

Eli's Rehab Report

Change the Way You Report 97597 and 97598 Today

Incorporate these new bundles to properly report 97601's replacements

When [CPT Codes](#) 2005 introduced two new wound care codes, the National Correct Coding Initiative was ready and waiting, which means determining when you can separately report 97597 and 97598 just got a lot harder - thanks to NCCI, version 11.0, effective Jan. 1.

Know Exactly What You're Dealing With

When NCCI releases a huge number of edits pertaining to a couple of codes, you should take a close look at the codes that took the hit, paying extra attention to their descriptors, before you jump into the edits.

CPT 2005 introduced two wound care codes to replace 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):

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.

Now, the latest NCCI edits have bundled these new codes into 540 comprehensive codes, including 434 musculoskeletal surgery codes such as 20802 (Replantation, arm [includes surgical neck of humerus through elbow joint], complete amputation) and 23630 (Open treatment of greater humeral tuberosity fracture, with or without internal or external fixation).

Reality: These edits involving these codes shouldn't be too shocking: Technically, this type of wound care is already included in any surgical procedure that a physiatrist would perform, says **Jay Neal**, an independent coding consultant in Atlanta. "If you go above and beyond devitalized tissue removal along with a surgical procedure, you should be billing higher-level codes than 97597 and 97598 anyway," he says.

Start With Mutually Exclusive Additions

NCCI version 11.0 includes 26 new mutually exclusive pairs that involve 97597 and 97598. Mutually exclusive codes are those that you should not bill together for a single surgical session due to conflicting CPT definitions or "the medical impossibility/improbability that the procedures could be performed at the same session," according to NCCI.

You should no longer report these two wound care codes with the following services:

3. Debridement 11000 (Debridement of extensive eczematous or infected skin; up to 10% of body surface)
4. Skin debridement services 11010-11012
5. Nail debridement [CPT 11720 - 11721](#)

6. Burn treatment codes 16000-16035.

Word to the Wise: The new wound debridement codes represent "sharp debridement" services that your physiatrist would perform without anesthesia - which means they are considered "nonsurgical" services. "It is my understanding that only physiatrists or other physicians would use the 16xxx series for surgical debridement," says **Ellen Strunk**, a physical therapist at Restore Physical Therapy Services in Pelham, Ala.

All of the above edits have been assigned a status indicator of "1," which means you may override these edits using modifier -59 (Distinct procedural service) under the appropriate circumstances. Remember, by assigning a status indicator of "1," NCCI is not granting you the license to unbundle whenever you want - you must be able to justify the unbundling to the payer with foolproof documentation.

Incorporate This Barrel of Bundles

Version 11.0 also includes extensive nonmutually exclusive edits; in other words, get ready for lots of bundles.

Here is a sample of some of the codes that 97597 and 97598 are now considered included in:

7. Incision and drainage codes 10060-10061
8. Debridement codes 11040-11044
9. 11055 - Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion
10. 11719 - Trimming of nondystrophic nails, any number
11. 11760 - Repair of nail bed
12. 12001 - Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
13. 12041 - Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less.
14. **Watch out:** These component/comprehensive edits have a status indicator of 1 except for 11041-11044, which have a status indicator of "0," which means you may never separately report these services, regardless of the circumstances and documentation.

You should also make note of the 280 codes that are now bundled into - components of - 97597 and 97598. For example, 97597 and 97598 now include nerve block injection/introduction codes 64400-64483, operating microscope code 69990, intralesional injection codes 11900-11901, and the physical therapy re-evaluation code 97002.