

Part B Insider (Multispecialty) Coding Alert

CPT 2011: 11042-11047 vs. 97597-97602: CPT Differentiates Between Debridement and Active Wound Care

Just one documentation bullet separates these two items.

If you were confused about when to choose a debridement code and an active wound code, CPT 2011 comes to your rescue with revised debridement code guidelines that clarify how to choose between the two code groups -- and the key word that will tighten up your coding is depth.

"Depth is the only documentation item you need to determine the correct code," explained **Chad Rubin, MD, FACS**, AMA Specialty Society Relative Value Scale Update Committee (RUC) Alternate Member with **Albert E. Bothe, Jr. MD, FACS**, American College of Surgeons, AMA CPT Editorial Panel Member at their joint presentation "General Surgery" at last month's CPT Symposium in Chicago.

Active wound care, which has a 0 day global period, is for active wound care of the skin, dermis, or epidermis. For deeper wound care, use debridement codes in the appropriate location.

Example: Codes 11040 (Debridement; skin, partial thickness) and 11041 (...full thickness) have been deleted. The parenthetical note under the codes' deletion reads, "For debridement of skin, i.e., epidermis and/or dermis only, see 97597, 97598." The codes are revised for 2011 to reflect this change. For instance, the revision for code **CPT 11042** (Debridement, subcutaneous tissue [includes epidermis and dermis, if performed]; first 20 sq cm or less) removes "Skin, and" and adds after subcutaneous tissue "includes epidermis and dermis, if performed."

Code 97597 is revised to (Debridement [e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps], open wound, [e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm], including topical application[s], wound assessment, use of a whirlpool, when performed and instruction[s] for ongoing care, per session, total wound[s] surface area; first 20 sq cm or less)).

Code 97597's revision involves "mainly rewording to make clear how active wound care is separate from integumentary wound care," Bothe explained.

CPT 2011 also includes guidelines that indicate two requirements for active wound care management. These guidelines stress the following, which you should look for in the documentation to support billing these procedures:

Intent: "Active wound care procedures are performed to remove devitalized and/ or necrotic tissue and promote healing."

Contact: "Direct patient contact is required."