

Billing and Coding Guidelines for Wound Care

LCD ID
L34587

Billing Guidelines

Wound Care (CPT Codes 97597, 97598 and 11042-11047)

1. Active wound care procedures are performed to remove devitalized and/or necrotic tissue to promote healing. Debridement is the removal of foreign material and/or devitalized or contaminated tissue from or adjacent to a traumatic or infected wound until surrounding healthy tissue is exposed. These services are billed when an extensive cleaning of a wound is needed prior to the application of primary dressings or skin substitutes placed over or onto a wound that is attached with secondary dressings.
2. Typically bill CPT 97597 and/or CPT 97598 for recurrent wound debridements when medically reasonable and necessary.
3. CPT 97597 and/or CPT 97598 are not limited to any specialty as long as it is *performed by a health care professional acting within the scope of his/her legal authority*.
4. CPT code 97597 and 97598 require the presence of devitalized tissue (necrotic cellular material). Secretions of any consistency do not meet this definition. The mere removal of secretions (cleansing of a wound) does not represent a debridement service.
5. The use of CPT codes 11042-11047 is not appropriate for the following services: washing bacterial or fungal debris from lesions, paring or cutting of corns or calluses, incision and drainage of abscess including paronychia, trimming or debridement of nails, avulsion of nail plates, acne surgery, destruction of warts, or burn debridement. Providers should report these procedures, when they represent covered, reasonable and necessary services, using the CPT codes that describe the service supplied.
6. When hydrotherapy (whirlpool) is billed by a physical therapist with CPT codes 97597 or 97598, the documentation must reflect the clinical reasoning why hydrotherapy was a necessary component of the total wound care treatment for removing of devitalized and/or necrotic tissue. The documentation must also reflect that the skill set of a physical therapist was required to perform this service in the given situation.
7. Separate billing of whirlpool (97022) is not permitted with 97597-97598 unless it is provided for a different body part than the wound care treatment body part.
8. Local infiltration, such as a metatarsal/digital block or topical anesthesia, is included in the reimbursement for debridement services and is not separately payable. Anesthesia administered by or incident to the provider performing the debridement procedure is not separately payable.
9. CPT Codes 97597 and 97598 are considered “sometimes” therapy codes. If billed by a physical therapist when the patient is under a home health benefit, it may be covered by the Home Health agency, if part of their Plan of Care. If it is a physician or non-physician practitioner that is billing these “sometimes” therapy codes, it is paid under Part B even if the beneficiary is under an active home health plan of care. CMS Publication 100-02, *Medicare Coverage Policy Manual*, Chapter 7 – Home Health Services, Section 10.11 – Consolidated Billing, C. Relationship Between Consolidated Billing Requirements and Part B Supplies and Part B Therapies Included in the Baseline Rates That Could Have Been Unbundled Prior to *HH PPS That No Longer Can Be Unbundled* which states: *Physician services or nurse practitioner services paid under the physician fee schedule are not recognized as home health services included in the PPS rates. Supplies incident to a physician service or*

related to a physician service billed to the Medicare contractor are not subject to the consolidated billing requirements.

10. CPT code 97602 has been assigned a status indicator "B" in the Medicare Physician Fee Schedule Database (MPFSDB), meaning that it is not separately payable under Medicare.
11. Documentation must support the HCPCS being billed.
12. Payment for low frequency, non-contact, non-thermal ultrasound treatment (97610) is included in the payment for the treatment of the same wound with other active wound care management CPT codes (97597-97606) or wound debridement CPT codes (11042-11047, 97597, 97598). Low frequency, non-contact, non-thermal ultrasound treatments would be separately billable if other active wound management and/or wound debridement **is not** performed.
13. Infrared (97026), ultra-sound thermal (97035), phototherapy-ultraviolet (97028) modalities are not payable per the LCD.

Coding Guidelines

1. Debridement of a wound, performed before the application of a topical or local anesthesia is billed with CPT codes 11042 - 11047. Wound debridements (11042-11047) are reported by depth of tissue that is removed and by surface area of the 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. See CPT coding guidance for proper use of the coding.
2. Do not report 11042 -11047 in conjunction with 97597-97602 for the same wound.
3. CPT code 11043, 11046 and 11044, 11047 may only be billed in place of service inpatient hospital, outpatient hospital or ambulatory surgical center (ASC).
4. CPT codes 11043, 11046 and 11044, 11047 are codes that describe deep debridement of the muscle and bone.

Reasons for Denial

1. Performing deep debridement in POS other than inpatient hospital, outpatient hospital or ASC
2. Billing of debridement by unqualified personal.

Revision History

01/01/2017 Annual review 11/04/2016 removed section copied from IOM.

03/01/2016 Clarified billing guidelines as they relate to "sometimes" therapy codes that are used for wound debridement. Moved billing and coding information from LCD to Billing and Coding Guidelines.

12/01/2015 Annual review completed 11/06/2015. Moved billing and coding information from the policy to Billing Guidelines (#5-#11). Removed Documentation Requirements from this guideline since the information is in the Documentation Requirements of the policy along with the AMA CPT / ADA CDT / AHA NUBC Copyright Statement which is already in the policy.

12/01/2014 Annual review completed on 11/03/2014. Added IOM information on coverage for surgical dressing with wound debridement. Codes changes made effective 01/01/2015: Added 97607 and 97608, deleted G0456 and G0457, and corrected the description for 97605 and 97606.