

Internal Medicine Coding Alert

CPT 2005 Update: Get Geared Up for 2 New Wound-Care Codes

Key tip: You now base coding choices on wound size

Next year, when the internist or nonphysician practitioner removes a patient's devitalized tissue, you'll be able to report two new CPT codes that better describe their work and specify the wound's size - and that should improve your practice's reimbursement.

Typically, internists or practitioners perform this kind of debridement on diabetic wounds and pressure ulcers, says **Bruce Rappoport, MD, CPC**, a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for Rachlin, Cohen & Holtz LLP, a Fort Lauderdale, Fla.-based accounting firm with healthcare expertise. CPT 2005 has introduced the following codes:

1. 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
2. 97598 - ... total wound(s) surface area greater than 20 square centimeters. (For the latest on the new negative-pressure wound codes, see story, "Reporting VAD: Say Goodbye to Unlisted-Procedure Codes,")

These codes replace active wound-care code 97601 (Removal of devitalized tissue from wound[s]; selective debridement, without anesthesia [e.g., high-pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers], including topical application[s], wound assessment, and instruction[s] for ongoing care, per session), which CPT deletes on Jan. 1.

Heads-Up: CPT designed 97601 for nonphysician practitioners to use, Rappoport says. In a typical session, the physician reports a code from the 11000 series for debridement. As of this writing, CPT has not issued directives on whether the new codes are limited to physicians or other medical staff. Internal Medicine Coding Alert will keep you abreast of new developments on this front in future issues.

Codes Reflect Extra Physician Work

Because the new codes specify the wound's size, you can easily report smaller debridements (97597) separately from larger ones (97598), says **Marvel Hammer, RN, CPC, CHCO**, owner of MJH Consulting, a healthcare consulting firm in Denver.

Now, you have to assign 97601 for both small and large debridements. To ensure your physician or practitioner payment for the extra work the large wound requires, you must attach modifier -22 (Unusual procedural services) to 97601, and submit supporting documentation, Hammer says.

The bottom line: Codes 97597 and 97598 allow physicians better compensation for their work. That's because Medicare assigns codes RVUs according to the amount of work the procedure requires, Hammer says. Therefore, if 97598 describes a large-wound debridement, you can expect more RVUs than Medicare assigns to 97601, which doesn't specify size.

Stop Worrying About Topical Applications

You should also count on 97597 and 97598's terminology to clarify a lot of confusion about wound-care coding. For instance, CPT has helped coders "tremendously" by including "with or without" in the descriptors, Hammer says.

Old problem: Let's say your internist doesn't provide topical applications as part of the debridement. Established code 97601's definition states, "... including topical application(s), wound assessment, and instruction(s)" Many coders didn't know if this descriptor meant they couldn't report the code without topical application, or if they should attach modifier -52 (Reduced services).

New solution: The new codes now state "without or without topical application(s)," so you don't have to consider this method when choosing a code.

Know the Size Before You Know the Code

Before you start using 97597-97598, make sure your internist knows to document the wound's size. This critical information determines the codes you choose.

Remember that CPT specifies 97597 as representing wounds "less than or equal to 20 square centimeters," while 97598 describes wounds "greater than 20 square centimeters." Therefore, documentation that states the internist treated a "large wound" is too vague for you to correctly code the procedure.

Save yourself some time: Train your physician to measure the wound using the metric system, Hammer says. If the internist documents the wound as one by two inches, you'll have to convert this measurement into centimeters. But, if you can convince the internist to measure by centimeters himself, you can skip this step altogether.