

Internal Medicine Coding Alert

CPT 2005 Update: Reporting VAD: Say Goodbye To Unlisted-Procedure Codes

And say hello to more specific coding and improved reimbursement

You can stop fretting over which unlisted-procedure codes to use for your internist's negative-pressure wound therapy in 2005 because CPT has added 97605 and 97606. To accurately assign these codes, you should know how your internist applied treatment and the wound's size.

Negative-pressure therapy, or vacuum-assisted drainage (VAD) collection, allows physicians to treat patients with diabetic or pressure ulcer sores without debriding tissue, says **Marvel Hammer, RN, CPC, CHCO**, owner of MJH Consulting, a healthcare consulting firm in Denver.

Scoop: The new codes for 2005 are:

1. 97605 - Negative pressure wound therapy (e.g., vacuum-assisted drainage collection), including topical application(s), wound assessment, and instruction for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
2. 97606 - ... total wound(s) surface area greater than 50 square centimeters.

Until now, CPT offered no specific procedural code that represented VAD. This meant coders often had to use an unlisted-procedure code, which was a problem because the American Medical Association and CPT can't collect specific data with unlisted-procedure codes, Hammer says.

A similar wound-therapy 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 deleted for next year, didn't apply to VAD because it described debridement, Hammer says.

(For more on this code, and the other new 2005 wound-care codes, please see "Get Geared Up for 2 New Wound-Care Codes").

You'll Need Surface-Area Measurements

Instead of creating one code for this procedure, CPT "broke two codes out" to represent the different sizes of wounds that physicians often encounter, Hammer says.

Documentation essential: To ensure you code VAD with confidence, educate your physician about including the wound's measurements in the documentation, Hammer says. That way, you can simply look for the size and link it with the correct code.

In a nutshell, if the physician performs VAD on a wound that's less than or equal to 50 square centimeters, you should report 97605. And when the wound is greater than 50 square centimeters, you should report 97606.