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Dermatology Coding Alert

Reader Questions: Write Off Pay for Selective Debridement

Question: Can our in-office nursing staff report 97597-97598 for selective debridement? I've heard a lot of conflicting advice on these codes. For instance, I've been told that only therapists can bill for the services.

Massachusetts Subscriber

Answer: The short answer to your question is yes, under narrow circumstances -- and depending on your payer -- your nursing staff can report selective debridement using 97597-97598. But you probably won't get paid.

The AMA released 97597 (Removal of devitalized tissue from wound[s], selective debridement, without anesthesia [e.g., high-pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps], with or without topical application[s], wound assessment, and instruction[s] for ongoing care, may include use of a whirlpool, per session; total wound[s] surface area less than or equal to 20 square centimeters) and 97598 (... total wound[s] surface area greater than 20 square centimeters) in CPT 2005, but did not take a position on who, precisely, should report the procedures.

Soon thereafter, CMS released transmittal 515 (you can find it online at www.cms.hhs.gov/manuals/pm_trans/R515CP.pdf), which stated that 97597-97598 represent therapy services except when "they are billed by providers of services who are not therapists, i.e., physicians, clinical nurse specialists, nurse practitioners and psychologists." CMS guidelines, at least, do not limit 97597-97598 to therapists only.

Several other payers, however, took a different stance. First Coast Service Options, for instance, issued policies stating that 97597-97598 are exclusively for physical therapists, occupational therapists, or enterostomal nurses.

All this means one thing: Don't make a move on 97597-97598 until you check with your individual payer. Even if your nurses are eligible to report these selective debridements, however, you probably won't get paid. Medicare has designated 97597-97598 as "status C," or carrier-priced, codes. In practice, this means that to control costs most carriers will not reimburse for the codes at all.

Remember: If your dermatologist provides debridements, you can look to 11040-11044 for reporting and reimbursement. Nonphysician staff usually cannot report these codes, however (check with your state scope-of-practice guidelines).