A Message to

Business Office Managers

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MEMORANDUM

TO: Administrators and Business Office Managers of AmeriHealth Participating Freestanding Skilled Nursing Facilities in New Jersey

FROM: Michael S. Zollenberg
Director, Hospital and Ancillary Services

DATE: June 19, 2006

SUBJECT: NEW REVENUE CODES FOR PART B THERAPIES FOR WOUND CARE

The purpose of this bulletin is to let you know that we will cover Part B services for wound care (non-surgical debridement) under the PT/OT Fee Schedule, **beginning July 1, 2006.** This change applies to custodial Keystone 65 members and Personal Choice 65 members, as well as commercial members who are receiving long-term care at a custodial level.

We will provide coverage for the services described with the CPT codes below when they are submitted to us with PT/OT revenue codes 420-424, 429, 430-434, 439, 952 and 957:

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.

97606 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 greater than 50 square centimeters.

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.

97598 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 greater than 20 square centimeters.

As a reminder, Keystone 65 and commercial HMO members must have referrals to your facility before they may receive services.

Attached is an updated Part B Therapy Fee Schedule which reflects all current procedure codes and rates. If you have any questions about this bulletin, please contact your Hospital Service Coordinator at 856-778-6500 or 732-726-6700.

Attachment