How to Accurately Code Dressing Changes, Wound Care and Aftercare

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PDGM Payment Components

From the claim:

- Clinical Grouping from Principal Diagnosis
- Comorbidity Adjustment – secondary diagnoses
  - Up to 24 additional diagnoses

Wound Grouper

The wound grouper is appropriate when the wound is the focus of care. Includes direct hand-on care, observation & assessment & teaching and training.

Types of Wounds in the Wound Grouper

- Diabetic ulcers
- Arteriosclerotic ulcers
- Venous ulcers
- Gangrene
- Abscesses, furuncles and carbuncles
- Cellulitis, lymphangitis
- Sunburn (2nd, 3rd)
- Pressure ulcers and non-pressure ulcers
- Lacerations, punctures, bites, and other trauma wounds
- Traumatic amputations
- Complications of amputations

NO Z codes!

Skin tears

- Internal lacerations
- Burns & corrosions (2nd and 3rd degree)
- Dehiscence
- Infected postoperative wound
- Persistent fistula
- Skin graft complications

And then there are these two...

- Z48.00 Non-surgical wound dressing
- Z48.01 Surgical wound dressing

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Clinical Groups (M1021 only)

Clinical Groups	The Primary Reason for the Home Health Encounter is to Provide:
Musculoskeletal Rehabilitation	Therapy (physical, occupational or speech) for a musculoskeletal condition
Neuro/Stroke Rehabilitation	Therapy (physical, occupational or speech) for a neurological condition or stroke
Wounds – Post-Op Wound Aftercare and Skin/Non-Surgical Wound Care	Assessment, treatment & evaluation of a surgical wound(s); assessment, treatment & evaluation of non-surgical wounds, ulcers, burns, and other lesions
Behavioral Health Care	Assessment, treatment & evaluation of psychiatric conditions
Complex Nursing Interventions	Assessment, treatment & evaluation of complex medical & surgical conditions including IV, TPN, enteral nutrition, ventilator, and ostomies
Medication Management, Teaching and Assessment (MMTA)	
MMTA –Surgical Aftercare	Assessment, evaluation, teaching, and medication management for surgical aftercare
MMTA – Cardiac/Circulatory	Assessment, evaluation, teaching, and medication management for cardiac or other circulatory related conditions
MMTA – Endocrine	Assessment, evaluation, teaching, and medication management for endocrine related conditions
MMTA – GI/GU	Assessment, evaluation, teaching, and medication management for gastrointestinal or genitourinary related conditions
MMTA – Infectious Disease/Neoplasms/Blood-forming Diseases	Assessment, evaluation, teaching, and medication management for conditions related to infectious diseases, neoplasms, and blood-forming diseases
MMTA –Respiratory	Assessment, evaluation, teaching, and medication management for respiratory related conditions
MMTA – Other	Assessment, evaluation, teaching, and medication management for a variety of medical and surgical conditions not classified in one of the previously listed groups

Step 1: Is the wound the focus of care? Dressing changes / Teaching / Observation and Assessment

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Direct Hands-On Wound Care

Direct, hands on skilled nursing care provided to patients with wounds, including any necessary dressing changes on those wounds.

- ...the skills of a licensed nurse are needed to provide safely and effectively the services necessary to treat the illness or injury, is considered to be a skilled nursing service.
- For skilled nursing care to be reasonable and necessary to treat a wound, the size, depth, nature of drainage (color, odor, consistency, and quantity), and condition and appearance of the skin surrounding the wound must be documented in the clinical findings so that an assessment of the need for skilled nursing care can be made.

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Other Wound Care Skills

- While a wound might not require this skilled nursing care, the wound may still require skilled monitoring for signs and symptoms of infection or complication (see §40.1.2.1) or for skilled teaching of wound care to the patient or the patient's family (see §40.1.2.3).

Observation and Assessment of the Wound

- Observation and assessment of the patient's condition by a nurse are reasonable and necessary skilled services where there is a reasonable potential for change in a patient's condition that requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment or initiation of additional medical procedures until the patient's clinical condition and/or treatment regimen has stabilized. Where a patient was admitted to home health care for skilled observation because there was a reasonable potential of a complication or further acute episode but did not develop a further acute episode or complication, the skilled observation services are still covered for 3 weeks or so long as there remains a reasonable potential for such a complication or further acute episode.

O & A—Example

- A patient has undergone peripheral vascular disease treatment including a revascularization procedure (bypass). The incision area is showing signs of potential infection, (e.g., heat, redness, swelling, drainage) and the patient has elevated body temperature. For each home health visit, the clinical notes must demonstrate that the skilled observation and monitoring is required.

O & A—Example

- A patient has chronic non-healing skin ulcers, Diabetes Mellitus Type I, and spinal muscular atrophy. In the past, the patient's wounds have deteriorated, requiring the patient to be hospitalized. Previously, a skilled nurse has trained the patient's wife to perform wound care. The treating physician orders a continuation of skilled care for a subsequent 60-day certification period, at a frequency of one visit every week to perform observation and assessment of the patient's skin ulcers to make certain that they are not worsening. This order is reasonable and necessary because, although the unskilled family caregiver has learned to care for the wounds, the skilled nurse can use observation and assessment to determine if the condition is worsening.

Teaching & Training

- Teaching and training activities that require skilled nursing personnel to teach a patient, the patient's family, or caregivers how to manage the treatment regimen would constitute skilled nursing services. Where the teaching or training is reasonable and necessary to the treatment of the illness or injury, skilled nursing visits for teaching would be covered. The test of whether a nursing service is skilled relates to the skill required to teach and not to the nature of what is being taught. Therefore, where skilled nursing services are necessary to teach an unskilled service, the teaching may be covered. Skilled nursing visits for teaching and training activities are reasonable and necessary where the teaching or training is appropriate to the patient's functional loss, illness, or injury.

Teaching & Training

- Skills taught in a controlled institutional setting often need to be reinforced when the patient returns home. Where the patient needs reinforcement of the institutional teaching, additional teaching visits in the home are covered. Re-teaching or retraining for an appropriate period may be considered reasonable and necessary where there is a change in the procedure or the patient's condition that requires re-teaching, or where the patient, family, or caregiver is not properly carrying out the task. The medical record should document the reason that the re-teaching or retraining is required and the patient/caregiver response to the education.

Teaching & Training—Example

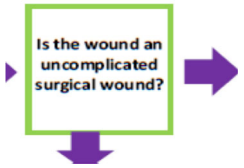
- A spouse who has been taught to perform a dressing change for a post-surgical patient may need to be re-taught wound care if the spouse demonstrates improper performance of wound care. The medical record should document the reason that the re-teaching or retraining is required and the patient/caregiver response to the education. *NOTE: There is no requirement that the patient, family or other caregiver be taught to provide a service if they cannot or choose not to provide the care.*

Step 1: Is the wound the focus of care?

- Do not assume that the wound grouper is going to be the best payor under the circumstances.
- Is the wound the focus of care if the patient just had a joint replacement?
- Is the wound the focus of care when the wound is no longer there?

- Does the documentation support that the wound is the focus of care?

Step 2: Is the wound an uncomplicated surgical wound?



Step 2: Is the wound an uncomplicated surgical wound?

- Routinely we coded aftercare following surgery codes for these wounds.
  - Z48.812 Aftercare following surgery circulatory
  - Z48.815 Aftercare following surgery digestive
  - Z48.3 Aftercare following surgery neoplasm
  - Z47.81 Aftercare following amputation

CMS says no requirement to code aftercare FS first

Found at Z48.81-: These codes identify the body system requiring aftercare. They are for use in conjunction with other aftercare codes to fully explain the aftercare encounter. The condition treated should also be coded if still present.

Z48.01 is an aftercare code. For example, if the primary reason for HH period of care is to provide wound care following CABG surgery...

Z48.01

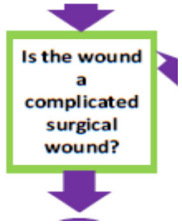
Z48.812

Wound

MMTA-Other

There is no sequencing guideline that requires the aftercare following surgery code first.

Step 3: Is the wound a complicated surgical wound?



Step 3: Is the wound a complicated surgical wound?

- Amputation complication
- Complications of joint prostheses
- Dehiscence
- Infected post-op wound
- Unspecified non-healing surgical wound

- IF A COMPLICATED WOUND, IT IS **NEVER** APPROPRIATE TO USE A Z CODE, SO **NO Z48.01 OR Z48.00**.

Complication Clues

- Post-op abscess...
- Infection/ Cellulitis
- Periwound dermatitis
- Not progressing
- Incisional separation
- Dehiscence/disruption
- Hematoma/seroma
- Failure
- Foul odorous drainage (ask)
- Necrosis/necrotic
- Epibole/hyperbole
- Excessive granulation
- Heavy "colorful" drainage
- Antibiotics
- Chronic
- Edema, induration, discoloration
- Fistulas, tunneling, undermining, excess keloid tissue, adhesions

Is it an amputation complication?

Step 3A: Amputation Complications

T87.31	Neuroma of amputation stump, right upper extremity	NEURO_REHAB
T87.32	Neuroma of amputation stump, left upper extremity	NEURO_REHAB
T87.33	Neuroma of amputation stump, right lower extremity	NEURO_REHAB
T87.34	Neuroma of amputation stump, left lower extremity	NEURO_REHAB
T87.41	Infection of amputation stump, right upper extremity	MMTA_INFECT
T87.42	Infection of amputation stump, left upper extremity	MMTA_INFECT
T87.43	Infection of amputation stump, right lower extremity	MMTA_INFECT
T87.44	Infection of amputation stump, left lower extremity	MMTA_INFECT
T87.51	Necrosis of amputation stump, right upper extremity	WOUND
T87.52	Necrosis of amputation stump, left upper extremity	WOUND
T87.53	Necrosis of amputation stump, right lower extremity	WOUND
T87.54	Necrosis of amputation stump, left lower extremity	WOUND
T87.81	Dehiscence of amputation stump	WOUND
T87.89	Other complications of amputation stump	WOUND

All in the wound group

What if wound care is the focus of care?

Surgical Amputations

- R BKA is infected
  T87.43 — MMTA-Infection — Insert T87.89 first for wound
- Infection is resolved
  Z47.81 Aftercare following amputation
  Z89.511 Acquired absence of right leg below knee — MS-Rehab
- R BKA is dehisced
  T87.81 — Wound
- Stump has been revised; no longer dehisced, but the dressing change is the focus of care — Wound
- Z48.01 Surgical dressing care
  Z47.81 Aftercare following amputation
  Z89.511 Acquired absence of right leg below knee

Changes in the Final Rule

- T87.41, T87.42, T87.43, T87.44 (Infection of amputation stump) is not in the wound grouper)
- Coding experts state that there are other codes to describe a *wound* at an amputation stump.
- T87.89 was added to the Wound grouper.
- Coding experts state T87.89 would be reported if there is a wound associated with an amputation stump complication.

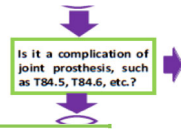
Example

- The patient had a R BKA as the result of diabetic PVD. The amputation is now infected. Dressing changes are ordered.
- T87.89 Other complication of amputation stump
- T87.43 Infection of amputation stump, RLE
- E11.51 Diabetes with peripheral angiopathy.

Traumatic Amputations (no aftercare with trauma)

- R BKA is infected with active treatment
  T87.43 Infected amputation
  S88.111A Traumatic amputation with active treatment
  Insert T87.89 first for wound
- Infection resolved, routine wound care
  S88.111D Traumatic amputation, healing/resolving
  Wound
- R BKA is dehisced with wound vac
  T87.81 Dehiscence of amputation stump
  S88.111A Traumatic amputation with active treatment
  Wound
- R BKA has been revised with routine dressing changes
  S88.111D Traumatic amputation, healing/resolving
  Wound

Step 3B: Is it a complication of a joint prosthesis?



- T84.5-, T84.6-, T84.7- Infection and inflammatory reaction d/t internal joint prosthesis (hip, knee, humerus, radius, femur, tibia, spine, other) remains under MMTA_Infect.
- Coding experts stated that there are other codes that should be used if there is a *WOUND* associated with the infection, such as T81.31xD (dehiscence).
- Coding experts also stated that T84.89- is reported if there is a wound associated with an internal prosthetic device. T84.89- has been added to the WOUND group.

Example—Complicated Prosthesis

- Patient with septic arthritis one year after partial arthroplasty of right hip. Incision and drainage resulted in removal of infected hardware and arthrotomy to joint. Cultured Staph aureus. Continues on antibiotics in addition to antibiotic impregnated spacer. Wound care is the focus of care.
- T84.89xA Other specified complication of internal orthopedic prosthetic devices, implants and grafts

Wound

- T84.51xA Infection and inflammatory reaction due to internal right hip prosthesis
- M00.051 Staphylococcal arthritis, right hip
- B95.61 Staph aureus
- Z89.621 Acquired absence of right hip

Step 3C: Is it a dehiscence?

T81.3- These are all Not Elsewhere Classified codes

- T81.30x- Disruption of wound, unspecified (we do not know what kind of wound it is, but it is dehisced)
- T81.31x- Disruption of external operation (surgical) wound
  - Surgical wound without further info
  - Disruption of skin and subcutaneous tissue
  - Full thickness skin disruption
- T81.32x- Disruption of internal operation (surgical) wound
  - Deep disruption
- T81.33x- Disruption of traumatic injury wound repair
  - Do not forget to also code the trauma wound!!

All wound grouper

Is it a dehiscence?

Each with a choice of A, D or S

- A = Active treatment
  - Special dressing changes, antibiotics
- D = Healing/Resolving
  - Equivalent to aftercare
  - Routine care
- S = Sequela
  - Should not be primary

Is the wound an infected postoperative wound or has it ever been infected?

Step 3D: Is it infected?

Active treatment

- T81.41XA Infection following a procedure, superficial incisional surgical site
- T81.42XA Infection following a procedure, deep incisional surgical site
- T81.43XA Infection following a procedure, organ and space surgical site
- T81.44XA Sepsis following a procedure
- T81.49XA Infection following a procedure, other surgical site

Is the wound an infected postoperative wound or has it ever been infected?

Step 3D: Has it ever been infected?

The infection is resolved. OR The wound is healing/resolving

- T81.41XD Infection following a procedure, superficial incisional surgical site
- T81.42XD Infection following a procedure, deep incisional surgical site
- T81.43XD Infection following a procedure, organ and space surgical site
- T81.44XD Sepsis following a procedure
- T81.49XD Infection following a procedure, other surgical site

Notice! T81.40 is not in the list.

Postoperative Infection Definitions

- These are standardized definitions from the CDC:
- **Superficial incisional infection**
  - Involves only skin & subcutaneous tissue
  - May be indicated by localized signs such as redness, pain, heat or swelling at the site of the incision or by the drainage of pus
- **Deep incisional**
  - Involves deep tissues, such as fascial and muscle layers
  - May be indicated by the presence of pus or an abscess, fever with tenderness of the wound, or separation of incision edges exposing deeper tissues
- **Organ and space**
  - Involves any part of the anatomy in organs and spaces other than the incision, which was opened or manipulated during operation, such as the joint or the peritoneum
  - May be indicated by the drainage of pus or the formation of an abscess detected by histopathological or radiological examination or during re-operation; does not include organ infection.

Sources: Medscape, NIH, ICD-10 Coordination & Maintenance Committee September 2017 proposal

Infected Surgical Wound

- Ms. Pop had a left mastectomy for breast cancer, however the surgical incision is infected. She is on antibiotics and has special dressing changes.
  - T81.42xA Infection following a procedure
- It is 57 days later, and the surgical site is no longer infected, but still remains open with copious drainage requiring special dressing changes. We are recertifying her.
  - T81.42xA Infection following a procedure
- It is 26 days later, drainage has decreased and dressing orders are changed to encourage granulation. Some granulation present. We update at the 30 day mark.
  - T81.42xD Infection following a procedure, subsequent encounter
- It's the next recert time and we are still doing dressing changes.
  - T81.42xD Infection following a procedure, subsequent encounter
- Do not switch the code to non-healing surgical wound!!!

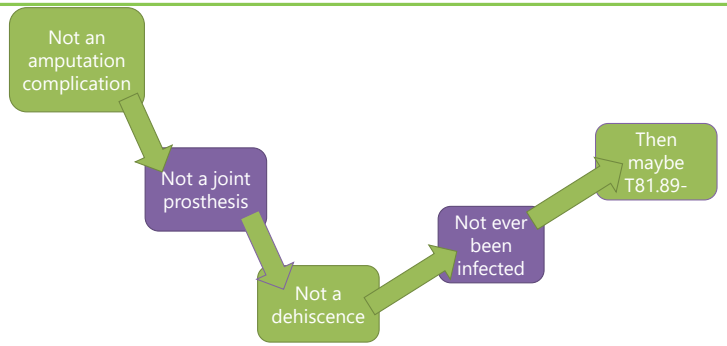
Step 3E: Is it a non-healing surgical wound that has *never* been infected or dehisced?

Use T81.89- for unspecified non-healing surgical wound

Non healing Surgical Wound

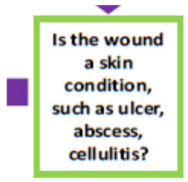
- ICD-10-CM does not provide a specific code to describe nonhealing surgical wound. Assign code T81.89X-, Other complications of procedures, not elsewhere classified, for an unspecified nonhealing surgical wound.
- If a postsurgical wound does not heal due to infection, assign code T81.49X-, Infection following a procedure.
- If the wound was closed at one time and is no longer closed, it is coded as disruption. In that case, code T81.3-, Disruption of wound, not elsewhere classified, should be assigned.
- Make sure that other codes do not apply before using T81.89-

T81.89-



Step 3: Is the wound a complicated surgical wound? NO, then let's go to Step 4

Step 4: Is the wound a skin condition such as ulcer, abscess, cellulitis?



Step 4A: The wound is in the wound grouper

- Diabetic ulcers
- Arteriosclerotic ulcers
- Venous ulcers
- Gangrene
- Abscesses, furuncles and carbuncles
- Cellulitis, lymphangitis
- Sunburn (2nd, 3rd)
- Pressure ulcers and non-pressure ulcers

JUST CODE IT

No Z codes needed

- Lacerations, punctures, bites, and other trauma wounds
- Traumatic amputations
- Internal lacerations
- Burns & corrosions (2nd and 3rd degree)
- Persistent fistula

No Z codes appropriate

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Diabetes, with

- Peripheral arteriosclerosis, peripheral vascular disease and peripheral arterial disease in a diabetic patient should be linked and coded as "diabetic peripheral angiopathy."
- Source: AHA Coding Clinic Volume 5 Second Quarter Number 2 2018
- Coding Clinic Third Quarter 2018
  - E11.51 Diabetes with peripheral angiopathy
  - I70.2- Atherosclerosis of lower extremity
- Coding Clinic Letter 4/2019
  - Peripheral angiopathy includes arterial, venous and capillary issues
  - Venous stasis is presumed related to diabetes
- Only foot ulcers are related to diabetes

MMTA- Endo

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Step 4B: The wound is not in the grouper

- Venous stasis ulcer in a diabetic
  - E11.51 Diabetes with peripheral angiopathy
  - I87.2 Venous stasis
  - L97.- Ulcer
- Arteriosclerosis in a diabetic with ulceration
  - E11.51 Diabetes with peripheral angiopathy
  - I70.2- Arteriosclerosis
  - L97.- Ulcer

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Step 4A: The wound is in the grouper, but it is coded wrong

- Venous stasis ulcer in a diabetic
  - ~~E11.51 Diabetes with peripheral angiopathy~~
  - I87.2 Venous stasis
  - L97.- Ulcer
- Arteriosclerosis in a diabetic with ulceration
  - ~~E11.51 Diabetes with peripheral angiopathy~~
  - I70.2- Arteriosclerosis
  - L97.- Ulcer

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Step 4B: The wound is in the grouper

- Venous stasis ulcer in a diabetic
  - Z48.00 Non-surgical wound dressing
  - E11.51 Diabetes with peripheral angiopathy
  - I87.2 Venous stasis
  - L97.- Ulcer
- Arteriosclerosis in a diabetic with ulceration
  - Z48.00 Non-surgical wound dressing
  - E11.51 Diabetes with peripheral angiopathy
  - I70.2- Arteriosclerosis
  - L97.- Ulcer

Diabetes with Atherosclerosis of Lower Extremities

Issues for resolution:

Atherosclerotic ulcer in a diabetic

- E11.51
- I70.2-6
- L97.-

MMTA-Endo

How can we get this wound care in the wound grouper? Z48.00!!

Diabetic ulcer in a patient with atherosclerosis????

- E11.62-
- L97.-
- E11.51
- I70.2-

Wound

No need to use Z48.00 here!

Diabetic ulcers

- Diabetic neuropathic ulcer
  - E11.42 Diabetic neuropathy
  - L97.- Ulcer

NOT Wound

- Diabetic arterial ulcer
  - E11.51 Diabetic peripheral angiopathy
  - L97.- Ulcer

- Diabetic neuropathic ulcer
  - E11.621 Diabetes with ulcer
  - L97.- Ulcer
  - E11.42 Diabetic neuropathy
- Diabetic arterial ulcer
  - E11.621 Diabetes with ulcer
  - L97.- Ulcer
  - E11.51 Diabetic peripheral angiopathy

Wound

Diabetic Ulcers (Venous)

- What if the physician says diabetic venous stasis?
  - E11.51
  - I87.2

This is not a wound.

- What if the physician says venous stasis ulcer and the patient is diabetic?
  - E11.51
  - I87.2
  - L97.-

Venous stasis ulcer

This ulcer marked on M1330

What do we need to get this into wound grouper?

- What if the physician says diabetic ulcer and the patient has venous stasis?
  - E11.621
  - L97.-
  - E11.51
  - I87.2

Diabetic ulcer

Diabetic venous stasis disease

This ulcer NOT marked on M1330

Already in wound.

Step 4B: The wound is not in the grouper

- Metastatic breast cancer with fungating ulcer (this is NOT coded as an ulcer)
- The breast cancer has metastasized to the skin. The wound is the focus of care.
- Z48.00 Non-surgical dressing
- C79.2 Mets to skin
- C50.911 Breast cancer right breast

Step 4B: The wound is not in the grouper

- Open sores from allergic contact dermatitis due to cement

- Z48.00 Non-surgical dressing
- L23.5 Allergic contact dermatitis (cement)

Step 4B: The wound is not in the grouper

- Radiodermatitis with silver alginate and dressings (radiation treatment for R breast cancer)

- Z48.00 Non-surgical dressing
- L58.0 Acute radiodermatitis
- Y84.2 Radiological procedure and radiotherapy as the cause of abnormal reaction...
- C50.911 Breast cancer, right breast

Step 4B:

- The patient has necrotizing fasciitis and has a large wound on his thigh requiring wound packing.

- M72.6 Necrotizing fasciitis

MS-Rehab

What about Z48.00 as primary?

Proceed with Caution!!

Have you heard something like this?

- "We can make you more money coding for you. You are leaving money on the table with those wounds."
- "Code the dressing change first. You'll get better comorbidity adjustment."
- While it is OK to use Z48.00 to get the wound care represented when the wound is not in the grouper, it is NOT OK to use the Z48.00 as primary when the wound is already in the grouper.

Comorbidities

- E11.621
- L97.-
- E11.51
- Wound grouper
- Comorbidity 2
- 3CA21 0.8915

However!!! CMS says...NO

- Z48.00
- E11.621
- L97.-
- E11.51
- Wound grouper
- Comorbidity 3
- 3CA31 0.9881

Is the focus of care wound care?

Comorbidities—Diabetes with an arteriosclerotic ulcer

- Z48.00
- E11.51
- I70.261
- L97.225
- Wound clinical grouping
- Comorbidity score 3
- 3CA31 0.9881

OK!!

- E11.51
- I70.261
- L97.225
- MMTA—Endocrine
- Comorbidity score 2
- 3IA21 0.7426

Pressure Ulcers

- Z48.00 NO
- L89.523
- L89.512
- E11.65
- J44.9
- Comorbidity 3
- HIPPS 4CA31 1.4358

- L89.523
- L89.512
- E11.65
- J44.9
- Comorbidity 1
- 4CA11 1.2882

CMS Says NO

"The principal diagnosis reflects the primary reason for home health services. Reported secondary diagnoses are to include any conditions that exist at the time of home health admission, or that develop during the course of a home health period of care, and that affect patient care planning. It is ***not*** appropriate to report different diagnosis codes representing the same condition for the sole purpose of increasing payment."