

# **CHRONIC WOUND CARE FROM THE INSIDE OUT**

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## **WELCOME TO WOUND CARE 201**

### **Index**

- Terminology
- Anatomy
- Surgical Treatment
- Medical Treatment
- Hyperbaric Oxygen Therapy
- Skin Substitutes

## WOUND CARE TERMINOLOGY

### Acute vs. Chronic

- Acute
- Chronic

### Levels of skin and underlying tissues

- Partial thickness
- Full thickness
- Subcutaneous
- Muscle
- Bone

### Gunk

- Fibrin, slough, eschar

### Types of ulcers

- Pressure
- Diabetic
- Other

### Grafts

- Autograft
- Homograft
- Allograft
- Xenograft

### Big gunk

- Infection, abscess, gangrene

## ACRONYMS 101

RS – Reimbursement Specialist

RCM – Revenue Cycle Management

FI – Fiscal Intermediary

MAC – Medicare Administrative Contractor

LCD – Local Coverage Determination

NCD – National Coverage Determination

EOB – Explanation of Benefits

R/A – Remittance Advice

ADR – Advance Documentation Request

## WAIT – THERE’S MORE!

RAC – Recovery Audit Contractor

ABN – Advance Beneficiary Notice

CMS – Centers for Medicare & Medicaid Services

APC – Ambulatory Payment Classification

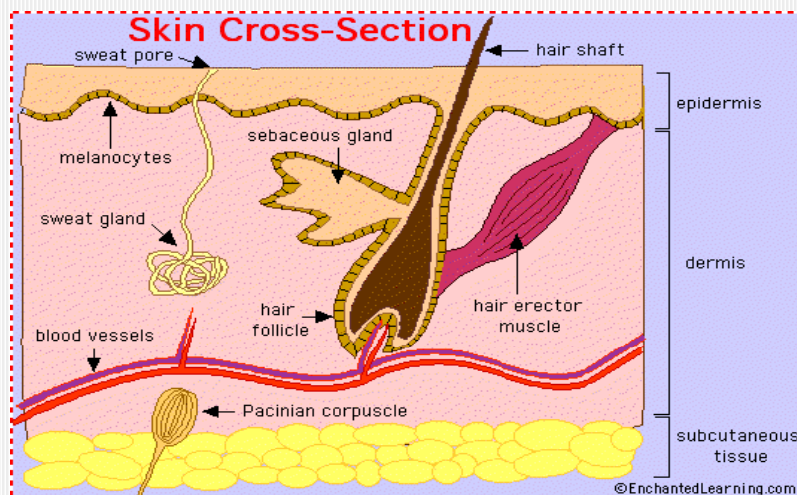
E/M – Evaluation & Management

UB04 – Uniform Billing Form for hospitals

1500 – Universal Billing Form for physicians

CDM – Charge Description Master

## ANATOMY OF THE SKIN



## PHYSIOLOGY OF HEALING

### 1. Hemostasis

- Vasoconstriction, platelet release, clot formation

### 2. Inflammation

- Vasodilation
- Neutrophils appear to destroy dying cells
- Macrophages clean the ulcer and produce growth factors

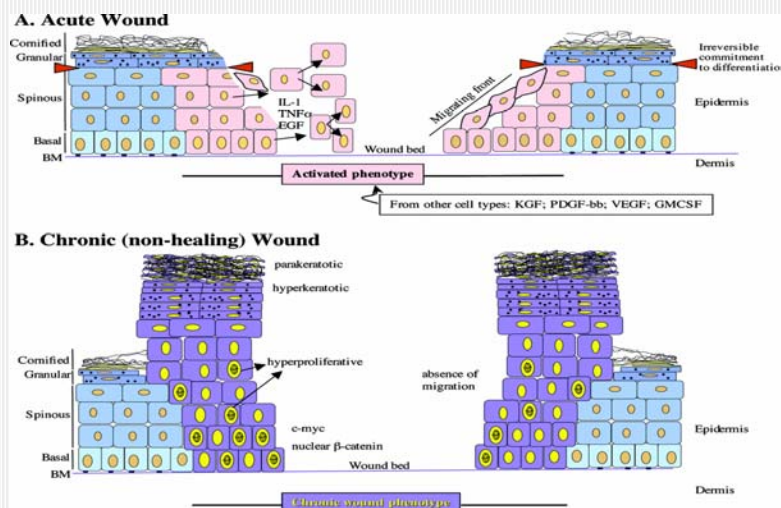
### 3. Proliferation

- Angiogenesis
- Fibroblasts synthesize collagen fibers
- Collagen fibers produce keratinocyte

### 4. Maturation

- Shrinking and strengthening of the scar

## CHRONIC VS. ACUTE WOUNDS



**BUT IS IT REALLY A WOUND?**

Wound – arises from trauma

Ulcer – has an underlying etiology

Burn – is a burn, is a burn, is a burn

These are each coded differently and  
some require additional codes, such as  
E codes (External Causes)

**WOUND = REMOVAL/LOSS OF TISSUE**

*Coded to the:*

- Status of wound, superficial or open
  - Superficial
    - Abrasion
    - Blisters
    - Bites
    - Scratch
  - Open
    - Lacerations
    - Punctures
    - Dehiscence
    - Incisions
- Complexity of the wound
  - Simple
  - Intermediate
  - Complex

## WOUND CODING

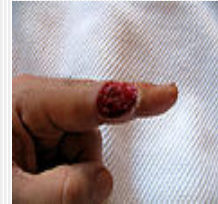
### Superficial

- Simple
- Intermediate
- Complex



### Open

- Simple
- Intermediate
- Complex



## WOUND VS. ULCER

### Wound – Open wound of the foot

- Wound
  - Open
    - Foot (any part except toe[s] alone – 892.0
    - With tendon involvement – 892.2
      - Complicated 892.1
  - How and where?
    - External Cause
      - E920.8 – Other specified cutting or piercing instruments (glass)
    - Place of Occurrence
      - E849.3 – yard

### Ulcer – Diabetic ulcer of the plantar midfoot, neuropathic complication, type II, controlled

- 250.60
- 707.14

### Ulcer – Pressure ulcer of the right lateral ankle (lateral malleolus)

- 707.05
- 707.20

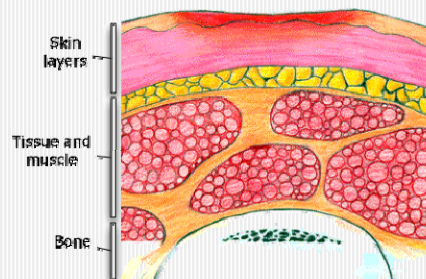
## PRESSURE ULCERS

Pressure (Decubitus) 707.00 – 707.09 and 707.20 – 707.25

- Specific to site
- Must be staged
  - 1 – persistent focal erythema
  - 2 – partial thickness skin loss involving epidermis, dermis, or both
  - 3 – full thickness skin loss extending through subcutaneous tissue
  - 4 – necrosis of the soft tissue extending to muscle and bone

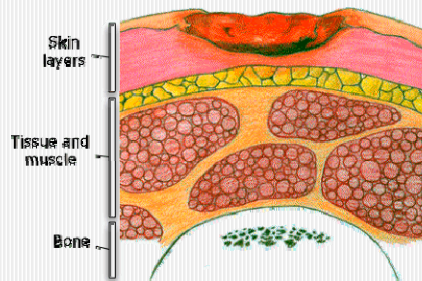
## PRESSURE ULCER STAGE - I

Stage 1: *Nonblanchable erythema* (redness that doesn't quickly fade) of intact (unbroken) skin; could also include warmth, swelling. Dark skin might appear discolored instead of red.



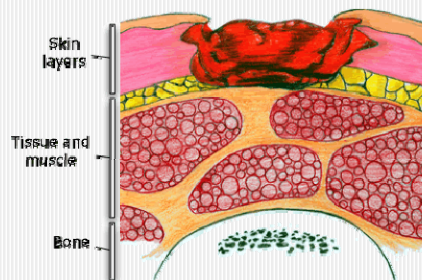
## PRESSURE ULCER STAGE - II

Stage 2: Superficial (not very deep) ulcers with loss of *epidermis* (outer layers of skin), *dermis* (underlying, still developing skin tissue) or both. Might look like a scrape, blister, "zit" or crater.



## PRESSURE ULCER STAGE - III

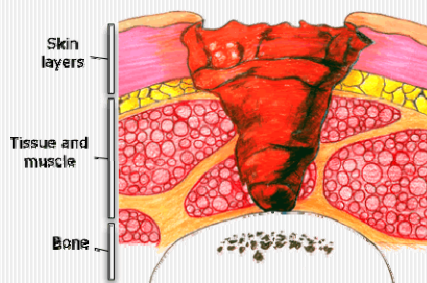
Stage 3: Skin loss to both outer and underlying layers of skin tissue, with damage all the way down to *fascia* (connective tissue of body).





## PRESSURE ULCER STAGE - IV

Stage 4: Skin loss to both outer and underlying layers of skin tissue, with a great deal of damage and dead tissue in the fascia, muscle, bone, tendon or joint capsule.



## DIABETIC AND VENOUS ULCERS

Non-pressure (DFU and VLU) 707.10 – 707.19

Specific to site

707.10 – lower limb, unspecified

707.11 – ulcer of thigh

707.12 – ulcer of calf

707.13 – ulcer of ankle

707.14 – ulcer of heel and midfoot

707.15 – ulcer of other part of foot

707.19 – ulcer of other part of lower limb



### **DIABETIC AND VENOUS ULCERS**

- Must code underlying etiology
  - Atherosclerosis of extremities with ulceration (440.23)
  - Chronic venous hypertension with ulceration (459.31)
  - Chronic venous hypertension with ulceration and inflammation (459.33)
  - Diabetes mellitus (249.80 – 249.81, 250.80 – 250.83)
  - Postphlebitic syndrome with ulcer (459.11)
  - Postphlebitic syndrome with ulcer and inflammation (459.13)

### **DIABETIC ULCER WAGNER GRADES**

- 0 No open lesions: may have deformity or cellulitis
- 1 Superficial ulcer
- 2 Deep ulcer to tendon or joint capsule
- 3 Deep ulcer with abscess, osteomyelitis, or joint sepsis
- 4 Local gangrene – forefoot or heel
- 5 Gangrene of entire foot

Grade 1 ulcers are superficial ulcers that may span the full thickness of the skin or only partial thickness.

## **DOCUMENTATION**

- The medical record is the main document validating care and treatment provided.
- Documentation provides the opportunity to state the decision making process and the results of treatment.
- The medical record documentation will be the primary document used to defend a lawsuit.
- It is used to determine reimbursement
- Provides information for quality assurance/peer review.
- Demonstrates compliance with applicable regulatory and accrediting agency requirements. (The Joint Commission, CMS, State Law – Title 22)

## **DOCUMENTATION REQUIREMENTS**

Documentation should be legible, maintained in the patient's medical record and available to Medicare on request and must confirm all requirements in the "Indications and Limitations of Coverage and/or Medical Necessity" section are satisfied re: the clinical characteristics of the ulcer, the presence of qualifying or disqualifying conditions, and nature of and duration of pretreatment conservative management.

- Exact location of each ulcer treated must be included.

## DOCUMENTING THE H&P OR PROGRESS NOTE

### The H&P

- Chief Complaint (CC)
- History of Present Illness (HPI)
- Review of Systems (ROS)
- Family Social Past History (FSPH)
- Exam
- Medical Decision Making (MDM)

### Progress Note

- Chief Complaint (CC)
- Interim History & Physical (H&P)
- Relevant Review of Systems (ROS)
- Exam
- Medical Decision Making (MDM)

## EVALUATION & MANAGEMENT

- **New vs. Established Patient – how do you know?**
  - Initial visit or not seen for more than three years by the provider or same specialty provider of the group
- **New**
  - Requires all three key elements
    - History
    - Exam
    - Medical Decision Making
- **Established**
  - Requires two of the three key elements
    - One of which should be Medical Decision Making

## **NEW VS. ESTABLISHED FURTHER DEFINED**

- **Newly Revised Definition**

An established patient is one who has received professional services from the physician or another physician of the **exact** same specialty **and subspecialty** who belong to the same group practice, within the past three years

2012 CPT, Professional Edition

## **EXAMPLE**

- **Drs. Green and Blue are in the same cardiology practice. Dr. Green is a general cardiologist. Dr. Blue does electrophysiology exclusively. Dr. Blue has separate boards in EP and the payer has him classified in that specialty. Dr. Green refers a patient to Dr. Blue for consideration of an ICD. Is this a new patient for Dr. Blue?**

## ANSWER

The patient is “new” to Dr. Blue

- Specialty is not the exact same
- Payer recognizes specialty and physician designation
- There are distinctly subspecialty boards

## E/M AUDIT TOOL – HPI AND ROS

### HISTORY OF PRESENT ILLNESS (HPI)

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Location | <input type="checkbox"/> Timing                        |
| <input type="checkbox"/> Quality  | <input type="checkbox"/> Context                       |
| <input type="checkbox"/> Severity | <input type="checkbox"/> Modifying Factors             |
| <input type="checkbox"/> Duration | <input type="checkbox"/> Associated signs and symptoms |

### REVIEW OF SYSTEMS (ROS)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Constitutional            | <input type="checkbox"/> GI            | <input type="checkbox"/> Psych          |
| <input type="checkbox"/> Eyes                      | <input type="checkbox"/> GU            | <input type="checkbox"/> Endo           |
| <input type="checkbox"/> Ears, nose, mouth, throat | <input type="checkbox"/> Musculo       | <input type="checkbox"/> Hem/lymph      |
| <input type="checkbox"/> Card/Vasc                 | <input type="checkbox"/> Integumentary | <input type="checkbox"/> All / imm      |
| <input type="checkbox"/> Resp                      | <input type="checkbox"/> Neuro         | <input type="checkbox"/> All Others Neg |

## E/M AUDIT TOOL – EXAM AND MDM

### BODY AREAS

- ☐ Head, including face
- ☐ Neck
- ☐ Chest, including breasts and axillae
- ☐ Abdomen

- ☐ Genitalia, groin, buttocks
- ☐ Back, including spine
- ☐ Each extremity

### ORGAN SYSTEMS

- ☐ Constitutional
- ☐ Eyes
- ☐ Ears, nose, mouth, throat
- ☐ Cardiovascular
- ☐ Resp
- ☐ GI
- ☐ GU
- ☐ Musculo
- ☐ Skin
- ☐ Neuro
- ☐ Psych
- ☐ Hem / lymph / imm

<b>L O W</b>	<ul style="list-style-type: none"> <li>- 2 or more self-limited or minor problems.</li> <li>- 1 stable chronic illness.</li> <li>- Acute uncomplicated illness or injury</li> </ul>	<ul style="list-style-type: none"> <li>- Physiologic tests not under stress.</li> <li>- Non-cardiovascular imaging studies with contrast.</li> <li>- Superficial needle biopsies</li> <li>- Clinical lab tests requiring arterial puncture</li> <li>- Skin biopsies</li> </ul>	<ul style="list-style-type: none"> <li>- Over the counter drugs</li> <li>- Minor surgery with no identified risk factors</li> <li>- Physical Therapy</li> <li>- Occupational therapy</li> <li>- IV fluids without additives</li> </ul>
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## CONSULTS

- **Medicare deleted consult codes in 2010**
- **Commercial payers may still recognize**
- **Remember the 3 “R’s”**
  - Request
  - Response
  - Report

### **DEBRIDEMENT GOALS**

- Wound Cleansing – Remove necrotic tissue
- Reduce bacterial burden – avoid infection
- Provide optimal environment for wound healing
- Removal of MMPs
- Reintroduction of inflammatory phase
- Remove of senescent cells
- To assess extent of wound and determine degree of penetration
- Serial wound bed preparation.

### **DOCUMENTATION FOR EACH VISIT**

#### **Physician Order – Required for all services**

- Diagnosis, signature, time and date

#### **Evaluation – Initial**

- Initial History and Physical/Interim H&P

#### **Re-evaluation – minimum, every 30 days**

#### **Daily Treatment Notes (time with patient)**

- Progress Note (Physician Documentation)
- Physician Orders (Physician Documentation)
- Include indications and impression
- Changes in condition, improvements, etc.
- Wound size and details, (photo at least once per month preferred)
- Procedure details
- Signed, dated and timed



## DEBRIDEMENT DOCUMENTATION EXAMPLE:

### Location

- Anatomic location

### Appearance

- Surface dimension and depth
- Presence/absence/extent of granulation tissue, eschar, slough, fibrin
- Presence/absence/extent of obvious signs of infection
- Presence/absence/extent of necrotic, devitalized or non-viable tissue
- Stage or grade where indicated

### Anesthesia

- If not used, document why (neuropathy, paraplegia)

### Instrument

- Scalpel, scissor, curette, rongeur

### Type of tissue removed

- Partial thickness
- Full thickness
- Subcutaneous
- Muscle (includes tendon, ligament)
- Bone

### Bleeding and its control

### Dressing

### Patient tolerance to the procedure

## SUBCUTANEOUS

Skin Full Thickness, and Subcutaneous

Tissue – 11042, first 20 sq cm

11045; ea add 20 sq cm

Punch Biopsy

Penetrating Wound

Stage III or Grade III



## PERI-ULCER HYPERKERATOSIS (CALLUS) WITH ULCER



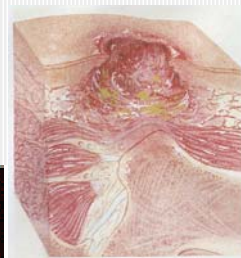
## MUSCLE

Skin, Subcutaneous and Muscle – 11043,

- First 20 sq cm.
- 11046; ea add 20 sq cm

Includes fascia, tendon, joint capsule

Stage IV



## BONE

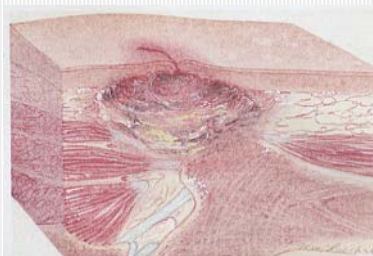
Skin - Subcutaneous Tissue,  
Muscle and Bone - 11044,  
first 20 sq cm

11047; ea add 20 sq cm

Not common in clinic setting

Stage IV pressure ulcer

Dehiscent surgical wound



## OPEN ULCER TO BONE



## E/M AND PROCEDURES

- **Modifier -25:**
  - Appended to the E/M code to indicate a “Significant, separately identifiable service by the same physician on the same day of the procedure or other service”
- **What does this mean?**
  - “Significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure performed...”
    - In other words: Unrelated to the condition or procedure performed”

CPT, Professional Edition, 2012, Appendix A, page 567

## EXAMPLES:

1. The established patient presents for wound care to include the usual encounter and a subcutaneous debridement. The patient had no complaints and the ulcer is healing satisfactorily. However, upon evaluation, the patient’s blood sugar (by finger stick) was found to be 370. The physician instructs the patient to see his PCP as soon as possible for his diabetes management.
2. The established patient presents for wound care to include the application of Dermagraft®. She has no related complaints and is otherwise doing well. However, on her way into the center she slipped and fell and is now complaining of wrist pain. The doctor examines her and sends her to radiology for an x-ray. The x-ray reveals a non-displaced fracture of the radius. She is sent to an orthopedist for casting and follow up.

## **SO WHEN CAN YOU BILL FOR AN E/M WITH A PROCEDURE?**

- 1. New patient**
- 2. New problem**
- 3. E/M unrelated to the procedure provided**

## **SELECTIVE DEBRIDEMENT**

### **Active Wound Care Management**

- 97597 Debridement (eg, 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, wound assessment, use of whirlpool, when performed and instructions for ongoing care, per session, total wound surface first 20 sq cm
- 97598 ; ea additional 20 sq cm
- 97602 Removal of devitalized tissue from wounds, non selective debridement, without anesthesia (wet to moist dressings, enzymatic, abrasion), per session

## SELECTIVE DEBRIDEMENT/ACTIVE WOUND CARE MANAGEMENT

Skin Partial Thickness – 97597/97598

Epidermis Only Superficial wound

Stage I pressure ulcer or first degree Burn



## SELECTIVE DEBRIDEMENT/ACTIVE WOUND CARE MANAGEMENT

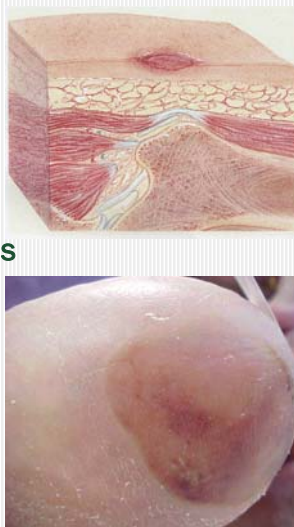
Skin Full Thickness – 97597/97598

Epidermis and Dermis

Example includes healing

wounds, a wound which does not  
penetrate through the subcutaneous  
layer or blister.

Occasional debridement



## UNNA BOOT, COMPRESSION WRAPS & TOTAL CONTACT CASTING

Medicare considers these to be a component of the procedure, regardless if debridement, I & D, application of skin substitutes, etc.

However, there are times when the separate charge is appropriate and should be coded and billed

Commercial payers may consider separate payment

Remember modifier – 51

Unna Boot	29580
Compression	29581
Total Contact Casting	29445

## WHEN IT'S APPROPRIATE...

- **Debridement of ulcers on the right and left heel with Dermagraft placed on the right heel only. A pressure ulcer of the sacrum was also debrided and a wound vac placed. Bill for the Dermagraft application to the right heel and the debridement of the left heel, and the sacral debridement.**
  - 11043 - muscle debridement of the sacrum, first 20 sq cm
  - 11046 - muscle debridement of the sacrum, ea add 20 sq cm x 2
  - 15275-59 Application of Dermagraft, first 20 sq cm
  - 11042-59 subcutaneous debridement left heel, first 20 sq cm
- **Debridement of left calf and compression placed bilaterally. Bill for the debridement of the left calf and application of the compression wrap on the right leg:**
  - 11042 – subcutaneous debridement, first 20 sq cm
  - 29581-59-RT – application of multi layer compression system

## NEGATIVE PRESSURE WOUND THERAPY

### Wound vac

- 97605 Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical applications, wound assessment,... total wound surface area less than or greater to 50 sq cm
- 97606 ; greater than 50 sq cm



## SKIN SUBSTITUTES - DFU

- Diabetic neuropathic foot
- Full thickness ulcers that extend through the dermis but do not involve tendon, muscle, joint capsule or bone
- Present greater than 6 weeks
- Failed conservative wound care for at least 4 weeks
- Free from infection
- Adequate blood supply
- Without active Charcot's arthropathy
- Must document waste
- Know your LCD!



## SKIN SUBSTITUTES - VLU

- Indicated for chronic non-healing ulcers
- Venous stasis ulcer
- Full thickness ulcers that extend through the dermis but do not involve tendon, muscle, joint capsule or bone
- Present greater than 3 months/4 weeks
- Failed conservative wound care for at least 8 weeks/2 weeks
- Free from infection and underlying osteomyelitis
- Appropriate steps to off-load pressure during treatment
- Must document waste
- Know your LCD!

## DEFINITIONS

Apligraf – Apligraf is supplied as a living, bi-layered skin substitute: the epidermal layer is formed by human keratinocytes and has a well-differentiated stratum corneum; the dermal layer is composed of human fibroblasts in a bovine Type I collagen lattice. While matrix proteins and cytokines found in human skin are present in Apligraf, Apligraf does not contain Langerhans cells, melanocytes, macrophages, lymphocytes, blood vessels or hair follicles.

Dermagraft - Dermagraft® is a cryopreserved human fibroblast-derived dermal substitute; it is composed of fibroblasts, extracellular matrix, and a bioabsorbable scaffold. Dermagraft is manufactured from human fibroblast cells derived from newborn foreskin tissue. During the manufacturing process, the human fibroblasts are seeded onto a bioabsorbable polyglactin mesh scaffold. The fibroblasts proliferate to fill the interstices of this scaffold and secrete human dermal collagen, matrix proteins, growth factors and cytokines, to create a three-dimensional human dermal substitute containing metabolically active, living cells. Dermagraft does not contain macrophages, lymphocytes, blood vessels, or hair follicles.

Oasis - OASIS® Wound Matrix is an intact matrix naturally derived from porcine small intestinal submucosa (SIS), indicated for the management of wounds.

## DOCUMENTATION FOR SKIN SUBSTITUTES

Must indicate medical necessity for each visit

Failed conservative treatment documentation must include type of unsuccessful wound care such as:

- Enzymatic and/or surgical debridement
- Wet-to-dry dressings
- Infection control
- Non-weight bearing

Failed conservative treatment documentation must indicate type of unsuccessful ulcer healing such as:

- No change
- Increase in size
- Increase in depth
- No healthy granulation
- No signs or progress towards healing

## SKIN SUBSTITUTES

<u>CPT</u>	<u>DESCRIPTION</u>
Q4101	APLIGRAF PRODUCT (44 SQ CM) PER SQ CM
Q4102	OASIS PRODUCT (MULTI SIZES) PER SQ CM
Q4106	DERMAGRAFT (38 SQ CM) PER SQ CM
15271	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 25 SQ CM, TRUNK/ARMS/LEGS
15272	; EA ADD 25 SQ CM, TRUNK/ARMS/LEGS
15273	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 100 SQ CM, TRUNK/ARMS/LEGS
15274	; EA ADD 100 SQ CM, TRUNK/ARMS/LEGS
15275	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 25 SQ CM, HANDS/FEET/DIGITS
15276	EA ADD 25 SQ CM, HANDS/FEET/DIGITS
15277	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 100 SQ CM, HANDS/FEET/DIGITS
15278	; EA ADD 100 SQ CM, HANDS/FEET/DIGITS

**DERMAGRAFT - SUPPLIED IN 37.5 SQ CM**

<u>CPT</u>	<u>DESCRIPTION</u>
Q4106	DERMAGRAFT PRODUCT
15271	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 25 SQ CM, TRUNK/ARMS/LEGS
15272	; EA ADD 25 SQ CM, TRUNK/ARMS/LEGS
15273	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 100 SQ CM, TRUNK/ARMS/LEGS
15274	; EA ADD 100 SQ CM, TRUNK/ARMS/LEGS
15275	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 25 SQ CM, HANDS/FEET/DIGITS
15276	EA ADD 25 SQ CM, HANDS/FEET/DIGITS
15277	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 100 SQ CM, HANDS/FEET/DIGITS
15278	; EA ADD 100 SQ CM, HANDS/FEET/DIGITS

**OASIS - SUPPLIED IN 10.5 SQ CM, 21 SQ CM, 70 SQ CM**

<u>CPT</u>	<u>DESCRIPTION</u>
Q4102	OASIS PRODUCT
15271	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 25 SQ CM TRUNK/ARMS/LEGS
15272	; EA ADD 25 SQ CM, TRUNK/ARMS/LEGS
15273	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 100 SQ CM, TRUNK/ARMS/LEGS
15274	; EA ADD 100 SQ CM, TRUNK/ARMS/LEGS
15275	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 25 SQ CM, HANDS/FEET/DIGITS
15276	EA ADD 25 SQ CM, HANDS/FEET/DIGITS
15277	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 100 SQ CM, HANDS/FEET/DIGITS
15278	; EA ADD 100 SQ CM, HANDS/FEET/DIGITS

## GRAFTJACKET

<u>CPT</u>	<u>DESCRIPTION</u>
Q4107	GRAFTJACKET PER SQ CM
15271	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 25 SQ CM, TRUNK/ARMS/LEGS
15272	; EA ADD 25 SQ CM, TRUNK/ARMS/LEGS
15273	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 100 SQ CM, TRUNK/ARMS/LEGS
15274	; EA ADD 100 SQ CM, TRUNK/ARMS/LEGS
15275	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 25 SQ CM, HANDS/FEET/DIGITS
15276	EA ADD 25 SQ CM, HANDS/FEET/DIGITS
15277	APPLICATION OF SKIN SUBSTITUTE 1 <sup>ST</sup> 100 SQ CM, HANDS/FEET/DIGITS
15278	; EA ADD 100 SQ CM, HANDS/FEET/DIGITS

## 2012 CPT CHANGES

CPT	Descriptor
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area up to 00 sq cm;
15272	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or of body area of infants and children 1%
15274	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)
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
15276	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
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 up to 100 sq cm; first 100 sq cm or less wound surface area
15278	each additional 100 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)

**SITE PREPARATION: CPT 15002-15005:****VERBIAGE FROM MEDICARE LCD OF "USAGE ON THE SAME DAY"**

In most instances, consistent with FDA product labeling and current CPT language included in the introductory information on the family of Skin Substitute codes that limits the use of these products to clean wounds, CPT code 15002-15005 are not appropriate.

Standard, routine minimal wound preparation is considered a part of the procedure.

*In any instance of utilization of a separate debridement code, there is a high likelihood of Contractor record review; therefore the medical record documentation must clearly support that any amount of separately billed debridement was substantial and was medically reasonable and necessary.*

Providers are reminded that FDA-labeling should be reviewed in order to determine that the skin substitute itself is even indicated in such cases of significant same-day debridement.

**WOUND CARE DECODED – Q&A**

- **Is Surgical Site Preparation (15002-15005) a component of 15271-15278?**
  - Yes, Site Preparation is considered a component of 15271-15278 and bundled with the payment from Medicare, *when performed on the same date of service as the DG application.*
- **Is Debridement (11042 and 11045) a component of 15271/15278?**
  - Yes, Debridement codes are considered a component of 15271-15278 and bundled with the payment from Medicare, *when performed on the same date of service as the DG application.*
- **Will Debridement or Site Preparation completed PRIOR to the first Dermagraft application be reimbursed separately?**
  - Billing prior to beginning Dermagraft would be a clinical decision by the physician and would be covered at a Medicare Contractor discretion and based on "medical necessity".
  - Need to verify local Medicare LCD guidelines relating to coverage of 15002-15005.
  - Site preparation is valued as part of the G-code; therefore, Medicare would not expect to see this routinely billed for each and every patient "prior" to receiving Dermagraft.

**ICD-9-CM THAT SUPPORT MEDICAL NECESSITY****ICD-9 CODES COVERED FOR APLIGRAF**

250.80\*–250.83\*Diabetes with other specified manifestations

454.0 Varicose veins of lower extremities with ulcer

454.2 Varicose veins of lower extremities with ulcer and inflammation

941-949 Blister due to burns/burns

707.12\*–707.15\* Ulcer of lower limb, except decubitus

\*Note: Dual diagnosis requirement for coding neuropathic diabetic and venous ulcers. Code the DM or venous disease as the primary diagnosis. Code the ulcer to the specific site for the secondary diagnosis.

**ICD-9-CM THAT SUPPORT MEDICAL NECESSITY****ICD-9 CODES COVERED FOR OASIS**

250.80\*–250.83\*Diabetes with other specified manifestations

454.0 Varicose veins of lower extremities with ulcer

454.2 Varicose veins of lower extremities with ulcer and inflammation

459.31 Chronic venous hypertension w/ulcer

459.33 Chronic venous hypertension w/ulcer & inflammation

941-946 Blister due to burns/burns

707.00\*–707.09\* Pressure ulcer (with staging code)

707.12-707.15 Ulcer of the lower limb, except decubitus

\*Note: Dual diagnosis requirement for coding neuropathic diabetic and venous ulcers. Code the DM or venous disease as the primary diagnosis. Code the ulcer to the specific site for the secondary diagnosis.

## ICD-9-CM THAT SUPPORT MEDICAL NECESSITY

### ICD-9 CODES COVERED FOR DERMAGRAFT

- **250.80\*–250.83\* Diabetes with other specified manifestations**
- **707.14\*–707.15\* Ulcer of lower limb, except decubitus**
- **\*Note: Dual diagnosis requirement for coding neuropathic diabetic and venous ulcers. Code the DM or venous disease as the primary diagnosis. Code the ulcer to the specific site for the secondary diagnosis.**

## UTILIZATION GUIDELINES

Medicare expects skin substitutes/replacements to be applied according to the manufacturers' instructions listed below:

Up to five applications of Apligraf® (Q4101) per wound.

Up to 12 weeks of Oasis® (Q4102) per wound.

Up to eight applications of Dermagraft® (Q4106) per wound.

## MODIFIERS

- 25 Significant, separately identifiable evaluation and management (E/M) service by the same physician on the same day of the procedure or other service
- 58 Staged or related procedure or service by the same physician during the postoperative period
- 59 Distinct procedural service
- 77 Repeat procedure by another physician
- 79 Unrelated procedure or service by the same physician during the postoperative period
- GY Used to indicate a Medicare service is statutorily not covered and you do not have a signed ABH
- JC May be required to indicate skin substitute used as graft
- JW May be required to indicate skin substitute wasted
- KX May be required to indicate the product was handled, prepared, and applied according to the manufacturers' instructions

## WHY HBO?

### Beneficial Effects of Hyperbaric Oxygen Therapy in Wound Healing



#### Cellular Energy and Metabolism

- Improved local tissue oxygenation
- Improved cellular energy metabolism
- Decreased local tissue edema

#### Antibacterial Effect

- Directly affects anaerobic organisms
- Improved leukocyte bacterial killing
- Increased effectiveness of antibiotics

#### Regenerating Wound Tissue Effect

- Reduction of inflammation
- Increase in growth factors and receptors (PDGF, TGF- $\beta$ , VEGF)
- Promotes activated stem cell release
- Promotes collagen deposition
- Promotes extracellular matrix
- Promotes angiogenesis



## HBO PROTOCOL

Treatments are daily, Monday – Friday

Each treatment lasts about 2 hours

Safety precautions are a priority

Physician supervision

- Must be “on the premises”
- Must be “readily available”
- Must have face-to-face contact with patient



## HBO APPROVED DIAGNOSES (CMS)

Acute carbon monoxide intoxication (986)

Decompression Illness (993.2, 993.3)

Gas embolism (958.0, 999.1)

Gas gangrene (040.0)

Progressive necrotizing infections (necrotizing fasciitis) (728.86)

Acute peripheral arterial insufficiency (444.21, 444.22, 444.81)

Preparation and preservation of compromised skin grafts (not for primary management of wounds) (996.52)

- *This excludes artificial skin grafts*

Chronic refractory osteomyelitis, unresponsive medical and surgical management (730.10, 730.19)

## HBO DIAGNOSES (CONT.)

Osteoradionecrosis as an adjunct to conventional treatment (526.89)

Acute traumatic peripheral ischemia.

- Valuable adjunctive treatment to be used in combination with accepted standard therapeutic measures when loss of function, limb, or life is threatened. (902.53, 903.01, 903.1, 904.0, 904.41)

Soft tissue radionecrosis as an adjunct to conventional treatment (990)

Cyanide poisoning (987.7, 989.0)

Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment (039.0, 039.4, 039.8, 039.9)

## DOCUMENTING HBO THERAPY – H&P IS CRUCIAL!

Diabetic Ulcers of the Lower  
Extremities 250.70-250.73,  
250.80-250.83, 707.10-707.15,  
707.19 \* *Must be re-evaluated  
every thirty days and show  
measurable signs of healing*

Need: Type I or Type II diabetes with  
lower extremity diabetic ulcer

Need: Wagner Grade III or higher

Need: Standard wound care for thirty  
days with no measurable signs of  
healing. Standard wound care  
must include all of the following: -  
Vascular assessment and  
correction of problem-  
Optimization of nutritional status-  
Optimization of glucose control-  
Debridement by any means to  
remove devitalized tissue-  
Maintenance of a clean, moist  
wound bed- Appropriate offloading-  
Treatment to resolve infection

Supports: TCOM < 40 mm/Hg

Wagner Grade III

Need

Documentation of one or more of  
the following: Osteomyelitis, Osteitis,  
Tendonitis, Abscess or Pyarthrosis

Wagner Grade IV

Need

Documentation of wet or dry  
gangrene of the toes, forefoot, knee,  
elbow, fingers or any area of the  
lower extremity with localized  
gangrene

## **BILLING FOR HBO**

### **Facility**

- Medicare patients billed with HCPCS C1300 for each 30 minutes of HBO
- Commercial patients billed with CPT 99183 and only 1 unit

### **Physician**

- 99183 with unit of 1 for each patient (supervision only)

## **QUESTIONS?**

