# CODING GUIDE

*CPT® codes are selected based on the procedure performed[1]. There is no CPT code assigned specifically to XSONX®. Rather, CPT code selection is based on what is performed with XSONX®*

**2026 Medicare National Average Payment Rates**

XSONX® has compiled this list of average Medicare payment rates as a reference for customers. The presentation of payment rates is not a guarantee of coverage by Medicare or other payers. Each provider is responsible for verifying coverage with the patient's insurance carrier. Further, the identification of codes and fees in this document should not be construed as providing clinical advice, setting reimbursement policy, or substituting for the judgement of the practitioner. It is the provider's responsibility to determine and submit codes, charges, and modifiers for services that are rendered.

The information provided is an abbreviated summary of coding and reimbursement rates associated with services that may be performed with the XSONX® Wound Hygiene System. Rates represent Medicare national average amounts that are subject to adjustments. The information provided is only specific to the hospital outpatient department, ambulatory surgical center, and physician fee schedule.

| CPT® Code [1] | Code Descriptor | APC [2] | Hospital Outpatient Payment [2] | Ambulatory Surgical Center Payment [3] | National Average Payment to Physician When Performed in a Facility [4] | National Average Payment to Physician When Performed in a Non-Facility [4] |
|---|---|---|---|---|---|---|
| 11042 | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less | 5052 | $399.53 | $214.39 | $55.78 | $132.60 |
| 11043 | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed): first 20 sq cm or less | 5053 | $612.13 | $328.29 | $138.28 | $239.48 |
| 11044 | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle, and/or fascia if performed); first 20 sq cm or less | 5072 | $1,620.24 | $708.28 | $201.07 | $320.65 |
| 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) | N/A | $0 | $0 | $22.04 | $41.75 |
| 11046 | 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) | N/A | $0 | $0 | $47.76 | $76.49 |
| 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) | N/A | $0 | $0 | $85.17 | $128.59 |

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| CPT® Code [1] | Code Descriptor | APC [2] | Hospital Outpatient Payment [2] | Ambulatory Surgical Center Payment [3] | National Average Payment to Physician When Performed in a Facility [4] | National Average Payment to Physician When Performed in a Non-Facility [4] |
|---|---|---|---|---|---|---|
| 97597 | Debridement (e.g., high pressure waterjet 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 | 5051 | $198.70 | $0 | $31.06 | $101.54 |
| 97598 | Debridement (e.g., high pressure waterjet 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) | N/A | $0 | $0 | $21.71 | $47.76 |
| 97602 | Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session | 5051 | $198.70 | $0 | $0 | $0 |
| 16020 | Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area) | 5051 | $198.70 | $0 | $54.44 | $92.85 |
| 16025 | Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area) | 5051 | $198.70 | $106.77 | $101.87 | $165.67 |
| 16030 | Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area) | 5052 | $399.53 | $214.39 | $122.92 | $213.77 |

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| CPT® Code [1] | Code Descriptor | APC [2] | Hospital Outpatient Payment [2] | Ambulatory Surgical Center Payment [3] | National Average Payment to Physician When Performed in a Facility [4] | National Average Payment to Physician When Performed in a Non-Facility [4] |
|---|---|---|---|---|---|---|
| 11000 | Debridement of extensive eczematous or infected skin; up to 10% of body surface | 5053 | $612.13 | $36.23 | $24.38 | $59.12 |
| 11001 | Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure) | N/A | $0 | $0 | $12.69 | $27.05 |
| 11004 | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum | N/A | $0 | $0 | $504.69 | Not payable |
| 11005 | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure | N/A | $0 | $0 | $692.73 | Not payable |
| 11006 | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure | N/A | $0 | $0 | $623.93 | Not payable |

## CPT® Modifiers[1]

51 Multiple procedures: when multiple procedures, other than e/m services, physical medicine and rehabilitation services, or provision of supplies (e.g., vaccines), are performed at the same session by the same provider

58 Staged or related procedure or service by the same physician during the postoperative period: it may be necessary to indicate that the performance of a procedure or service during the postoperative period

59 Distinct procedural service: under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-e/m services performed on the same day

78 Unplanned return to the operating/procedure room by the same physician following initial procedure for a related procedure during the postoperative period

79 Unrelated procedure or service by the same physician during the postoperative period: the physician may need to indicate that the performance of a procedure or service during the postoperative period

XS Separate structure, a service that is distinct because it was performed on a separate organ/structure

XU Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service

XE Separate encounter, a service that is distinct because it occurred during a separate encounter

1. Current Procedural Terminology (CPT®) is copyright by the American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association (AMA).
2. Addendum B - OPPS Payment by HCPCS Code for CY 2026 - https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/addendum-a-b-updates
3. Addendum AA -- ASC Covered Surgical Procedures for CY 2025 - https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda
4. Medicare Physician Fee Schedule - https://www.cms.gov/medicare/physician-fee-schedule/search