

Eli's Rehab Report

Reader Questions: Don't Let Medicare Payer Bundle 97605 and 97606

Question: I received a denial for a Medicare claim with active wound care management codes 97605 and 97606. I know these codes were bundled at one point, but I don't know if they still are. I checked our documentation, and it is thorough with full descriptions of the wound, intervention techniques and outcomes. Should I appeal?

California Subscriber

Answer: You should definitely appeal this claim if your payer is telling you the two codes are bundled. **Why:** As of Jan. 1, 2006, Medicare stopped bundling 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 (É total wound[s] surface area greater than 50 square centimeters).

Watch for: Another reason you may have seen a denial for 97605 and 97606 is if you provided and billed selective debridement (97597 or 97598) on the same day as the negative pressure wound therapy. **Why:** The National Correct Coding Initiative considers 97605 and 97606 mutually exclusive of 97597 and 97598.

If, however, your documentation supports the medical necessity of both interventions and that you provided them at separate and distinct times, you would have to append modifier 59 (Distinct procedural service) to either 97605 or 97606, and it should be reimbursed, along with 97597 and 97598.