

# Coding for Wound Care

\*\*\*\*IMPORTANT\*\*\*\*

## Disclaimer

\*\*\*Information provided is to the best of our knowledge and as current as possible.

\*\*\*Please verify all policy and reimbursement information with your local Medicare carriers.

- **Physicians and other providers must confirm or clarify coding and coverage from their respective payers, as each payer may have differing formal or informal coding and coverage policies or decisions. Physicians and providers are responsible for accurate documentation of patient conditions and for reporting of procedures and products in accordance with particular payer requirements.**

# Does location matter?

- Laterality does not matter
- Anatomical location does matter
  - There are codes for the
    - Leg (including the ankle)
    - Foot and toes

# Size and Code Selection Clarification

- Select debridement codes based on the **deepest level of tissue debrided**
- Debridement codes should only be based on the **measurement of the wound surface that was actually debrided**
- When the entire wound is debrided, the wound **measurement after debridement should be reported**
- When multiple wounds are debrided at the same depth, combine the **debrided surface measurements of all same tissue depth wounds**
- Do not bill each wound separately BUT document each depth of wound separately

# DEBRIDEMENT CODES

## NOT INVOLVING SUBCUTANEOUS TISSUE

- 97597 Removal of devitalized tissue from wounds, selective debridement, without anesthesia, wound assessment, topical applications, instructions for ongoing care, total wound surface area first 20 sq cm  
---May include scalpel, scissors, waterjet

97598—each additional 20 sq cm

THESE CAN BE BILLED TOGETHER SIZE REFERS TO TOTAL SURFACE AREA OF ALL WOUNDS WITH **NO MODIFIER**

# DEBRIDEMENT CODES INVOLVING SUBCUTANEOUS TISSUE AND DEEPER

- 11042 Debridement, subcutaneous tissue incl epidermis and dermis, first 20 sq cm or less
- 11045 each additional 20 sq cm

The above 2 can be billed together with no modifier as it is an add on code

- BE AWARE OF PLACE OF SERVICE LIMITATIONS
- CHECK YOUR LCD's!!!!!!

# DEBRIDEMENT CODES

## INVOLVING SUBCUTANEOUS TISSUE AND DEEPER

- 11043 Debridement, muscle and/or fascia incl epidermis and dermis and subQ, first 20 sq cm or less
- 11046 each additional 20 sq cm

The above 2 can be billed together with no modifier as it is an add on code

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# DEBRIDMENT CODES INVOLVING SUBCUTANEOUS TISSUE AND DEEPER

- 11044 Debridement, bone , incl subcutaneous tissue, muscle, and/or fascia, epidermis and dermis, first 20 sq cm or less
- 11047 each additional 20 sq cm
- The above 2 can be billed together with no modifier as it is an add on code

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# Use Add-On Codes When Debrided Tissue at the Same Depth Is Greater Than 20 sq. cm.

- ▶ Example: 15 sq cm of subcutaneous tissue debrided from right leg and 10 sq cm of subcutaneous tissue debrided from left leg

CPT® Code	Units
11042	1 unit
11045	1 unit

# Use Multiple Codes When Different Tissue Depths Are Debrided on Different Wounds

- ▶ Example: 10 sq cm of muscle debrided from one wound; 15 sq cm of devitalized epidermis and dermis debrided from a separate wound

CPT® Code	Unit
11043	1 unit
9759759	1 unit

# 2012 Changes in Skin Substitute Coding

- Familiar skin substitute CPT codes (32 of them) were deleted on January 1, 2012, and replaced with two broad anatomic groups of codes:
- one representing trunk, arms, legs,
- and the other representing face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits.
- Each of the two anatomic groups of codes include 4 new CPT codes based on the wound size range assigned to each code.

# Skin Preparation Codes

- The surgical preparation codes, CPT 15002-15005, “are to be used for the initial traumatic wound preparation (removal of appreciable nonviable tissue) and cleaning to provide a viable wound surface (primary intention healing) for placement of an autograft, flap, skin substitute graft or for negative pressure wound therapy.”
- CPT 15002-15005 are **NOT** to be used for the removal of nonviable tissue/debris in chronic wounds left to heal by secondary intention. CPT 11042-11047 and CPT 97597-97598 are to be used for this.
- CPT 15002-15005 are selected based on the anatomic area and size of the prepared/debrided defect. For multiple wounds, the choice of code is based on the aggregate sum of the surface area of all similarly grouped wound types

# Skin Substitute Grafts

- Application of skin substitute grafts, according to the 2012 CPT, include “non-autologous human skin (dermal or epidermal, cellular and acellular) grafts, non-human skin substitute grafts (i.e., xenograft), and biological products that form a sheer scaffolding for skin growth.” These codes are **NOT** reported for injected skin substitutes (for example: Graftjacket Express, Integra matrix should be reported with the unlisted code 15999).

# 15002-15005

- **NOTE:** Debridement is separately reimbursed on the date of application only when there is “extensive cross contamination” that requires prolonged cleansing, and appreciable amounts of devitalized or contaminated tissue is removed; or if the debridement is obvious to be medically necessary and performed separately without immediate primary closure, do not report debridement and wound prep on the same day for the same wounds

# Skin Substitute Graft Wound Area Grouping Coding

The two size groups are:

- “Small Wounds” - for wounds known to have an aggregate wound size up to a maximum of 100 sq cm. The codes represent the first 25 sq. cm and additional 25 sq. cm\* up to that maximum 100 sq cm wound area.
- “Large Wounds” - for wounds known to have an aggregate wound size beginning at 100 sq cm or greater.

# “Small” Leg/Ankle Wounds

- **CPT 15271** (application of skin substitute graft to, for example, leg or ankle). This code is based on a wound size (after cleansing, prepping, and/or debriding) maximum of 100 sq cm. Specifically, this code is to be used for application of a skin substitute graft to a wound surface area size of 0 to 25 sq cm (first 25 sq cm within the maximum wound size grouping up to 100 sq cm). If the leg/ankle wound area is greater than 25 sq cm, but less than the maximum of group size up to 100 sq cm, then **bill CPT 15271 plus**
- **CPT 15272** for each additional 25 sq cm of wound surface area. The total wound surface area treated cannot exceed 100 sq cm so you have the ability to bill CPT 15272 3 times, for example, if skin substitute graft material is applied to 75.1 up to 100 sq cms of leg/ankle wound(s).
- Since CPT 15272 is an “add-on” code, you would NOT apply a “-51” modifier. It is already discounted



# “Large” Leg/Ankle Wounds

- **CPT 15273** (application of skin substitute graft to, for example, leg or ankle). This code is based on a wound size (singular or aggregate size; after cleansing, prepping, and/or debriding) minimally of 100 sq cm\*. Specifically, this code is to be used for application of a skin substitute graft to a wound surface area size of 100 up to 200 sq cms (the code itself represents the first 100 sq cm of a “large” leg/ankle wound treated). If the leg/ankle wound area is greater than 100 sq cm, then **bill CPT 15273 plus**
- **CPT 15274** for each additional 100 sq cm\* of wound surface area. For example, if you have an aggregate sum of leg/ankle wound area calculated to be 375 sq. cm present bilaterally, you would bill CPT 15273 (first 100 sq cm), CPT 15274 (next 100 sq cm), CPT 15274 (next 100 sq cm), and CPT 15274 (next 75 sq cm).
- Since CPT 15274 is an “add-on” code, you would NOT apply a “-51” modifier. It is already discounted.

# “Small” Foot/Toe Wounds

- **CPT 15275** (application of skin substitute graft to, for example, foot or toe(s)). This code is based on a wound size (after cleansing, prepping, and/or debriding) maximum of 100 sq cm. Specifically, this code is to be used for application of a skin substitute graft to a wound surface area size of 0 to 25 sq cm (first 25 sq cm within the maximum wound size grouping up to 100 sq cm). If the foot/toe wound area is greater than 25 sq cm, but less than the maximum of group size up to 100 sq cm, then **bill CPT 15275 plus**
- **CPT 15276** for each additional 25 sq cm of wound surface area. The total wound surface area treated cannot exceed 100 sq cm so you have the ability to bill CPT 15272 3 times, for example, if skin substitute graft material is applied to 75.1 up to 100 sq cms of foot/toe wound(s).
- Since CPT 15276 is an “add-on” code, you would NOT apply a “-51” modifier. It is already discounted.

# “Large” Foot/Toe Wounds

- **CPT 15277** (application of skin substitute graft to, for example, foot or toe(s)). This code is based on a wound size (singular or aggregate size; after cleansing, prepping, and/or debriding) minimally of 100 sq cm\*. Specifically, this code is to be used for application of a skin substitute graft to a wound surface area size of 100 sq cm and up, but the code itself represents the first 100 sq cm of the foot/digit wound(s) treated. If the foot/toe wound area is greater than 100 sq cm, then **bill CPT 15277 plus**
- **CPT 15278** for each additional 100 sq cm\* of wound surface area. For example, if you are treating a patient with an aggregate sum of foot/toe wound area calculated to be 375 sq. cm present bilaterally, you would bill CPT 15277 (first 100 sq cm), CPT 15278 (next 100 sq cm), CPT 15279 (next 100 sq cm), and CPT 15278 (next 75 sq cm).
- Since CPT 15278 is an “addon” code, you would NOT apply a “-51” modifier. It is already discounted.

# CPT® Code for Implantation of Biologic Implants

## Code Description

- *15777 Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)*
- *(List separately in addition to code for primary procedure)*
- *This is ONLY to be used for breast reconstruction*
- *A CPT code for implantation of skin substitutes may be requested if enough multispecialty usage is done over the next 2-3 years*

# Common Podiatric Examples

#1 Physician applied a skin substitute graft:

- 10 sq cm diabetic foot ulcer on the right heel
- **1 unit of 15275 (up to 25sq cm foot)**

#2 Physician applied skin substitute grafts:

- 10 sq cm diabetic foot ulcer on the right heel AND
- 20 sq cm diabetic foot ulcer on the left heel
- **1 unit of 15275 (up to 25sq cm foot)**
- **1 unit of 15276 (each additional 25 sq cm**

**Up to 99sq cm foot)**

### #3 Physician applied skin substitute graft:

- 100 sq cm venous stasis ulcer on the left leg
- **1 unit of 15273 (100 sq cm leg)**

### #4 Physician applied skin substitute grafts:

- 50 sq cm venous stasis ulcer on the right leg  
AND 60 sq cm venous stasis ulcer on the left leg
- **1 unit of 15273 (100sq cm leg)**
- **1 unit of 15274 (next 100 sq cm leg)**

#5 Physician applied skin substitute grafts to:

- 20 sq cm diabetic foot ulcer on the right foot &
- 55 sq cm venous stasis ulcer on the right leg &
- 65 sq cm venous stasis ulcer on the left leg &
- **1 unit of 15275 (up to 25sq cm foot)**
- **1 unit of 15273-59 (100sq cm leg)**
- **1 unit of 15274 (ea add 25sq cm leg)**

# Skin Substitute Grafts Coding By Site and Size

	LEGS	FEET
<b>Total wound surface area by anatomical group in less than 100 sq.cm.</b>		
1 - 25 cm. sq.	15271	15275
26 - 50 sq.cm.	add on 15272 x 1 unit	add on 15276 x 1 unit
51 - 75 sq. cm.	add on 15272 x 2 units	add on 15276 x 2 units
76 - 99 sq.cm.	add on 15272 x 3 units	add on 15276 x 3 units
<b>Total wound surface area by anatomical group is greater than or equal to 100 sq.cm.</b>		
100 sq.cm.	15273	15277
101 - 200 sq.cm.	add on 15274 x 1 unit	add on 15278 x 1 unit
201 - 300 sq. cm.	add on 15274 x 2 units	add on 15278 x 2 units
301 - 400 sq. cm.	add on 15274 x 3 units	add on 15278 x 3 units



# Key Points

- Wound prep codes are separate from skin substitute graft application codes.
- The ankle is considered “leg” in terms of skin substitute graft application. (wrist is considered arm)
- Wound areas that skin substitute grafts will be applied are measured AFTER prep/debridement.
- You either bill the “small” leg/ankle skin substitute graft codes or the “large” skin substitute graft codes
- You either bill the “small” foot/toe skin substitute graft codes or the “large” skin substitute graft codes
- You can bill both the leg/ankle and the foot/toe skin substitute graft application codes, if you are treating both the leg/ankle and the foot/toe.
- You do not discount an “add-on” code; do not apply a “-51” modifier.

# Coverage: check the CRC for LCDs

## Medicare

- Per FDA and Indications for Use
- Coverage is based on existing Medicare Local Coverage Determinations (LCD's)/Bulletins/Articles that are made available .

## Private Insurers

- Per FDA and Indications for Use
- Many private insurers have written policies

# Progress Note Documentation

- Describe wound (size length x width, depth, total sq.cm and appearance, drainage, undermining, peri-wound character)
- Method of debridement (scalpel, nippers)
- Depth of debridement
  - Partial, Full thickness, SQ, Muscle, Bone
- Dressings
- Post-Op care
- Treatment Plan

# Documentation For Dressings

- Type of dressing
- Dressing size
- Number of dressings dispensed
- Number of wounds being treated
- Frequency of dressing changes
- Anticipated duration of dressing requirement
- Type of wound
- Wound location, Size, and Depth
- Amount of Drainage
- Has the wound been Debrided?

# Medicare Dressing Modifiers

- A1 Dressing for one wound
- A2 Dressing for two wounds
- A3 Dressing for three wounds
- A4 Dressing for four wounds
- A5 Dressing for five wounds
- A6 Dressing for six wounds
- A7 Dressing for seven wounds
- A8 Dressing for eight wounds
- A9 Dressing for nine or more wounds

# Common Diagnosis Codes

## ICD-9

- 707.00 pressure ulcer, unspecified
- 707.06 pressure ulcer, ankle
- 707.07 pressure ulcer, heel
- 707.09 pressure ulcer, other site

## ICD-10

- L 89.9- pressure ulcer, unspecified
- L89.5- pressure ulcer, ankle
- L89.6- pressure ulcer, heel
- L89.89- pressure ulcer, other site

# Common Diagnosis Codes

## ICD-9

- 707.12 ulcer, chronic, calf
- 707.13 ulcer, chronic, ankle
- 707.14 ulcer, chronic, heel/midfoot
- 707.15 ulcer, chronic other part of foot
- 707.19 ulcer, chronic, other part of LE

## ICD-10

- L97.2- ulcer, chronic, calf
- L97.3- ulcer, chronic, ankle
- L97.4- ulcer, chronic, heel/midfoot
- L97.5- ulcer, chronic, other part of foot
- L97.8- ulcer, chronic, other part of LE

# Common Diagnosis Codes

- E10.4- DM, type 1 with neurological complications
- E11.4- DM, type 2 with neurological complications
  
- E10.5- DM, type 1 with circulatory complications
- E11.5- DM, type 2 with circulatory complications
  
- E10.622 DM, type 1, with skin ulcer
- E11.621 DM, type 2, with skin ulcer
  
- E10.61- DM, type 1, with diabetic arthropathy
- E11.61- DM, type 2, with diabetic arthropathy



# Questions?

Remember APMA Coding webinars  
every other Thursday through  
September

If you miss one they are archived on  
the APMA website