

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: 3 Tips Bolster Your Diabetic Wound Care Coding

You can prevent denials with correctly ordered diagnosis codes

Physicians in many specialties perform diabetic wound care, which means coders everywhere need to jump on the bandwagon and brush up on the need-to-know facts - such as how to apply debridement codes 11040-11044 and how to sequence diabetes and ulcer diagnoses.

Follow these three expert tips to stay in the know - and secure hassle-free reimbursement.

1. Dispel the Mystery of 2 New Codes

CPT 2005 introduced two new wound care codes: 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). These two codes are similar to current debridement codes 11040-11044, but the new codes differ by specifically indicating a) the use of a waterjet and b) the patient is not under any kind of anesthesia, either local or general. Before billing with these codes, consider the following two questions:

Question #1: Does the carrier allow your physician to bill for this service? Not all carriers allow physicians to bill for 97597 and 97598. One Medicare carrier, **Cigna**, currently has a local coverage determination (LCD) stating that doctors of podiatry, internal medicine, osteopathy and allied health professionals may bill these codes (if services provided match the code descriptor). Meanwhile, Florida carrier **First Coast Service Options'** policy states that only physical therapists, occupational therapists or enterostomal nurses may report these codes. So make sure to check your carrier's LCD policy carefully before billing.

Watch out: Private payers may not have these codes set up yet in their systems.

Question #2. Which service has the higher RVUs? Although 97597-97598 report services similar to those of debridement code series 11040-11044, the latter codes have a higher RVU value, points out **Richard D. Odom, DPM, CPC**, assistant professor in the department of surgery at **Texas A&M's Health Science Center** in Temple. This is illustrated in the chart below of total non-facility RVUs as reported by **Ingenix**:

Code	RVU
CPT 97597	1.29
97598	1.64
11041	1.58
11042	2.22
11043	6.05
11044	7.91

Even though your carrier may allow you to report the new codes, the decision to do so will cost your bottom line. Codes 11040-11044 are probably a better choice.

2. Use 11040-11044 for Ulcer Treatment

When your physician treats a wound, you should select the appropriate wound debridement code according to the depth

to which the physician debrides the wound. Remember not to confuse the depth of debridement with the depth of the wound. Here's how the five codes break down depth of debridement:

1. 11040 (Debridement; skin, partial thickness)
2. 11041 (... skin, full thickness)
3. 11042 (...skin, and subcutaneous tissue)
4. 11043 (...skin, subcutaneous tissue, and muscle)
5. 11044 (...skin, subcutaneous tissue, muscle, and bone).

Diabetes note: You should use these codes when your physician treats a skin ulcer.

For example: A patient with uncontrolled type II diabetes presents with an ulcer on his lower leg. The physician debrides the wound through the subcutaneous tissue and applies a dressing.

For this scenario, you would code 11042 for the debridement. The dressing application is included in the debridement, so you may not bill for that service separately.

Debridement don't: For many Medicare carriers, there are specific services that you may not bill as debridement. For example, Cigna's debridement policy states that reporting 11040-11044 "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."

3. Dive Into Ulcer Coding

When reporting diabetic ulcer debridement to carriers, make sure the diagnosis code is appropriate for the procedure, advises **Suzan Hvizdash, BSJ, CPC**, physician education specialist for the department of surgery at **UPMC Presbyterian-Shadyside** in Pittsburgh.

For example: The diabetic patient from the previous example is suffering from a neuropathic ulcer on his lower leg.

You should code for diabetic ulcers using the 707.xx code series for chronic skin ulcers. Select 707.1 for a non-decubitus ulcer of the lower limb, and then choose the appropriate fifth digit according to the ulcer's location. In this case, you would choose 707.12 (...ulcer of calf). According to Medicare carrier **HGSA**, 707.12 is a covered diagnosis for CPT code 11042.

Tip: When coding ulcers, remember that the current coding system does not allow you to differentiate between a neuropathic ulcer and a neuroischemic ulcer, notes Odom. It's an ulcer, regardless of what caused it, he says.

Correct order matters: Incorrectly sequencing diabetes and ulcer diagnosis codes is a common wound debridement coding error, says **Renee Collington, CPC**, of the department of surgery vascular division at **UPMC Presbyterian-Shadyside** in Pittsburgh.

Coders often list the diabetes diagnosis code (250.xx) first, followed by the ulcer code, such as 707.12. You should always report the ulcer code first and the diabetes code second, says Collington. Carriers want your primary diagnosis code to reflect the acute condition your physician treated during the visit.

Example: In the case of the diabetes patient discussed above, you would code the ulcer (707.12) as the primary diagnosis, and then report the patient's diabetic neuropathy with 250.62 (Diabetes mellitus, diabetes with neurological manifestations; type II or unspecified type, uncontrolled). The fifth digit "2" indicates the patient suffers from type II, uncontrolled diabetes.

Take note: You only indicate the site of a wound with the 707 series diagnosis codes, but wound size and depth are also important for documentation. If your physician fails to document all three pieces of information in the patient's medical record, he may make choosing the correct level debridement code difficult for you, Hvizdash cautions.