

Wound care Billing Infograph

While conflicting reports about wound care services and management still prevail, it is mandatory to understand that patient documentation is crucial for appropriate coding and billing for wound care services. There is a need to categorically deal with the issues of flaws and ambiguous coding for procedures for wound care.

In the year 2014-15, a survey was conducted by healthcare cos. across 13 states that registered most number of wound care related cases.

Here are some of the findings from the survey:

According to the 13 most active states the total cost of wound care procedures amounted to **\$54.3 million**



There was at least **one** patient who did not have any dollar figure associated with their care



Wound Care Costs & Reimbursement in numbers

The average dollar amount for cost of wound care was between **\$5,000 & \$5,500** per patient



More than 99% of care was delivered to patients covered by insurance with only **0.56%** of patients classified as self-pay



Common Coding & Billing challenges Physicians face for Wound care procedures

1

Implementing ICD-10 as it pertains to Wound Care

2

Evaluation and Management Basics

3

Documentation and Coding of Wound Debridement

Specific ICD-10 changes and for coding examples wound care procedures:



Debridement Coding and Documentation

If the injury clearly describes the tissue as being cut away with sharp tools such as scissors, scalpel, forceps, etc. the new coding numbers for the same are 97597-97598 and 11042-11047



Excisional Debridement

- For Superficial Selective Debridement including the epidermis and dermis the new codes in place are 97597 and 97598
- For extensive surgical debridement of the underlying tissue the codes are:
 - Subcutaneous (11042 and 11045)
 - Muscle/Fascia (11043 and 11046)
 - Bone (11044 and 11047)

Steps to Improve A/R days and Reduce Denials



Inappropriate use of modifier 25 even if it is a separately billable service can delay the reimbursement period.



Use of hyperbaric oxygen when all other wound management modalities have failed, but not accompanied by physician orders is accounted for claims denial.



Coding E/M levels for cases requiring G0463 for Medicare-specific cases derail the A/R days.

Best Coding Practices:

- ✓ Ensure there are no incorrect/missing wound dimensions in the report.
- ✓ Coding must be done for the deepest layer for debridement than multiple layers.
- ✓ Communication must be clear at all levels; knowledge of latest rules by including regular training programs.

Why medicalbillersandcoders.com?

The increased detail provided in the ICD-10 coding system better accommodates new procedures and technologies, supporting outcomes and reimbursement policies. We at MedicalBillersandCoders.com have expert professionals that look into the billing and coding issue with proper care and consideration, same as the Physician at the outpatient wound care facility.