



THE QOUSTIC WOUND THERAPY SYSTEM™ 2009 REIMBURSEMENT INFORMATION

The Qoustick Wound Therapy System™ can be used in any site of service for the “selective dissection and fragmentation of tissues, wound debridement (acute and chronic wounds, burns, diseased or necrotic tissue), and the cleansing irrigation of the site for the removal of debris, exudates, fragments, and other matter through the use of ultrasonic energy and/or fluid irrigation. Optionally, aspiration may be used to assist with the removal of debris, exudates, fragments, and other matter from that same site.”¹

The 11000 series of codes may be used to report the surgical debridement of a wound and are differentiated by either the percent of body area treated (11000-11001) or the type of tissue removed (11040-11044). The 97000 series of codes are used to report the debridement of a wound as well as the management of the wound that may or may not include wound assessment, wound care instructions and the use of a whirlpool. The 97000 series of codes include both selective debridement (97597-97598) and non-selective debridement (97602).

Providers are solely responsible for all coding decisions, documentation and requests for payment. Individual payer requirements can vary. Coding and documentation requirements can also vary over time. The Provider is solely responsible for keeping current with all payer requirements and codes. Arobella Medical is not responsible for any specific coding decision or request for payment.

DEBRIDEMENT PERFORMED IN THE PHYSICIAN OFFICE²

CPT CODE ³	DESCRIPTION	2009 MEDICARE NATIONAL AVERAGE PAYMENT RATE NON FACILITY
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SURGICAL DEBRIDEMENT

11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	\$48.69
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (List separately in addition to code for primary procedure)	\$20.56
11040	Debridement; skin, partial thickness	\$42.56
11041	Debridement; skin, full thickness	\$50.13
11042	Debridement; skin, and subcutaneous tissue	\$67.81
11043	Debridement; skin, subcutaneous tissue, and muscle	\$245.25
11044	Debridement; skin, subcutaneous tissue, muscle, and bone	\$335.06

DEBRIDEMENT PERFORMED IN THE PHYSICIAN OFFICE²

CPT CODE ³	DESCRIPTION	2009 MEDICARE NATIONAL AVERAGE PAYMENT RATE NON FACILITY
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ACTIVE WOUND CARE MANAGEMENT

97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g., high pressure water jet 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	\$58.43
97598	Removal of devitalized tissue from wound(s), total wound(s) surface area greater than 20 square centimeters	\$72.13
97602	Removal of devitalized tissue from wound(s), non-selective 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	NA, bundled code, not paid separately
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Carrier determined

¹ FDA cleared labeling for the Qoustick Wound Therapy System, K062544.

² Payment amounts shown for Medicare National Average 2009 Physician Fee Schedules (MPFS) and Medicare Hospital Outpatient Ambulatory Payment Classification (APC) National Average Benchmarks are not a guarantee of payment.

³ Current Procedural Terminology (CPT) is copyright 2008 of the American Medical Association (AMA). All rights reserved.

DEBRIDEMENT PERFORMED IN THE OUTPATIENT FACILITY

CPT CODE	DESCRIPTION	APC ASSIGNMENT	2009 MEDICARE NATIONAL AVERAGE PAYMENT RATE FOR PHYSICIAN AND FACILITY
SURGICAL DEBRIDEMENT			
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	0015	\$30.66/\$100.21
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (List separately in addition to code for primary procedure)	0013	\$15.51/\$54.70
11040	Debridement; skin, partial thickness	0015	\$26.33/\$100.21
11041	Debridement; skin, full thickness	0015	\$33.18/\$100.21
11042	Debridement; skin, and subcutaneous tissue	0016	\$44.36/\$180.26
11043	Debridement; skin, subcutaneous tissue, and muscle	0016	\$214.60/\$180.26
11044	Debridement; skin, subcutaneous tissue, muscle, and bone	0682	\$295.39/\$477.38
ACTIVE WOUND CARE MANAGEMENT			
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g., high pressure water jet 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	0015	\$32.10/\$100.21
97598	Removal of devitalized tissue from wound(s), total wound(s) surface area greater than 20 square centimeters	0015	\$42.56/\$100.21
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for on going care, per session	0013	NA/\$54.70
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	0012	Carrier determined/ \$27.63

DEBRIDEMENT PERFORMED IN THE AMBULATORY SURGICAL CENTER

CPT CODE	DESCRIPTION	2009 PAYMENT INDICATOR ⁴	2009 MEDICARE NATIONAL AVERAGE PAYMENT RATE FOR PHYSICIAN AND FACILITY
SURGICAL DEBRIDEMENT			
11042	Debridement; skin, and subcutaneous tissue	A2	\$44.36/\$135.23
11043	Debridement; skin, subcutaneous tissue, and muscle	A2	\$214.60/\$135.23
11044	Debridement; skin, subcutaneous tissue, muscle, and bone	A2	\$295.39/\$352.12

DOCUMENTATION GUIDELINES

Providers who perform wound debridement are advised to document and maintain complete and accurate medical records for each wound care patient and procedure. The following general documentation checklist is provided for your convenience. Please note that this list is a general guideline only. Individual documentation requirements may vary. Providers are encouraged to develop their own methods of record keeping, but, at a minimum, those records should include the components outlined in the checklist.

AT A MINIMUM, THE FOLLOWING SHOULD BE DOCUMENTED IN THE PATIENT CHART:

- LEVEL OF TISSUE REMOVED
 - Skin
 - Full thickness
 - Partial thickness
 - Subcutaneous
 - Muscle
 - Bone
- CHARACTER OF THE WOUND
 - Before debridement
 - After debridement
- MEDICAL NECESSITY FOR DEBRIDEMENT
- PLAN OF CARE WITH TREATMENT GOALS
- PHYSICIAN FOLLOW UP
- EVIDENCE OF PROGRESS OF THE WOUND'S RESPONSE TO TREATMENT
 - Current wound size
 - Wound depth
 - Signs of infection
 - If present, extent of infection
 - Presence or absence of necrotic, devitalized or non-viable tissue
 - If present, extent of the diseased tissue
- APPROPRIATE EVALUATION AND MANAGEMENT OF MEDICAL CONDITIONS THAT MAY AFFECT THE COURSE OF WOUND HEALING

Note: Some payers may also require periodic evaluation of the wound (no less than every 30 days)

⁴ ASC Final Rule (Federal Register Vol. 73 No. 223, November 18, 2008)



5929 Baker Road, Suite 470
 Minnetonka, Minnesota, USA 55345
 www.arabella.com

Customer Service can be reached during normal business hours
 7am-7pm Central Time.

Customer Service: 1-866-WOUNDS-Ø
 or 1-866-968-6370
 Email: support@arabella.com