

Part B Insider (Multispecialty) Coding Alert

REHAB CODING: Wake Up to a New Wound Care Code That You Can Use This Year

Here's what you need to know about CPT code 29581.

New CPT codes for rehab practices were slim this year, but make sure you know what applies to you, where to find it, and how to use it.

Careful: A few new codes appeared in the 92xxx section. If you're a speech-language pathologist, however, these would not apply to you. "There are no new CPT codes for 2010 that SLPs can bill," confirms **Mark Kander**, director of health care regulatory analysis for the American Speech- Language Hearing Association. Furthermore, "there were no changes to the Physical Medicine and Rehabilitation (97xxx) section of CPT," says **Judy Thomas**, senior policy manager for the American Occupational Therapy Association.

So where's the gold? One new code will be at your disposal in 2010 if you do wound care: 29581 (Application of multi-layer venous wound compression system, below knee).

"This is a great addition to the wound care codes; many of us have lobbied for this type of code for years," says **Pam Unger, PT, CWS**, VP of clinical research & reimbursement for Celleration, Inc in Eden Prairie, Minn.

"Over the past 10 years, multilayer wraps have become the treatment of choice for LE leg ulcers, when edema, fluid retention, and lymphedema are present."

Surprise! Cash In With This Code

If you're bracing yourself for a statement saying "this code is not reimbursable by Medicare," guess again. The 2010 Medicare Physician Fee Schedule assigned a work relative value unit (RVU) of 0.60 to 29581, a transitional practice expense RVU of 1.74, and a malpractice RVU of 0.60, points out

Gayle Lee, JD, director of federal payment policy for the American Physical Therapy Association. Also, in the Outpatient Prospective Payment System Final Rule, CMS assigned 29581 to the APC payment group 0058 which has a 2010 payment rate of \$71.03, points out a press release from medical device company 3M.

How to report it: "If a patient has a venous leg ulcer that is below the knee, then you would bill this code if you used a multi-layer compression system to treat the ulcer," Lee says.

The code would be available to both physical and occupational therapists to use for wound care, provided the patient has a diagnosis of venous disease, Unger adds.

Important: Do not report 29581 in conjunction with 29540 (Strapping; ankle and/or foot) or 29580 (Strapping; Unna boot), says the AMA in the CPT 2010 manual.

CPT Changes 2010 offers a clinical example of a 50-year old female who presents for treatment of a medial calf ulcer that measures 3x3 cm. Once the ulcer is clean and has a new primary wound dressing, the therapist applies the compression bandage via circular winding, starting at the base of the toes. The therapist continues to wind the bandage around the top of the foot and ankle, frequently checking to make sure the foot is in a neutral position relative to the ankle. "Each subsequent application is applied at the specific stretch needed for the desired compression," CPT Changes 2010 says. For this procedure, you would report 29581.

Keep an Eye on Cardiac Rehab

Although the rehab community only has one new CPT code to report in 2010, note that new codes did emerge in cardiac rehab -- therapists just can't bill them directly.

"The new pulmonary rehab program and intensive cardiac rehab program codes would be billed by either a hospital or a physician's office," Lee clarifies.

The good news: Many therapists work in cardiac and pulmonary rehab settings, so their departments have new opportunities for reporting and reimbursement.