



Delaware Medicaid Wound Care Billing Quick Reference Guide

Individuals with substance use disorder (SUD) may be more likely than the general population to experience wounds. Substance use-related wounds include abscesses, skin and soft tissue infections, and injection-site ulcers, and a lack of timely wound treatment can result in severe infections, sepsis, amputation, and death.¹ Approximately 24,000 Medicaid beneficiaries, or 12% of the Medicaid population, receive SUD-related services each year. Delaware's Division of Medicaid and Medical Assistance (DMMA) covers wound care as part of the general Medicaid benefit for a wide range of provider types, including specialty SUD providers. **This document is a quick reference guide for applying available Delaware Medicaid billing options to wound care. This should not be taken as full billing guidance. Please refer to standard billing criteria for detailed definitions and coding requirements.**

Wound Care Billing Overview

The Current Procedural Terminology (CPT®) codes typically used for active wound care in outpatient settings include 97597, 97598, and 97602. Active wound care procedures are performed to remove devitalized and/or necrotic tissue and promote healing. There are two main categories of debridement: selective and non-selective. Selective methods are when only necrotic, non-viable tissue is removed from the wound bed. Non-selective methods remove both necrotic tissue and viable living tissue. Services require direct (one-on-one) contact with the patient.

- **CPT code 97597** is for debridement² of open wounds for the first 20 square cm or less (see full description below). This code is opened and priced on the CY2024 Delaware Medicaid physician fee schedule at \$96.79 for the non-facility fee.³
- **CPT code 97598** is an add-on code for debridement of each additional 20 square cm of open wounds. This code is opened and priced on the CY2024 Delaware Medicaid physician fee schedule at \$43.16 for the non-facility fee.
- **CPT code 97602** is non-selective debridement of open wounds (see full description below). This code is opened and priced on the CY2024 Delaware Medicaid physician fee schedule at \$172.96 for the non-facility fee.

Other standard evaluation and management (E/M) CPT codes, such as 99202-99205 for new patients and 99212-99215 for established patients may also be used to cover wound dressing changes and patient/caregiver training in the care of the wound. CPT code 99211 (often referred to as the "nurse visit code") can also be used to cover time spent on wound checks, dressing changes or suture removal. All relevant CPT codes described above are currently priced in Delaware Medicaid's fee-for-service program. These E/M codes are **not** wound-care specific billing codes. For CY 2024 payment rates for relevant E/M codes, see the Delaware Medicaid Physician Fee Schedule available [at this link](#).

Delaware Medicaid allows physicians and non-physician practitioners (NPPs) (e.g., nurse practitioners, physician assistants) acting within their scope of practice and licensure to provide debridement services. These services may also be provided by auxiliary staff operating "incident-to"⁴ a physician or NPP, as long as guidelines established in the [Medicare Benefit Policy Manual](#) are followed. If the rendering provider has the right qualifications to bill the associated codes, no other restrictions exist. Other wound debridement CPT codes (e.g., 11042-11047) are not covered in this quick reference guide as they are for use in inpatient hospital, outpatient hospital, and ambulatory surgical center settings.

¹ Empirical assessment of wounds among people who use substances - ScienceDirect

² Debridement is the removal of foreign material and/or devitalized or contaminated tissue from or adjacent to a traumatic or infected wound until surrounding healthy tissue is exposed. The mere removal of secretions (cleansing of a wound) does not represent a debridement service.

³ Non-facility fees are listed above as these refer to payments for services performed in outpatient office settings, as opposed to facilities such as hospitals or ambulatory surgical centers.

⁴ "Incident to" billing is a mechanism that allows auxiliary personnel, such as nurses, technicians, and therapists to provide services in an outpatient setting and bill them under the provider's national provider identification (NPI) number. These services are considered an integral part of a physician's or nonphysician practitioner's professional services.

Documentation Tips

To accurately report and receive reimbursement for the active wound care codes, health care providers should document⁵ the following information in medical records:

- **Wound assessment:** Include documentation of thorough assessment of the wound, including its size, location, stage, and any complications or comorbidities.
- **Wound service area:** Measure and document the wound's surface area, ensuring that billing is completed in accordance with size (e.g., 20 square centimeters or less for 97597, use of add-on 97598 for each additional 20 square centimeters).
- **Debridement technique:** Indicate specific debridement method, such as water jet, sharp selective debridement, or a combination of techniques. The extent of debridement and type(s) of issue removed should also be referenced (e.g., fibrin, dermis, debris, biofilm, etc.)
- **Topical application:** If any topical agents or dressing are applied after debridement, include this in the medical record along with the specific product(s) used.
- **Ongoing care instructions:** Provide indication of whether instructions for ongoing care are provided, including whether a whirlpool is used during the session.

Medicaid Coverage of Wound Care-Related CPT Codes

All relevant CPT codes described above are currently priced in Delaware Medicaid's fee-for-service program. For CY 2024 payment rates, see the Delaware Medicaid Physician Fee Schedule available [at this link](#). For more information or questions regarding Medicaid fee-for-service billing related to wound care, please contact Gainwell Provider Relations at delawarepret@dxc.com.

To request coverage of related billing codes through Delaware's Medicaid managed care program, providers may contact their Provider Network Specialist or outreach to provider relations via the email addresses listed below.

- **AmeriHealth Caritas Delaware:** delawareprovidernetwork@amerihealthcaritas.com
- **Centene Delaware First Health:** DE_ProviderEngagement@delawarefirsthealth.com
- **Highmark Blue Cross Blue Shield Delaware:** HHOProviderRelations@highmark.com

Full CPT Code Descriptions for Active Wound Care

- **97597.** Debridement (e.g., high-pressure waterjet with or 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
- **+97598.** Debridement, open wound, each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure) (Use 97958 only in conjunction with 97597.)
- **97602.** Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session. *[Note: 97602 cannot be billed on the same day and for the same wound as 97597 and/or 97598.]*

If you have questions about this guidance, please contact Dr. Sherry Nykiel, Behavioral Health Medical Director, at Sherry.Nykiel@delaware.gov.

⁵ Documentation tips derived from: [Mastering CPT Code 97597: Key to Accurate Wound Care Coding \(medicalbillersandcoders.com\)](#).