Wound Care

What Are You Missing?
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NYSPM Clinical Conference

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Qualifications

• Special Expert to APMA Coding Committee
• Special Expert to APMA Health Policy and Practice
• Chair APMA DME Work Group
• Expert Panelist Codingline
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• Compliance Officer and Consultant to Medical Practices & Manufacturers
Disclaimer

• This presentation has been generically sanitized to minimize the appearance of any brand named CTP as an endorsement of such products.

• The appearance of any brand name product during the presentation serves to only offer them as examples.

• Dr. Kesselman is not an employee of CMS or any third party payer. Coverage and Coding examples cited here are in no way a guarantee of payment.

• Pricing and Coverage are at the discretion of your third party payer and CMS. You are urged to contact any third party payer for up-to-date policy changes.

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Lawsuits & Wounds

The Latest Trends & Risk Reduction Strategies to Protect Your Patients and Your License

- Competencies you need to have on file... just in case
- Which policies can become critically important?
- Hazardous and costly charting mistakes to avoid
- Missed assessments could become your courtroom downfall
- Guideline updates you must incorporate into practice

Bonus! Take home algorithms on LE ulcers, ostomy management & support surface decisions

LIVE WEBCAST

Tuesday
April 2, 2019

Train your whole organization and SAVE!
Wound Debridement Documentation

• Medical, Legal, Professional Liability Considerations
• Keep This in Mind for Each & Every Encounter
• Know the Appropriate LCD
• Be Transparent
• Document As if The World Will See Your Notes
Wound Care Chart
Documentation Essentials

• Pertinent Vitals
• Location, Duration Etiology, Drainage, Measurements
• Past & Current Treatments (Both failures/successes)
• Co Morbidities
• WB Status
• Labs
• Other Physician Involvement
• What has failed/worked?
• Photos are crucial (Take Prior and after Debridement)
• Family Involvement
Chart Excerpt 1

- 67 Y/0 IDDM x 20 yrs. referred by Dr. Harry Smith with A1C 11.2 w/submetatarsal one left foot ulcer x 3 weeks.
- Pt is FWB afebrile, wound non painful
- Patient companied by his wife
- Wound is 1 x2x .5cms w/purulent non-malodorous drainage, w/werythma not extending beyond 3mm from wound periphery
- Tendon not visible plantarly but all tissues including superficial fascia are compromised.
- No gas noted.
- Semmes Weinstein metheads and calcaneus non responsive
- Pre Debridement photos w/measurements taken and incorporated into chart
• DP PT NP Bilateral CFT delay to 3 seconds
• Wound was sharply debrided w/#15 blade and tissue nippers to and including necrotic superficial fascia. Irrigated w/NSS, Deep cultures taken
• No tunneling was noted.
• Photos with measurements taken after debridement uploaded to chart
• Hydrofoam Primary Dressing and DSD Secondary Dressing Applied.
• Off loaded with .....  
• X-rays reveal minimal soft tissue opacity intact tib and fib sesamoid and cortices of first met are intact. Calcification of pedal vessels noted.
• Referred to for labs------Rx for-----
• Referred to Dr. .. for further vascular eval...
• Will consult with ID (when? After cultures/asap?)
• Written Wound Care Instructions Reviewed Patient Signed These Include What Constitutes an Emergency and Who to Contact (Copy filed in chart)
Expectations

• As the physician YOU must set realistic expectations
• Time Line for Treatments and Next Steps
• ADL to Permit and to Prohibit/Limit
• Share the Burden with Other Providers
• Regular Communication with Family, Providers
• Document ALL of these!
Do You Ever Expect This Wound To Heal With SWC?
Chart Excerpt III

• 85 y/o Non Diabetic With Chronic O/M of RT Calcaneus
• Spinal Surgery 40+ Years ago in USSR w/Severe Spinal Stenosis- Drop Foot
• Neurologist Managing Pain w/Oxycontin + Others
• Dr. Jones (ID) & Dr. Johnson (Vasc.) both have recommended BKA
• Hold ABS as per Dr Jones unless WBC >15
• Patient is afebrile FWB w/AFO w/accommodation
• Caretaker to her ill elderly husband & cant afford HHA
• Wound is same as last few months (5cms sq.) to muscle
• Bone not palpable/visible
• Palpable Pulses 2/4
• Previous Home/Hospital Infusion of ... x 6 weeks on multiple occasions
• X-rays show almost compete erosion of calcaneus
• Last wound culture negative
• Proximal rt ankle leg slightly warmer than LLE
• Last week WBC & Diff ~Same as Last 6 months- 12 60/40
• Necrotic Tissue above muscle and periphery of wound extending 1cm
• Tx: Sharp Debridement of devitalized necrotic tissue surrounding wound
• Applied.... DSD
• Set Expectations For All-
• S/w Son and again discussed likelihood of sepsis, loss of limb and possibly death
• Patient Continuing to Refuse Hospitalization, BKA
Summary of Wound Charting

• Will be used against you if deficient!
• Can Defend You and Your Use of Sx Dressings & CTP
• Know Your LCD
• Share the Burder With Others (Refer, Refer, Refer)
• Document All Communication with Other HCPs
• Sign & Date all Communications (i.e. Consults, Labs)
• Set Expectations for Patient, Family and Payer
CPT Codes for Wound Care

• Primary CPT
  • 97597
  • 11042
  • 11043
  • 11044

• Add On Codes
  • 97598
  • 11045
  • 11046
  • 11047

Add On Codes Are NEVER Billed Alone!
What Happened to 11040/11041?

• For debridement of skin [i.e., epidermis and/or dermis only], see 97597-97598)
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 whirlpool, when performed and instruction(s) for ongoing care, per session; total wound(s) surface area; first 20 sq cm or less
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11042  11045

• 11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

• 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) (add-on code)
11043 + 11046

- 11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less

- 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) (add-on code)
11044 + 11047

- 11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

- 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) (add-on code)
Sizing Implications

• Total is for all Wounds Debrided to Same Depth
• Must Add Up all Dimensions for All Wounds
• Sum Total = sq. cms.
• Laterality of Wounds Does Not Matter for CPT
• Do Not Bill 11043 RT and 11043 LT
• 11 sq. cm of wounds on LLE + 10 sq. cm wound of wound on rt = 21 sq cms
• CPT 11043 (1) unit + 11046 (1 unit) = < 2 units of 11043
Global Periods for Wound Debridement

- No Global Periods for Wound Debridement Codes
- LCD or Carrier May Impose Restrictions
Diagnostic Coding

• Code using Highest Level of Specificity
• 1° Systemic Dx -
  E11.621 DM II w/Foot Ulcer.
• 2° Local Dx (Location and Depth)-
  L97.511 Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin
Sizing of Wounds When Debriding Wounds to Different Depth

• Code Separately

• 11042-59  Debridement of 3 wounds to and including fascia totaling 5 sq. cms

• 11043  Debridement of 1 wound to muscle totaling 2 sq. cms

• 59 is used to satisfy CCI and permit payment for both codes
Surgical Dressings Are DME

- Either After Failure of SWC or Immediate Need for Other than Gauze Dressings MCR Will Pay for Sx. Dressings
- Families of Dressings -
  - Hydrogels, Hydrocolloids, Foams, etc.
  - Medicare Will Pay for One 1° and One 2° Dressing
  - Frequency/Month Based on Nature of Wound & Dressing Family
  - Appropriate Family of Dressing Usually Based on Wound Characteristics (e.g. Drainage)
  - A # Modifier Denotes Number of Wounds
  - A1=One Wound A2 = Two Wounds Etc.
  - Number of Wounds x Frequency/Month=Total Allowed
  - Frequency of Dressing Changes Decrease Over Time
Surgical Dressings & MCR Advantage or Others

- Some Will Not Pay as Same DOS as Office Tx
- Some Will Not Pay DPM only Commercial Supplier
- Obtain Prior Approval & Pricing Before Dispensing
Beyond SWC, Surgery, or Surgical Dressings

• Cellular Tissue Products
What is a Cellular Tissue Product? (CTP)

• CTP are Bioengineered Tissues Which Contain Specific Properties, to Promote Wound Healing.
• Cellular Engineering focuses on cell-level phenomenon.
• Tissue Engineering and regenerative medicine seek to generate new tissue for disease treatment.
When Is It Time for CTP?

- Chronic Stalled Wounds >4 weeks
- SWC Has Been Followed & Failed
- Debridement of Necrosis to Viable Tissue
- Off Loading Implemented
- Vascularity Issues Normalized
- Infection/Biofilm Resolved or Under Control
- Systemic Issues (e.g. DM, CVI, Edema, Biomechanics, etc.) Stabilized
Types of CTP

- Xenografts
- Allografts
- Acellular vs Cellular
- Placental Amnion
- Placental Amnion Chorion
Which CTP To Choose?

- 2000: 1 or 2 Choices
- 2018: 66 Choices
- Human/Animal/Placental
- FDA Indications
- Wound Type
- Solid vs Liquid
- Storage Issues
- Revenue Generation
- Ease of Billing (ASP vs AWC)
Cellular Tissue Based Products

- Non-Viable Cells, Tissue Based Animal: 24
- Non-Viable Cells, Tissue Based Human: 33
- Viable Human Cells, Cultured in Vitro Animal Substrate: 2
- Viable Human Cells, Cultured in Vitro, Synthetic Substrate: 1
- Viable Human Cells, Non Cultured Intact Tissue: 6
Are CTP Covered By Third Party Payers?

• Yes But... Significant Policy Restrictions

• Facility Paid (Facility Bills C Code for CTP, DPM CPT

• Provider Office: Q Code + CPT for Application
CPT for CTP

- CPTs Dedicated for application of CTP
- Small (<100 sq. cms) vs Large (>>100 sq. cm) CPT
- Each CTP Has Own HCPCS
- HCPCS Modifiers Products
- Pricing Issues Allowances
- Average Sale Price (ASP) vs Average Wholesale Acquisition Cost (AWC)
- Red Book Value
- LCD vs. No LCD vs Retired LCD
CPT 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
CPT 15272

• Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)

• Add-on code
Example

• CTP to 78 sq cm of leg

• CPT 15271

• CPT 15272 X 3 units
CPT 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 1% of body area of infants and children
CPT 15274

- Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; 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)

- Add-on code
CPT 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
CPT 15276

• 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; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)

• Add-on code
CPT 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 greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
CPT 15278

• Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; 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)

• Add-on code
KX Modifier?

• “Requirements specified in the medical policy have been met”
• Use with both application (CPT) code
• And Product (Q) code

• Check your LCD!
• Most require
Product Coding

- Product specific “Q”codes
- Size Specific
- Paid at ASP +6% or AWC +6%
Payment for Actual Graft In Physician’s Office

• If You Purchased Graft & Applied It In Your Office You Can Bill and Be Paid for the Graft (Q codes)
• If the HOPD or other facility purchased it you only bill for the application codes.
• Calculations
JC / JW Modifiers

- JC Used as Skin Graft
- JW Wastage
- Code product using 2 lines
  - Units of CTP used: Q code X units – JC mod
  - Units of CTP discarded: Q code X units - JW mod
- Line 1 + Line 2 = Total CTP product
- Product Size Closest to Wound Size
### Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2019 through March 31, 2019

<table>
<thead>
<tr>
<th>Code</th>
<th>Product</th>
<th>Unit</th>
<th>Allowance</th>
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<tbody>
<tr>
<td>Q4101</td>
<td>Apligraf</td>
<td>1 SQ CM</td>
<td>30.487</td>
</tr>
<tr>
<td>Q4102</td>
<td>Oasis wound matrix</td>
<td>1 SQ CM</td>
<td>11.403</td>
</tr>
<tr>
<td>Q4106</td>
<td>Dermagraft</td>
<td>1 SQ CM</td>
<td>32.816</td>
</tr>
<tr>
<td>Q4107</td>
<td>Graftjacket</td>
<td>1 SQ CM</td>
<td>86.109</td>
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<tr>
<td>Q4111</td>
<td>Gammagraft</td>
<td>1 SQ CM</td>
<td>7.121</td>
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<tr>
<td>Q4112</td>
<td>Cymetra injectable</td>
<td>1 CC</td>
<td>758.366</td>
</tr>
<tr>
<td>Q4113</td>
<td>Graftjacket xpress</td>
<td>1 CC</td>
<td>758.366</td>
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<tr>
<td>Q4115</td>
<td>Alloskin</td>
<td>1 SQ CM</td>
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<tr>
<td>Q4121</td>
<td>Theraskin</td>
<td>1 SQ CM</td>
<td>43.022</td>
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<tr>
<td>Q4132</td>
<td>Grafix core, grafixpl core</td>
<td>1 SQ CM</td>
<td>135.000</td>
</tr>
<tr>
<td>Q4133</td>
<td>Grafix stravix prime pl sqcm</td>
<td>1 SQ CM</td>
<td>135.171</td>
</tr>
<tr>
<td>Q4186</td>
<td>Epifix 1 sq cm</td>
<td>1 SQ CM</td>
<td>159.863</td>
</tr>
<tr>
<td>Q4195</td>
<td>Puraply 1 sq cm</td>
<td>1 SQ CM</td>
<td>75.868</td>
</tr>
<tr>
<td>Q4196</td>
<td>Puraply am 1 sq cm</td>
<td>1 SQ CM</td>
<td>59.807</td>
</tr>
</tbody>
</table>
Example 1

- April 3, 2018 an Apligraf was applied to a 20 sq.cm DFU in your office:
- A 44 sq. cm. piece of CTP is used to cover a 20 sq. cm. foot ulcer
- 15275 KX CTP Feet/Toes, <100sqcm wound, 1st 25sq cm $160- KX
- Q4101 20 units - JC KX ($30.49 per sq/cm) x 20=$609.8 x 6% = $646.39
- Q4101 24 unit – JW KX (30.49x 24) = $731.76 x 6%=
- Total = $ 775.66
Example 2

- On May 5, 2018, you applied Dermagraft to a 52 sq cms wound.
- CTP 15275 KX (CTP to foot <100 sq cms wound initial 25 sq cms).
- 15276 KX Application of CTP to foot <100 sq cms wound each additional 25 sq cms x 2.
- Q4106 JC KX $32.82 x 52 $1706.64 x 6% $1809.04
- Q4106 JW KX $32.82 x 23 = $754.86 x 6% =$800.15
- 2x 37.5 size material (75)
Profitability on CTP

- Varies With Product Size
- Larger Product Choices Usually More Profitable
- Smaller Product Sizes: Loss to Slim or No Profit
Documentation Issues

• Standard Wound Care Treatment & Time
• Testing:
  • CBC, Metabolic CMP, ESR, CRP, HgA1c
  • Arterial/Venous Doppler, PVR, PPG
  • Culture/Biopsy
  • Non Invasive Studies
  • Off Loading
• Name of MD/NPI/DLS
Documentation Issues

• Failed response (<50% response)
• Wound At least 1 sq cm
• Other Meds That Interfere w/Healing
• Excessive Wt Bearing & HgA1c
• Tobacco use?
• Other Psychosocial Issues
Documentation Issues

• Patient Failure to Comply
• Edema control
• Other Infection Issues (e.g. UTI)
• Compression for venous leg ulcers
Average Sale Price

- https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/2018ASPFiles.htmlShow Table
- Updates Quarterly
- Add 6% to Prices Found in File
Average Wholesale Acquisition Cost

- Red Book
- Must Provide More Information in Box 19
- Some Carriers are Requiring Your Invoice in Box 19
- Don’t Let This Detract You
- Work Out Kinks With EHR and Vendor
- Good CTPs in AWC (e.g. Primatrix/ Amnioexcel)
• Surgical preparation codes 15002-15005 for skin replacement surgery describe the initial services related to preparing a clean and viable wound surface for placement of a skin substitute graft or for negative pressure wound therapy.

• Or: 1104X Codes

• Timing Same or Prior DOS than CTP?

• Check LCD!


• APMA Coding Resource Center
CPT 15002

- Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
CPT 15003

• Add-on code

• Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) (add-on code)
Example

- Prepare 250 sq cm of leg
- CPT 15002
- CPT 15003 X 2 units
CPT 15004

• Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
CPT 15005

• Add-on code

• Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) (add-on code)
Questions?

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