

## Eli's Rehab Report

### Reader Question: Wound Care Twice

Question: Our physiatrist saw a patient and billed for wound care in the morning. That afternoon, the patient had therapy and the therapist unwrapped and rewrapped the wound after therapy. Can we bill the same wound care code for the physiatrist and the therapist that day?

Ohio Subscriber

Answer: The answer depends on the type of therapy performed. Some modalities, such as whirlpool (97022), include dressing changes as part of the code, so they cannot be billed separately. In addition, the wound care codes, 97601 (Removal of devitalized tissue from wound[s]; selective debridement, without anesthesia ... including topical application[s], wound assessment, and instruction[s] for ongoing care) and 97602 (non-selective debridement, without anesthesia ... including topical application[s], wound assessment, and instruction[s] for ongoing care, per session), include debridement, which normally would not be performed twice in a row (first by the physiatrist and then by the therapist). If the therapist did not perform debridement, you cannot bill for wound care, regardless of whether it was performed earlier in the day.

In your case, the physiatrist probably performed wound care (which can be billed using the wound care codes 97601 or 97602). The therapist performed a standard dressing change, which most likely is included in the code for the activity that the therapist performed. Consequently, you would not bill separately for the therapist's work involved in the dressing change.