

Eli's Rehab Report

News Briefs: Take Heed When Billing Ultrasound or Wound Care With 0183T

CMS just released its latest Correct Coding Initiative (CCI) edits, Version 14.2, and a handful of them could affect your therapy billing.

For private practices, as of July 1, the CPT Category II code 0183T (Low-frequency, non-contact, non-thermal ultrasound, including topical application[s], when performed, wound assessment, and instruction[s] for ongoing care, per day) is mutually exclusive to:

- 97035 (Application of a modality to one or more areas; ultrasound, each 15 minutes)
- 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)
- 97598 (... total wound[s] surface area greater than 20 square centimeters)
- 97605 (Negative pressure wound therapy [e.g., vacuum assisted drainage collection], including topical application[s], wound assessment, and instruction[s] for ongoing care, per session; total wound[s] surface area less than or equal to 50 square centimeters) and
- 97606 (... total wound[s] surface area greater than 50 square centimeters).

This means private practices cannot bill 0183T with any of the codes above on the same patient, same day. However, these CCI edits have a "1" indicator, which means that you're allowed to unbundle them in special circumstances. If the procedures are separate and distinct, you may append a modifier 59 (Distinct procedural service) to 0183T to unbundle the procedures. Make sure you append the modifier to 0183T and not the other code. Also, be sure your documentation clearly indicates separate and distinct services.

Note: These CCI edits will go into effect for all other providers on Oct. 1, 2008.