wound condition before and after debridement is documented.	☐	☐	☐		
Patient-specific treatment goal/response is documented.	☐	☐	☐		
Immediate post-procedure care and follow-up instructions are documented.	☐	☐	☐		
Selective/non-selective and surgical debridement codes are not improperly combined for the same wound/date.	☐	☐	☐		

7. FREQUENCY / UTILIZATION REVIEW

Requirement / Review Question	Green	Yellow	Red	Where in Record?	Appeal Argument / Fix Needed
Number of surgical excisional debridements in the prior 30 days has been counted.	☐	☐	☐		

Requirement / Review Question	Green	Yellow	Red	Where in Record?	Appeal Argument / Fix Needed
Number of surgical excisional debridements in the prior 360 days has been counted.	☐	☐	☐		
If frequency exceeds typical utilization benchmarks, the record documents clear clinical benefit and continued medical necessity.	☐	☐	☐		
If the wound has not improved after approximately 30 days, the record documents reassessment or modification of the treatment approach.	☐	☐	☐		
Underlying infection, metabolic, nutritional, vascular, or other barriers were reassessed when healing stalled.	☐	☐	☐		

8. BILLING AND CODING AUDIT

Requirement / Review Question	Green	Yellow	Red	Where in Record?	Appeal Argument / Fix Needed
ICD-10-CM diagnosis supports the wound type/site/stage and the billed service.	☐	☐	☐		
Diagnosis pointers correctly connect each line to the supporting diagnosis.	☐	☐	☐		
CPT/HCPCS accurately reflects the service documented.	☐	☐	☐		
Required laterality/digit modifiers are present and supported.	☐	☐	☐		
Modifier 59 or X modifier is used only where a distinct service is documented.	☐	☐	☐		
97597/97598/97602 are not billed with 11042-11047 for the same wound/date.	☐	☐	☐		
97602 is not billed in addition to 97597/97598 for the same wound/date.	☐	☐	☐		
Dressings or dressing changes are not separately billed when bundled into the wound-care/debridement service.	☐	☐	☐		
Any E/M billed with debridement is separately identifiable, reasonable and necessary, and separately documented.	☐	☐	☐		

9. SKIN SUBSTITUTE / CTP BRANCH

Requirement / Review Question	Green	Yellow	Red	Where in Record?	Appeal Argument / Fix Needed
The denied service is correctly identified as a skin substitute/CTP product and/or application service.	☐	☐	☐		
Separate governing skin substitute/CTP coverage policy for the applicable jurisdiction and DOS has been identified.	☐	☐	☐		
Record documents nonhealing and prior conservative treatment.	☐	☐	☐		
Pre-application wound measurements are documented.	☐	☐	☐		
Infection treatment is documented where applicable.	☐	☐	☐		
Prior skin substitute/CTP application notes are available.	☐	☐	☐		
Specific product used is documented.	☐	☐	☐		

Requirement / Review Question	Green	Yellow	Red	Where in Record?	Appeal Argument / Fix Needed
How the product was supplied, amount used, and wastage are documented.	☐	☐	☐		
Diagnosis code(s), product code/Q-code, application code, units, and modifiers are supported.	☐	☐	☐		

10. FINAL TRIAGE DECISION

☐ GREEN — Appeal / Redetermination Ready	The record materially supports the service. Build the submission around the policy elements and cite the exact record locations.
☐ YELLOW — Hold for Additional Record Review	The claim may be supportable, but missing/unclear contemporaneous evidence should be located before filing.
☐ RED — Correct Before Defending	The record or claim does not support the billed position as it stands. Evaluate corrected claim, reopening, code correction, or other appropriate procedural remedy.

11. APPEAL / REDETERMINATION BUILD SHEET

Denial being challenged	
Controlling policy / article	
Strongest record evidence	
Exact record pages / DOS	
Comparable paid claims / surrounding dates	
Coding issue to address	
Additional documentation included	
Requested relief	Reprocess and pay the denied service(s), or other claim-specific relief.

SOURCE NOTES

- LCD L38902 — Wound and Ulcer Care: underlying wound-care medical-necessity, wound qualification, assessment, debridement, and utilization framework.
- Article A58565 — Billing and Coding: Wound and Ulcer Care: coding, documentation, debridement depth, E/M, utilization, and medical-record requirements.
- Noridian — Skin Substitute and Wound Care Documentation Requirements: practical documentation checklist including conservative treatment, nonhealing, wound measurements, infection treatment, prior graft applications, product/wastage, diagnosis, code/modifier support, and signatures.

This checklist should be completed against the contemporaneous medical record. Do not convert a YELLOW or RED item to GREEN solely by creating a new statement after the fact unless the statement is an appropriate clarification of existing contemporaneous documentation and the applicable appeal rules permit its consideration.