Coding for Wound Care

Lynne Solinsky BSN, ACHRN, WCC
Program Director for CutisCare
St. Joseph's Advanced Wound Healing &
Hyperbaric Oxygen Medical Center

**Photographs in this presentation are graphic**
About US

- Physician Driven Out-Patient Facility
- Advanced Wound Care Modalities
- Hyperbaric Oxygen Therapy (HBOT) in a Multiplace Hyperbaric Oxygen Chamber

CutisCare Staffing Model:
- Medical Director, Physicians
- Program Director
- Clinical Coordinator & HBO Technical Director
- Certified Hyperbaric Technicians, Nurses & Wound Care Technicians
- Office Coordinators
Chronic wound/ulcer—Why isn’t it healing?
“Shah”-isms:

- If it's dry - get it wet; if it's wet - dry it
- If it's infected - treat it
- If there's dead tissue - debride it
- If it's not getting blood flow - re-vascularize it
- If it's edematous - compress it
- If it's under pressure, offload it
- If it's not growing good tissue - jump start it
Initial Visit includes: History and Physical

- Diabetes
- Heart Disease, Atherosclerosis
- Venous or Arterial Insufficiency
- Immunological Disorders: ie, Lupus & Rheumatoid Arthritis - Tx meds
- Lymphedema/edema
- Immobility -- pressure ulcers - quad (344), para (344.1), vent
- Obesity, sedentary lifestyle
- Surgeries
- Previous Non Healing Ulcers
- Previous Infected wound or ulcers
- PFSH: Smoking/alcohol/drug dependence; hereditary conditions
- Medication List
Wounds

- **Acute wounds - Traumatic**
  - Open wound of lower limb

- **Acute wounds - Surgical**
  - Dehiscence
  - Infection
Diabetic ulcers

DMII + foot ulcer = DFU
E11.621

Add L code for site of ulcer (based on Lt/Rt, & depth of ulcer)

Peripheral neuropathy – Semmes-Weinstein test
# Wagner Scale

## Wagner Classification of Diabetic Foot Ulcers

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Intact skin but foot at risk</td>
<td>Patient education, foot wear</td>
</tr>
<tr>
<td>1</td>
<td>Superficial ulceration, not infected</td>
<td>External pressure relief: TCC, Prefabricated pneumatic braces, walking brace</td>
</tr>
<tr>
<td>2</td>
<td>Deep ulceration with exposed tendons, joints (superficial infection)</td>
<td>Surgical debridement and wound care</td>
</tr>
<tr>
<td>3</td>
<td>Deep ulceration with exposed bone with deep infection</td>
<td>Surgical debridement, antibiotics, wound care</td>
</tr>
<tr>
<td>4</td>
<td>Partial gangrene</td>
<td>Vascular evaluation, amputation</td>
</tr>
<tr>
<td>5</td>
<td>Complete gangrene</td>
<td>Amputation</td>
</tr>
</tbody>
</table>
Lower Extremity Circulation

Arterial and Venous Circulation of the Legs

- External Iliac Vein
- Femoral Vein
- Perforating Veins
- Great Saphenous Vein
- Small Saphenous Vein
- Anterior Tibial Vein
- Posterior Tibial Vein
- Dorsal Venous Arch
- Dorsalis Pedis Artery
- Peroneal Artery
- Posterior Tibial Artery
- Anterior Tibial Artery
- Popliteal Artery
- Femoral Artery
- Plantar Arch
Arterial Ulcers

- Pedal pulses faint not palpable
- Blockage/narrowing
- Intermittent claudication
- Rest pain
- Dependent rubor
- Ulcers “punched out” and circular
- Often current or former smoker
Venous Ulcers

- Hemosiderin staining/hyperpigmentation
- Edema or lymphedema
- Irregular ulcer margins
- Microvascular changes
- Perforator dysfunction
Staging Pressure Ulcers

Stage 1
Skin layers
Subcutaneous soft tissue
Bone

Stage 2

Stage 3

Stage 4
Stage: I

Intact skin with non-blanchable redness of a localized area usually over a bony
Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

Stage: II

Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough.
May also present as an intact or open/ruptured serum-filled blister.

Stage: III

Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Stage: IV

Full thickness tissue loss with exposed tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining tunneling.

Suspected Deep Tissue Injury

Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.

Unstageable

Full thickness tissue loss in which the base of the ulcer is covered by (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

* Not pictured.

NPUAP copyright, photos used with permission
Unstageable
Suspected Deep Tissue Injury
Diagnostic Studies

- Swab Tissue Culture and Sensitivity
- Tissue Biopsy
- X Ray
- MRI/CT
- Tagged White Blood Cell Scan
WOUND HEALING

Hemostasis
- Blood clot

Inflammatory
- Scab
- Fibroblast
- Macrophage
- Blood vessel

Proliferative
- Fibroblasts proliferating
- Subcutaneous fat

Remodeling
- Freshly healed epidermis
- Freshly healed dermis
Debridement

**Excisional**

11042 - skin, & subcutaneous tissue - ≤20sq cm (LxW)
11045 - skin, & subcutaneous tissue - add’l 20sq cm + portion

11043 - skin, subq & muscle - ≤20sq cm (LxW)
11046 - skin, subq & muscle - add’l 20sq cm + portion

11044 - skin, subq, muscle & bone - ≤20sq cm (LxW)
11047 - skin, subq, muscle & bone - add’l 20sq cm + portion
Selective Debridement

97597 - selective, w/o anesthesia, (high pressure waterjet w/ or w/o suction, sharp selective debridement w/ scissors, scalpel and forceps), or w/o topical applications, wound assessment and or instructions for ongoing care, may include whirlpool, per session - \( \leq 20\text{sq cm (LxW)} \)

97598 - same as above - additional 20sq cm + portion

17250 - Chemical Cauterization...
- Hypergranulation/proud flesh,
- sinus or fistula
Modifiers

- **TA - T9 and FA - F9:** Debridements of multiple sites, have to be appended with modifier to get reimbursed.

- **59:** Distinct procedural service, it may be necessary to indicate that a procedure or service was ‘distinct’ from other than an non E/M service performed on the same day.

- **78** - unplanned return, to procedure rm by same physician following initial procedure, during the post op period. Some of the common procedures have 10 day global periods.

- **25** - Significant separately identifiable E/M service by the same physician on the same day of a procedure or other service.
Other procedures

- Tissue Biopsy Collection – 11100, 11101
- I & D Abscess, Simple - 11060
- I & D Abscess, Complex – 11061
- I & D Hematoma, Seroma- 10140
Advanced Wound Healing & Adjunctive Treatments

- Amniotic Products: Epifix, AmnioExcel 15271 or 15275
- Skin Substitutes
  - Dermagraft - 15365
  - Apligraf - 15340
  - Oasis/porcine stomach - 15300
- Split Thickness Skin Graft - 15100, 15101
- Total Contact Casting - 29445
- Multilayer Compression Wraps - 29580, 29581
- Specialty Dressings/Products: Iodine gels, Honey Gels, Collagens, Collagenase Santyl, Silver Products, MMP Inhibitors, Foams, Alginates, Regranex
Negative Pressure Wound Therapy (NPWT)/Wound VAC’s
(Vacuum Assisted Closure devices)

- Based on size of wound(s) in square centimeters
- Single charge
- Application codes:
  97605: Negative pressure wound therapy (eg, 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 (eg, 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
Hyperbaric Oxygen Therapy

- Patient breathes 100% oxygen under pressure
  - either alone (mono place)
  - or with several other people (multiplace)
- Duration: about 2 hrs, 5d/wk, Average # of treatments = 20 - 40
- Codes
  - G0277 (Facility code) Hyperbaric oxygen therapy/30 min unit (usually 4-5 units)
  - 99183 - Physician attendance and supervision of hyperbaric oxygen therapy per session
Hyperbaric Actions

- Stimulates neoangiogenesis
- Oxygenates ischemic, hypoxic tissues
- Improves host defenses and antimicrobial responses
- Limits bacterial proliferation
- Halts alfa toxin
- Demarcates potentially viable from non viable tissues
- Reduces edema and compartment pressures
- Improves vascular density to better support healing responses
- Hastens the dissociation of carbon monoxide from hemoglobin
- Dissociates and binds cyanide freeing cytochrome oxidase
- Reduces size of gas bubbles in decompression sickness
- Reduces or eliminates intravascular and other free gas formation
## HBO Indications

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteomyelitis - Refractory</td>
<td>M86.---</td>
</tr>
<tr>
<td>Compromised Grafts &amp; Flaps</td>
<td>T86.8---</td>
</tr>
<tr>
<td>Delayed Radiation Injury (Soft Tissue, Bone Necrosis, Cystitis)</td>
<td>L59.9</td>
</tr>
<tr>
<td>Diabetic Wagner Grd 3 Ulcer</td>
<td>E11.621, E11.622...</td>
</tr>
<tr>
<td>Non-healing chronic ulcer-commercial payers</td>
<td></td>
</tr>
</tbody>
</table>
Hyperbaric Indications, cont.

- Clostridial Mycosis or Myocrosis (gas gangrene)
- Traumatic Ischemias - ie: Crush Injury, Compartment Syndrome
- Acute Arterial Insufficiencies
- Severe Anemia
- Intercranial Abscess
- Air or Gas Embolism
- Decompression Sickness
- Carbon Monoxide Poisoning
References


