Eli's Rehab Report

Reader Questions: Don't Report 99211 in Office Setting

Question: Can I report a nonselective wound debridement service under **CPT 99211** ?

Texas Subscriber

Answer: It depends. If the therapist provides this service in the outpatient therapy department of a hospital, Medicare will reimburse for nonselective debridement under 99211 (Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician). Medicare will pay the hospital the facility price, usually about $22 based on national averages. Check with your specific FI regarding exact payment.

However, if the therapist provides this service in a private practice, you shouldn't report 99211. Doing so could be a red flag for a future audit. Medicare believes that wound debridement is not a skilled service.

For this reason, the American Medical Association developed new codes for skilled selective debridement:

1. 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
2. 97598 - ... total wound(s) surface area greater than 20 square centimeters
3. 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
4. 97606 - ... total wound(s) surface area greater than 50 square centimeters.

You'll find that the nonselective debridement code (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) won't be reimbursed because CMS bundles this service with the payment for the dressings.