

## Eli's Rehab Report

### Reader Questions: Consider This Before Launching Wound Care Services

Question: We are thinking of providing wound care in our hospital-based outpatient therapy department, but before we invest, we want to make sure the reimbursement is worthwhile. Also, what codes are most appropriate?

-- Minnesota Subscriber

Answer: To bill the most appropriate codes, physical therapists should stick with the following:

- 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
- 97602 -- Removal of devitalized tissue from wound(s), nonselective debridement, without anesthesia (e.g. wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
- 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
- 97606 -- ... total wound(s) surface area greater than 50 square centimeters.

Payment really depends on what your Medicare contractor's and private payers' reimbursement rates are. Generally speaking for Medicare reimbursement, 97597 ranges from \$55-\$72, and 97598 ranges from \$61-\$88. Code 97605 sees rates from \$28-\$41, and 97606 sees rates from \$30-\$43.

Watch out: If you're planning on doing mostly non-selective debridement (97602), you may want to think twice if your patient population is mostly under Medicare. It does not reimburse for 97602 on a national basis, and it's considered a bundled service, so you cannot bill the patient.

Other things to consider if you want to expand into wound care services: Most supplies are included in the reimbursement for the codes above. Patient education is also included in the codes above, and you may not bill separately for those services.

-- Reader Questions were answered by **Rick Gawenda, PT**, director of PM&R at Detroit Receiving Hospital and owner of Gawenda Seminars.