



# Introduction to Coding for Wound Care

It's important to know when to use each of these codes.

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**“H**ow do I code for wound care services?” This article will explain the most common coding for various types of wound care services. In addition, it will offer some wound care coding examples and discuss some combinations that are confusing.

When considering coding for wound care, two things must be known: the size of the wound debrided and the deepest depth to which tissue was debrided. The size should be measured and documented in square centimeters. You need to measure the widest post-debridement transverse and longitudinal aspects of the base of the wound in centimeters and multiply them to-

gether to get the square centimeters. To ascertain the size debrided, you would add the size of each wound of similar depth (i.e., the size of all subcutaneous tissue wounds debrided are added together no matter where they occur in the body). These codes are for the entire body;

matter with respect to coding: skin, subcutaneous tissue, muscle (including fascia), and bone.

The paragraphs below specify the global period and the relative value unit. The global period is the time frame in which the similar service should not be billed as it is included

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**There are only four depths that matter with respect to coding; skin, subcutaneous tissue, muscle (including fascia), and bone.**

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therefore, it is irrelevant if you have wounds on both feet. You merely add the total size of similar wounds together to get a total sq. cm. debrided of that tissue depth.

You must determine the depth of tissue that was debrided, keeping in mind that deeper levels of tissue include any superficial tissue debrided. There are only four depths that

in the original service. The relative value unit (RVU) is a number which is approved by Medicare as a comparison value between services. The higher the RVU the higher the service is reimbursed. When RVUs are mentioned, the non-facility RVU will be stated. Please note that add-on codes are not susceptible to the 50% ad-

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ditional procedure discount and are reimbursed at full value.

## Wound Debridement Codes

### CPT 97597

Debridement (e.g., high pressure water jet 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.

This code is to be used when only skin structures were debrided. It is to be used for up to and including 20 sq. cm. of tissue debrided. There is a 0 day global and the relative value unit is 2.52.

### CPT 97598

Debridement (e.g., high pressure water jet 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; each additional 20 sq. cm. or part thereof (list separately in addition to code for primary procedure).

This code is to be used when more than 20 sq. cm. of only skin structures are debrided. For each additional 20 sq. cm. (or part thereof), you would code 97598. There is a 0 day global and the relative value unit is 0.79.

*(CPT 97597/97598 coding example: If you debrided a 47 sq. cm. skin wound, you would code: 97597 x 1 for the first 20 sq. cm., plus 97598 x 2 for sq. cm. 21-40 and sq. cm. 41-47. The total RVU would be 2.52 + 0.79 + 0.79 = 4.10.)*

### CPT 11042

Debridement, subcutaneous tissue (includes epidermis and dermis,

if performed); first 20 sq. cm. or less.

This code is used to report the first 20 sq. cm. of subcutaneous tissue debrided. Any tissue superficial to the subcutaneous tissue would be included and not separately billable.

There is a 0 day global and the relative value unit is 3.46.

### CPT 11045

Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq. cm. or part thereof (list separately in addition to code for primary procedure).

This code is to be used when more than 20 sq. cm. of subcutaneous tissue are debrided. For each additional 20 sq. cm. (or part thereof), you would code 11045. There is a 0 day global and the relative value unit is 1.18.

*(CPT 11042/11045 coding example: If you debrided a 47 sq. cm. subcutaneous wound, you would code: 11042 x 1 for the first 20 sq. cm., plus 11045 x 2 for sq. cm. 21-40 and sq. cm. 41-47. The total RVU would be 3.46 + 1.18 + 1.18 = 5.82)*

### CPT 11043

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

This code is used to report the first 20 sq. cm. of muscle, tendon, or fascia. Any tissue superficial to the muscle, tendon, and fascia would be included and not separately billable. There is a 0 day global and the relative value unit is 6.57.

### CPT11046

Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq. cm. or part thereof (list separately in addition to code for primary procedure).

This code is to be used when more than 20 sq. cm. of muscle, tendon, or fascia are debrided. For each additional 20 sq. cm. (or part thereof), you would code 11046. There is a 0 day global and the relative value unit is 2.09.

*(CPT 11043/11046 coding example: If you debrided a 47 sq. cm. subcutaneous wound, you would code: 11043 x 1 for the first 20 sq. cm., plus 11046 x 2 for sq. cm. 21-40 and sq. cm. 41-47. The total RVU would be 6.57 + 2.09 + 2.09 = 10.75)*

### CPT 11044

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

This code is used to report the first 20 sq. cm. of bone. Any tissue superficial to the bone would be included and not separately billable. There is a 0 day global and the relative value unit is 8.93.

### CPT 11047

Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq. cm. or part thereof (list separately in addition to code for primary procedure).

This code is to be used when more than 20 sq. cm. of bone are debrided. For each additional 20 sq. cm. (or part thereof), you would code 11047. There is a 0 day global and the relative value unit is 3.53.

*(CPT 11044/11047 coding example: If you debrided a 47 sq. cm. wound to bone, you would code: 11044 x 1 for the first 20 sq. cm., plus 11047 x 2 for sq. cm. 21-40 and sq. cm. 41-47. The total RVU would be 8.93 + 3.53 + 3.53 = 15.99.)*

## Multiple Levels of Debridement Coding Example:

The patient has five wounds. There is a superficial blister on the right 1st MTPJ, an ulceration that penetrates to subcutaneous tissue beneath the left second metatarsal head, an ulceration that penetrates to subcutaneous tissue on the right anterior leg, an ulceration with necrotic Achilles tendon exposed on the posterior right heel, and a lateral left fibular malleolus with bone exposed.

1) Debrided 2 x 3cm Right 1st MTPJ skin ulcer = 97597

2) Debrided 2 x 1cm subcutaneous ulceration plantar 2nd metatarsal

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head as well as the subcutaneous 5 x 4 right leg ulceration = total 22 sq cm = 11042 for the first 20 sq. cm. plus 11045 for additional 2sq. cm.

3) Debrided 7 x 4cm necrotic Achilles tendon ulceration = 11043 for the first 20 sq. cm. and 11046 for additional 8 sq. cm.

4) Debrided 0.5 x 0.5cm necrotic bone on the left lateral malleolus = 11044

## Incision and Drainage

At times during wound care, you may encounter an abscess or pocket of purulence. Treatment of this could be reported as an incision and drainage. Document the amount and type of drainage and the depth incised as well as any complications encountered.

If debridement is performed at the same time as an incision and drainage, you should bill one of the procedures (the I&D or the debridement), but not both, as they are bundled under the Correct Coding Initiative.

### CPT 10060

Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single.

This code is used to report an incision and drainage of the integumentary system or deeper tissue. It

mentary system or deeper tissue. It is to be used when either multiple I&Ds are performed; it is deemed as complicated. There is a 10 day global and the relative value unit is 5.87.

CPT 10061 is not an add-on code. You would never report 10060 and 10061 on the same patient during the same service date. If you do two sep-

arational release of scar contracture, trunk, arms, legs; each additional 100 sq. cm. or part thereof, or each. There is a 0 day global and the relative value unit is 2.11.

For the first 100 sq. cm. (or part thereof) of preparation of a leg wound for closure or grafting, you would bill 15002. Report 15003 for each addi-

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arate 10060s, you would report that as a single 10061. These codes include any additional incisions or E/M services for the next 10 days after the service is performed.

### Skin Prep for Closure or Graft Application

If you are preparing a wound for closure or grafting (either skin or skin substitute) there are codes based on size and location that you need to understand for correct reporting of surgical services.

### CPT 15002

Surgical preparation or creation of recipient site by excision of open

tional 100 sq. cm. (or part thereof).

*(CPT 15002/15003 example: For a wound prep of a venous stasis ulceration on each leg that totals 132 sq.cm. between the two of them, you would report: 15002 x 1 for the first 100 sq. cm., 15003 x 1 for the additional 32 sq. cm. The total RVU would be 9.94 + 2.11 = 12.05.)*

### 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, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq. cm. or 1% of body area of infants and children. There is a 0 day global and the relative value unit is 11.38.

### CPT 15005

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, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq. cm or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure). There is a 0 day global and the relative value unit is 3.52.

For the first 100 sq. cm. (or part

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**At times during wound care, you may encounter an abscess or pocket of purulence. Treatment of this could be reported as an incision and drainage.**

is to be used when only one I&D is performed, or it is deemed as simple. There is a 10 day global and the relative value unit is 3.37.

### CPT 10061

Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple.

This code is used to report an incision and drainage of the integu-

wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq. cm. or 1% of body area of infants and children. There is a 0 day global and the relative value unit is 9.94.

### CPT 15003

Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or in-



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thereof) of preparation of a foot wound for closure or grafting, you would bill 15004. Report 15005 for each additional 100 sq. cm. (or part thereof).

*(CPT 15004/15005 example: For a wound prep of a foot ulceration that totals 132 sq. cm., you would report 15004 x 1 for the first 100 sq. cm., 15005 x 1 for the additional 32 sq. cm. The total RVU would be 11.38 + 3.52 = 14.90.)*

## Skin Substitute Grafting

The following codes would be used to report the application of any product designated as a skin substitute. The product itself should be reported with the appropriate HCPCS supply code.

### CPT 15271

Application of skin substitute graft to trunk, arms, legs, total

equal to 100 sq. cm.; first 100 sq. cm. wound surface area, or 1% of body area of infants and children. There is a 0 day global and the relative value unit is 8.73.

### CPT 15274

Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq. cm.; each additional 100 sq. cm. wound surface area or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure). There is a 0 day global and the relative value unit is 2.15.

*(CPT 15273/15274 example: If the total wound is more than 100 sq. cm., report 15273 for the first 100 sq. cm., and 15274 for each additional 100 sq. cm. or any part thereof. For a leg wound that totals 155 sq. cm., code 15273 x 1 (for the first 100 sq. cm.),*

*(CPT 15275/15276 example: For a leg wound that totals 55 sq. cm., code 15275 x 1 (for the first 25 sq. cm.), and 15276 x 1 for sq. cm. 26-50, 15276 x 1 for sq. cm. 51-55. The total RVU would be 4.37 + 0.98 + 0.98 = 6.33.)*

### CPT 15277

Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, 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 and children. There is a 0 day global and the relative value unit is 9.55.

### CPT 15278

Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq. cm.; each additional 100 sq. cm. wound surface area or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure). There is a 0 day global and the relative value unit is 2.54.

*(CPT 15277/15278 example: If the total wound is more than 100 sq. cm., report 15277 for the first 100 sq. cm., and 15278 for each additional 100 sq. cm. or any part thereof. For a leg wound that totals 155 sq. cm., code 15277 x 1 (for the first 100 sq. cm.), and 15278 x 1 for sq. cm. 101-155. The total RVU would be 9.55 + 2.54 = 12.09.)*

## Conclusion

Documentation of the location, size, and depth of lower extremity wounds is critical to proper coding of wound care services. **PM**



**Dr. Ward** is a certified coder through the American Association of Professional Coders (AAPC) and a member of the APMA Coding Committee.

## Documentation of the location, size, and depth of lower extremity wounds is critical to proper coding of wound care services.

wound surface area up to 100 sq. cm.; first 25 sq. cm. or less wound surface area. There is a 0 day global and the relative value unit is 4.14.

### CPT 15272

Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq. cm.; each additional 25 sq. cm. wound surface area, or part thereof (list separately in addition to code for primary procedure). There is a 0 day global and the relative value unit is 0.76.

*(CPT 15271/15272 example: For a leg wound that totals 55 sq. cm., code 15271 x 1 (for the first 25 sq. cm.), and 15272 x 1 for sq. cm. 26-50, 15272 x 1 for sq. cm. 51-55. The total RVU would be 4.14 + 0.76 + 0.76 = 5.66.)*

### CPT 15273

Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or

*and 15274 x 1 for sq. cm. 101-155. The total RVU would be 8.73 + 2.15 = 10.88.)*

### CPT 15275

Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq. cm.; first 25 sq. cm. or less wound surface area. There is a 0 day global and the relative value unit is 4.37.

### CPT 15276

Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq. cm.; each additional 25 sq. cm. wound surface area or part thereof (List separately in addition to code for primary procedure). There is a 0 day global and the relative value unit is 0.98.