

## Part B Insider (Multispecialty) Coding Alert

### GENERAL SURGERY: You Can't Use A Modifier To Override Wound Care Edits

#### Anesthesia not separately payable with wound therapy, CMS says

If you're using cutting-edge wound care techniques in the office, then you may be too advanced to receive any Medicare payment.

**Bad news:** Active wound management codes 97602-97606 will become components of 556 different codes on April 1, including many codes from the integumentary system surgery section. They also become components of a large number of lesion destruction, replantation, fracture care, amputation and neuroplasty codes. You can use a modifier to override almost all of those edits.

Meanwhile, 97602-97606 also become mutually exclusive with debridement codes 11000, 11010-11012 and [CPT 11720 - 11721](#), and burn treatment codes 16000-16035. You can override those edits with a modifier..

Carriers are already denying claims for negative pressure wound therapy codes 97605-97606 along with a debridement, says **Suzan Hvizdash**, physician education specialist for the department of surgery at **UPMC Presbyterian-Shadyside** in Pittsburgh.

But you won't be able to use a modifier to override most of the edits that make 303 other codes into components of 97602-97606, including virtually every code from the anesthesia section of the CPT book.

**Good news:** You will be able to use a modifier to override edits that make anesthetic injection codes 64400-64470 and 64475, 64479, and 64483 components of those wound management codes. You'll also be able to override edits making injection codes 90772 and 90774-90775 components of 97602-97606.

Surgeons don't usually perform negative pressure wound therapy with anesthesia in the office, notes Hvizdash. In the operating room, there are separate services billing for wound therapy and anesthesia. Surgeons will use anesthesia when the wound is deep or painful, and CMS should pay for it separately, she says.

But you can't use a modifier to override edits that make 97602-97606 mutually exclusive with wound care management codes 97597-97598, and 97602-97606 mutually exclusive with each other.

**Commentary:** Negative-pressure wound therapy is very effective for many patients, notes Hvizdash. "It's very distressing that CMS is not looking at it as a separately identifiable procedure. It is time consuming and there is medical decision-making involved," she adds. This therapy decreases complications and hospital lengths of stay, but receives minimal reimbursement when you can get paid for it at all, she laments.

#### Debridement Codes Under Fire

Separately, a number of codes become components of excision and debridement codes 11004-11006:

- excision and debridement codes 11000 and 11010-11044
- abscess incision and drainage codes 10060-10061
- trigger point injection codes 20552-20553.

Also, 11004-11006 become components of surgical codes 53448, 54411 and 54417. CPT code 11004 also becomes a



component of 11005. And 11010-11012 all become mutually exclusive with osteochondral allograft code 27415.

**More good news:** CCI 12.1 does delete one set of formerly troublesome edits. Starting in April, lesion excision codes 11600-11646 will no longer be components of tissue transfer or rearrangement codes 14000-14300.