

Coding for Wound Care in 2016: Updates and Changes

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Codes For Skin Replacement Surgery

- The skin substitute application codes are revised by CPT and are available in CPT 2012
- The codes are based on size of skin substitute alone and not tissue type specific
- Wound site preparation are allowed to be used with application codes
- We now have 0 or 10 day globals

Codes For Skin Replacement Surgery

- There are codes for “Surgical Preparation,” formerly called Wound Bed Preparation.
- The codes are:
 - 15002
 - 15003
 - 15004
 - 15005

Codes For Skin Replacement Surgery

- CPT 15002 – Surgical Preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 cm² or 1% of body area of infants and children.
- CPT 15003 – Each additional 100 cm² or each additional 1% of body area of infants and children.

Codes For Skin Replacement Surgery

- CPT 15004 - Surgical Preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, neck ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 cm² or 1% of body area of infants and children.
- CPT 15005 - Each additional 100 cm² or each additional 1% of body area of infants and children.

New Application Codes for 2012

Codes for Leg

- **15271** Application of skin substitute graft to trunk, arms, legs, total wound surface up to 100 sq. cm; first 25 sq. cm or less of wound surface.
- **15272** Each additional 25 sq. cm wound surface area, or part thereof. List separately in addition to code for primary procedure.

New Application Codes for 2012

Codes for Leg

- **15273** Application of skin substitute graft to trunk, arms, legs, total wound surface greater than or equal to 100 sq. cm; first 100 sq. cm wound surface area, or 1% of body area of infants and children.
- **15274** Each additional 100 sq. cm wound surface area, or part thereof, each additional 1% of body area of infants and children, or part thereof. List separately in addition to code for primary procedure.

New Application Codes for 2012

Codes for Feet

- **15275** Application of skin substitute graft to face, scalp, feet, etc., total wound surface area up to 100 sq. cm; first 25 sq. cm or less.
- **15276** Each additional 25 sq. cm wound surface area, or part thereof. List separately in addition to code for primary procedure.

New Application Codes for 2012

Codes for Feet

- **15277** Application of skin substitute graft to face, scalp, feet, etc., total wound surface area greater than or equal to 100 sq. cm; first 100 sq. cm wound surface area, or 1% of body area of infants or children.
- **15278** Each additional 100 sq. cm wound surface area, or part thereof, each additional 1% body area of infants and children. List separately in addition to code for primary procedure.

Wound Care Code Modifiers

- Check Medicare LCD for specific use for:
 - KX modifier (Skin substitute products and their application procedures for which the skin substitute was handled, applied, and immobilized appropriately and according to manufacturers' label instructions)
 - JC (Report skin substitute products used as a skin graft)
 - JD (Report skin substitute products not used as a skin graft)
 - JW (Product wasted - discarded)

97597 - 97598

Provider is required to have direct (one-on-one) patient contact.

97597 Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, 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; first 20 cm².

97598 each additional 20 cm².

Change in Wording + New Code

11042 Debridement, subcutaneous tissue
(includes epidermis and dermis, if
performed); first 20 cm² or less

Add-on:

11045 each additional 20 cm², or part
thereof

Change in Wording + New Code

11043 Debridement, muscle, and/or fascia
(includes epidermis, dermis, and subcutaneous
tissue, if performed); first 20 cm² or less

Add-on:

11046 each additional 20 cm², or part
thereof

Change in Wording + New Code

11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 cm² or less

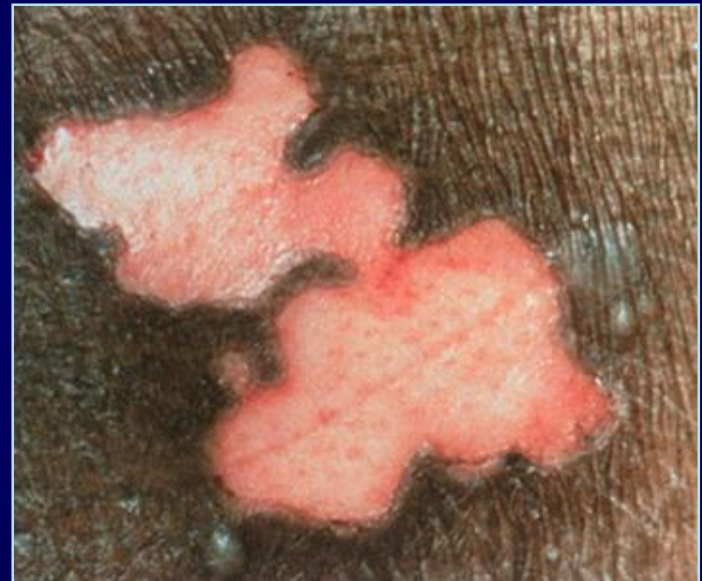
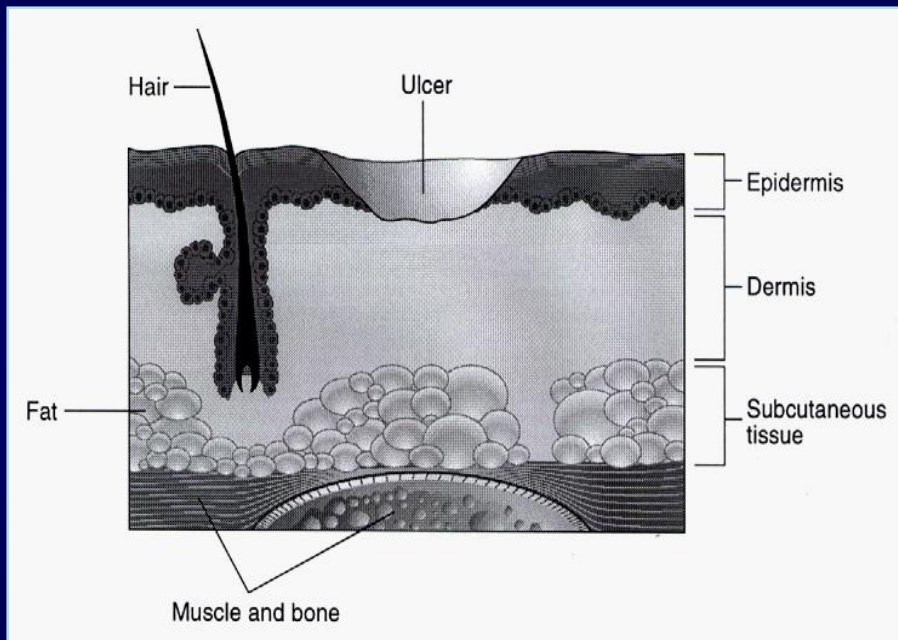
Add-on:

11047 each additional 20 cm², or part thereof

CMS & Debridement

- Many CMS medical directors have expressed in their LCDs that there should be a limited frequency of use for CPT 11043 & 11044.
- Place of Service has also come into question by these CMS medical directors.
- Read your LCD.

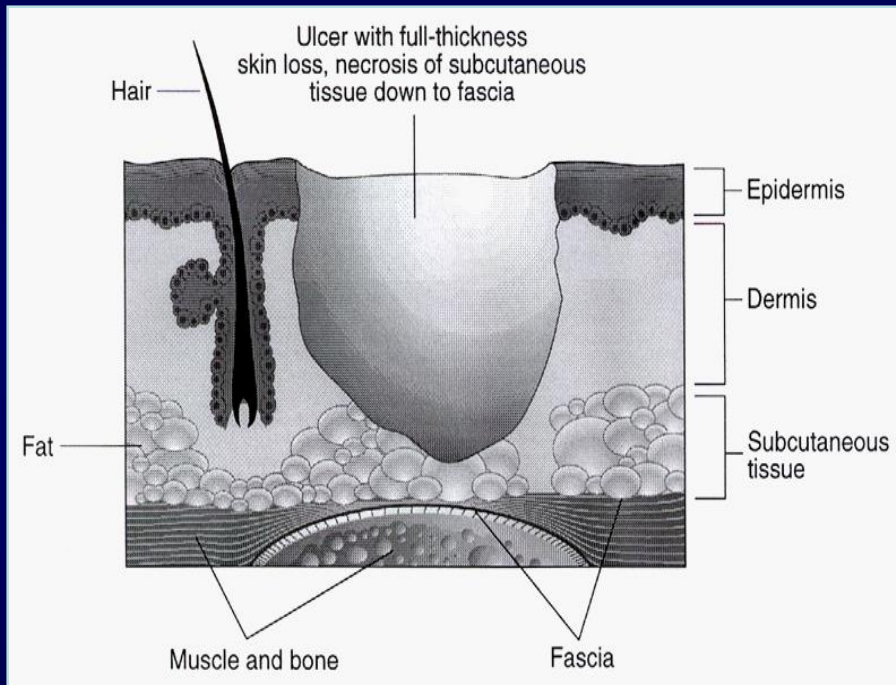
Partial Thickness – Only Epidermis



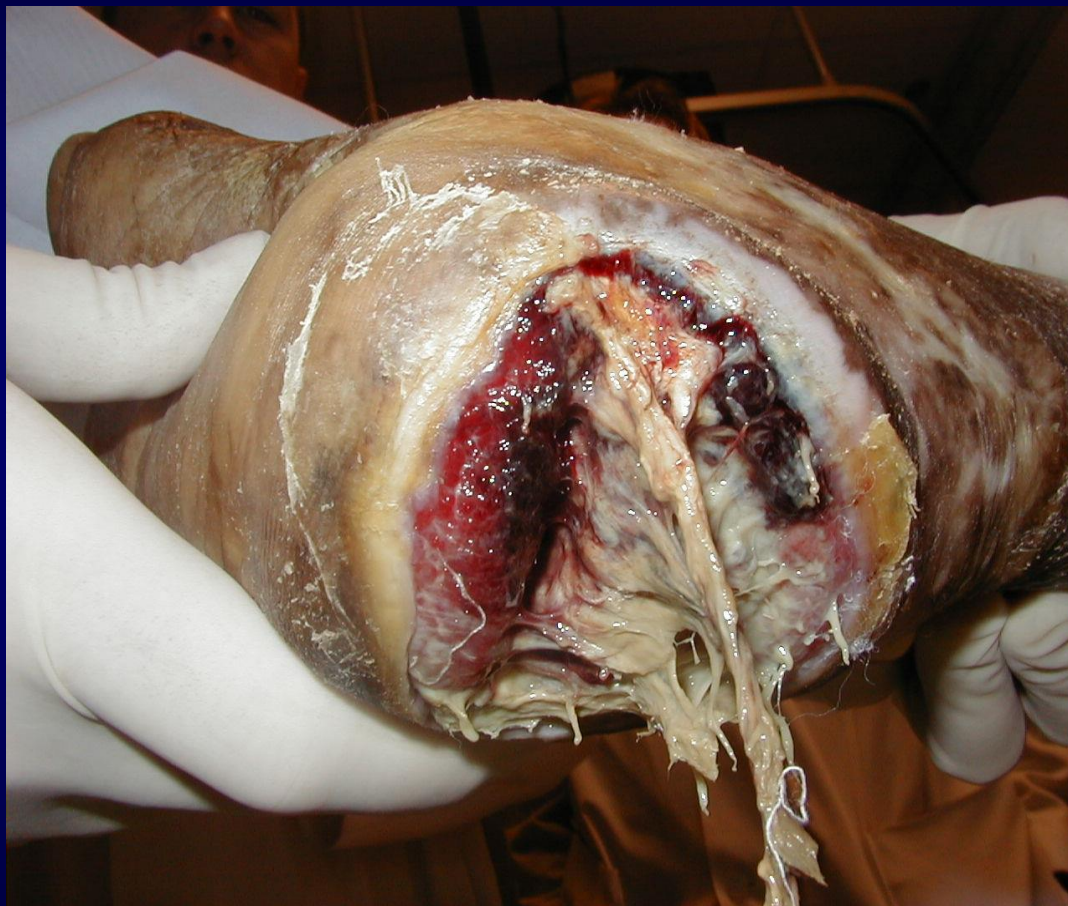
Full Thickness – Epidermis & Dermis



Full Thickness & Subcutaneous Tissue



Full Thickness, Subcutaneous Tissue & Muscle



Full Thickness, Subcutaneous Tissue, Muscle, & Bone



Role of Debridement

- Debridement must remove all necrotic soft tissue. This removes senescent cells from the wound.
- Debridement may aid by removing tissue with the highest bacterial counts, thereby bringing the wound into bacterial balance.
- Debridement can activate platelets to release the contents of their alpha granules. The released growth factors stimulate the inflammatory response that is believed to play an important role in wound healing. Formation of new granulation tissue following debridement may also help to perpetuate the wound healing cascade.
- An additional advantage of debridement is that it allows for a more thorough investigation of the degree of penetration and can detect inadequately treated infection. Pockets may be unroofed or saucerized to allow pus to drain freely. After debridement, the ulcer will usually be larger than it was at presentation

Other Codes for Wound Care

- 11000 – Debridement of extensive eczematous or infected skin; up to 10% of body surface
 - This code was deleted in 2011
 - Typically a code used primarily for dermatological purposes
 - Should be used sparingly in diabetic, venous stasis, and pressure ulcers
 - 0-day global
 - Not typically a “podiatric” code

Other Codes for Wound Care

- 27603 – Incision & drainage, leg or ankle; deep abscess or hematoma
- 27607 – Incision (e.g., osteomyelitis or bone abscess), leg or ankle
- 27640 – Partial excision (craterization, saucerization, or diaphysectomy) bone (osteomyelitis or exostosis); tibia
- 27641 – fibula
 - These codes have a 90-day global

Other Codes for Wound Care

- 28120 – Partial excision (craterization, saucerization, or diaphysectomy) bone (osteomyelitis or bossing); talus or calcaneus
- 28122 – tarsal or metatarsal bone, except talus or calcaneus
- 28124 – phalanx of toe
 - These codes have a 90-day global

Other Codes for Wound Care

- 28120 – Partial excision (craterization, saucerization, or diaphysectomy) bone (osteomyelitis or bossing); talus or calcaneus
- 28122 – tarsal or metatarsal bone, except talus or calcaneus
- 28124 – phalanx of toe
 - These codes have a 90-day global

Other Codes for Wound Care

- 28002 – Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
 - 10-day global
- 28003 – multiple areas
 - 90-day global
- 28005 – Incision, bone cortex (e.g., osteomyelitis or bone abscess), foot
 - 90-day global

Unna Boot Code

- 29580 – Unna Boot
- This is “officially” listed in the “casting and strapping” section of CPT and, therefore, it is not considered a bandage and is separately billable

Multi-Layer Compression System

– NEW CPT CODE for 2010

- For multi-layer compression dressing, also known as a “high compression bandage system” (Profore, DynaFlex), the NEW CPT code is 29581.

Reimbursement for Advanced Wound Care Modalities

- Always check your LCD for coverage and payment variations
 - There are many inconsistencies for products and procedures from payer to payer
- Products and procedures with consistent coverage are typically safe, effective, and provide multiple patient and physician benefits

Platelet Rich Plasma

- Category III (tracking) code - 0232T
- Effective as of 1/01/2010
- 0232T – Injection(s), platelet rich plasma, any tissue, including guidance, harvesting and preparation when performed
- A high-quality study just published in JAMA showed that platelet rich plasma was not effective in treating Achilles tendinitis

Questions

