

Eli's Rehab Report

READER QUESTION: Clear up PT Wound Care Coding Dilemmas

Question: How should I bill wound care provided by a physical therapist in an office setting (such as debridement, changing dressings, etc)? In other words, can a PT use 97602 (Removal of devitalized tissue from wound[s] ...)?

Texas subscriber

Answer: The CPT codes for selective debridement are 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) and are based on the total surface area of the wound. But many Medicare carriers do not reimburse for 97597 and 97598 because they think PTs cannot perform this in the office setting.

Your question comes at an interesting time because on Oct. 27 CMS released Transmittal 1086, which addresses the type of service for each CPT code. Check out the link to that transmittal at www.cms.hhs.gov/transmittals/downloads/R1086CP.pdf.

You will notice under CPT codes 97597 and 97598, the transmittal lists only the number "1," which means medical service, and not "u" or "w," which means OT or PT respectively. Code 97602 is listed with a "1," "u" and "w," but CMS does not reimburse for 97602, so it really does not matter at this time. Other payers besides Medicare may reimburse for 97597 and 97598 performed by a PT, so check with your specific payer.