Conference Name: Wound Care Coding: Strategies for appropriate hospital outpatient reimbursement

Scheduled Conference Date: Thursday, March 30, 2006

Scheduled Conference Time: 1:00 p.m.–2:30 p.m. (Eastern), 12:00 p.m.–1:30 p.m. (Central), 11:00 a.m.–12:30 p.m. (Mountain), 10:00 a.m.–11:30 a.m (Pacific)

Scheduled Conference Duration: 90 minutes

PLEASE NOTE: If the audioconference occurs April through October, the time reflects daylight savings. If your area does NOT observe daylight savings, times will be one hour earlier.

Your registration entitles you to ONE telephone connection to the audioconference. Invite as many people as you wish to listen to the audioconference on your speakerphone. Permission is given to make copies of the written materials for anyone else who is listening.

In order to avoid delays in connecting to the conference, we recommend that you dial into the audioconference 15 minutes prior to the start time.

Dial-In Instructions:

1. Dial 877/407-2989 and follow the voice prompts.
2. You will be greeted by an operator
3. Give the operator your pass code 033006 and the last name of the person who registered for the audioconference.
4. The operator will then verify the name of your facility.
5. You will then be placed into the conference.

Technical Difficulties

1. If you experience any difficulties with the dial-in process, please call the conference center reservation line at 877/407-7177.
2. If you should need technical assistance during the audio portion of the program, please press the star (*) key followed by the 0 key on your touch-tone phone and an operator will assist you. If you are disconnected during the conference, dial 877/407-2989.

Q&A Session

1. To enter the questioning queue during the Q&A session, callers need to push the star (*) key followed by the 1 key on their touch-tone phones. Note: For most programs, this portion generally falls after the first hour of presentation. Please do not try to enter the queue before this portion of the program.
2. If you prefer not to ask your question on the air, you can fax your question to 877/808-1533 or 201/612-8027, however, you can only fax your question during the program.

Prior to the program

If you prefer not to ask your question on the air, you can send your questions via email to wwalsh@hcpro.com. Cutoff date and time for questions: 03/29/06 @ 5:30 PM ET. Please note that not all questions will be answered.

Program Evaluation Survey

In your materials on page 2, we have included a program evaluation letter that has the URL link to our program survey. We would appreciate it if when you return to your office you could go to the link provided and complete the survey.

Continuing Education documentation

If CE’s are offered with this program a separate link containing important information will be provided along with the program materials. Please follow the instructions provided in the CE Documentation.
Dear Audioconference Participant,

Thank you for attending the HCPro audioconference today. We hope that you find the information provided valuable.

In our effort to ensure that our customers have a positive experience when taking part in our audioconferences we are requesting your feedback. We would also like to request that you forward the link to others in your facility that attended the audioconference.

We realize that your time is valuable, so we’ve limited the evaluation to a few brief questions. Please click on the link below.

http://www.zoomerang.com/survey.zgi?p=WEB2252PU5RTXV

The information provided from the evaluation is crucial towards our goal of delivering the best possible products and services. To insure that your completed form receives our attention, please return to us within six days from the date of this audioconference.

We appreciate your time and suggestions. We hope that you will continue to rely on HCPro audioconferences as an important resource for pertinent and timely information.

Sincerely,

Frank Morello
Director of Multimedia
HCPro, Inc.
Wound Care Coding: Strategies for appropriate hospital outpatient reimbursement

A 90-minute interactive audioconference

Thursday, March 30, 2006

1:00 p.m.—2:30 p.m. (Eastern)
12:00 p.m.—1:30 p.m. (Central)
11:00 a.m.—12:30 p.m. (Mountain)
10:00 a.m.—11:30 a.m. (Pacific)
In our materials we strive to provide our audience with useful, timely information. The live audioconference will follow the enclosed agenda. Occasionally our speakers will refer to the materials enclosed. We have noticed that other non-HCPro audioconference materials follow the speaker’s presentation bullet-by-bullet, page-by-page. Because our presentations are less rigid and rely more on speaker interaction, we do not include each speaker’s entire presentation. The materials contain helpful forms, crosswalks, policies, charts, and graphs. We hope that you find this information useful in the future.

HCPro is not affiliated in any way with the Joint Commission on Accreditation of Healthcare Organizations, which owns the JCAHO trademark.
The “Wound Care Coding: Strategies for appropriate hospital outpatient reimbursement” audioconference materials package is published by HCPro, 200 Hoods Lane, P.O. Box 1168, Marblehead, MA 01945.

Copyright 2006, HCPro, Inc.

Attendance at the audioconference is restricted to employees, consultants, and members of the medical staff of the Licensee.

The audioconference materials are intended solely for use in conjunction with the associated HCPro audioconference. Licensee may make copies of these materials for your internal use by attendees of the audioconference only. All such copies must bear this legend. Dissemination of any information in these materials or the audioconference to any party other than the Licensee or its employees is strictly prohibited.

Advice given is general, and attendees and readers of the materials should consult professional counsel for specific legal, ethical, or clinical questions. HCPro is not affiliated in any way with the Joint Commission on Accreditation of Healthcare Organizations, which owns the JCAHO trademark.

For more information, contact

HCPro, Inc.
200 Hoods Lane
P.O. Box 1168
Marblehead, MA 01945
Phone: 800/650-6787
Fax: 781/639-0179
E-mail: customerservice@hcpro.com
Web site: www.hcpro.com
Dear colleague,

Thank you for participating in our “Wound Care Coding: Strategies for appropriate hospital outpatient reimbursement” audioconference with Gloryanne Bryant, BS, RHIA, CCS, and John F. Bishop, PA-C, CPC, MS, CWS, moderated by Brian Murphy. We are excited about the opportunity to interact with you directly and encourage you to take advantage of the opportunity to ask our experts your questions during the audioconference. If you would like to submit a question before the audioconference, please send it to wwalsh@hcpro.com and provide the program date in the subject line. We cannot guarantee your question will be answered during the program, but we will do our best to take a good cross-section of questions.

If at any time you have comments, suggestions, or ideas about how we might improve our audioconferences, or if you have any questions about the audioconference itself, please do not hesitate to contact me. And if you would like any additional information about other products and services, please contact our Customer Service Department at 800/650-6787.

Along with these audioconference materials, we have enclosed a fax evaluation. We value your opinion. After the audioconference, please take a minute to complete the evaluation to let us know what you think. Thanks again for working with us.

Best regards,

Wendy Walsh
Associate Producer
Fax: 781/639-7857
E-mail: wwalsh@hcpro.com
Contents

Agenda ................................................................. vi

Speaker profiles ..................................................... vii

Exhibit A ................................................................. 1
Presentation by Gloryanne Bryant, BS, RHIA, CCS, and John F. Bishop, PA-C, CPC, MS, CWS

Exhibit B ................................................................. 42
Itemized Surgical Dressing HCPCS List—two pages only. Please visit the Web site listed below to download the complete listing.


Resources ............................................................... 46
Wound Care Coding: Strategies for appropriate hospital outpatient reimbursement

Agenda

I. Discussion of the wound care management CPT and HCPCS codes—Nonphysician and any OPPS changes
   a. Definitions and descriptions
      i. Nonselective debridement
      ii. Selective debridement
   b. Provider requirements: Nursing vs. physical therapy
   c. Medicare regulations
   d. Payment considerations

II. ICD-9-CM diagnosis assignment: Getting a good referral form

III. Surgical debridement CPT coding overview and documentation

IV. E/M visits: How to determine the level if it’s all done with nursing, etc.

V. Wound VAC therapy

VI. Multilayered compression dressing: Some insurance companies don’t want to pay for it unless performed by a physician

VII. Supplies: With the new HCPCS code list as of January 1, 2006 that affects the use of supplies, understand documentation and why it’s so important

VIII. Sample charge/encounter forms and supporting policies and procedures: The importance of compliance in reconciling forms and written policies

IX. Coding case studies

X. Live Q&A
Speaker profiles

Gloryanne Bryant, BS, RHIA, CCS

Gloryanne Bryant is director of systemwide coding/HIM compliance for Catholic Healthcare West in San Francisco. She is in charge of developing, implementing, and maintaining systemwide coding policies and creating an internal coding compliance auditing and monitoring team and process. She is a member of the editorial advisory board of *Briefings on Coding Compliance Strategies* and has more than 27 years of experience in the health information management profession providing education to coders, physicians and other hospital staff.

John F. Bishop, PA-C, CPC, MS, CWS

John F. Bishop is president of Bishop & Associates, Inc., a surgical, medical and coding/reimbursement consulting company, in Tampa, FL, and has been an active surgical physician assistant for 31 years. Bishop is the past director of coding at the MedVance Institute in West Palm Beach, FL. He has also developed and published several coding, billing and reimbursement manuals for burns, trauma, wound management, and plastic surgery and has contracted with several universities and private, large, and multispecialty groups as a consultant educator. Currently, he is involved in teaching many coding and reimbursement seminars for surgeon and physician groups nationwide and is an adjunct instructor at Florida Metropolitan University in Tampa, FL.
Exhibit A

Presentation by Gloryanne Bryant, BS, RHIA, CCS, and John F. Bishop, PA-C, CPC, MS, CWS
Wound Care Coding: Strategies for appropriate hospital outpatient reimbursement

March 30, 2006
HCPro Audioconference

Speakers

Gloryanne Bryant, RHIA, CCS
Corporate Director Coding HIM Compliance
Catholic Healthcare West (CHW)
San Francisco, CA

John F. Bishop, PA-C, MS, CPC, CWS
President
Bishop & Associates
Tampa, FL
Objectives

• Understand the terminology for many diagnoses and uncover ICD-9-CM coding
• Discuss *wound* related diagnoses including acute, chronic, and late effects
• Review the key documentation of wound care
• Learn which CPT codes apply to which practitioners and when to use them
• Discuss & review CPT coding strategies for outpatient wound care management & surgical debridement
• Understand the use of E&M CPT codes for the hospital outpatient wound care area

OIG Target - Compliance

• In 2006 the OIG (Office of Inspector General) will specifically monitor medical necessity related to the following services:
  – Coronary artery stents
  – Skilled facility rehabilitation and infusion therapy services
  – Skilled facilities’ involvement in consecutive inpatient stays
  – Imaging and laboratory services in homes
  – Physical and occupational therapy
  – Part B mental health
  – Wound care services
  – Durable medical payments for beneficiaries receiving home health
  – Medicare payments for therapeutic footwear
Outpatient Wound Care Diagnosis and Documentation

- ICD-9-CM codes represent the “reasons for encounter” - physician documentation
  - MD order/requisition
    - Have a standardized form
- Diagnosis/condition (ICD-9-CM codes) – assigned by the HIM Coding Department
  - “Wound” – open
  - “Diabetes” diagnosis - specific
  - Nursing cannot provide a diagnosis from which we code from, the MD (or PA or NP) must provide this information

Primary and Secondary Diagnosis – HIM Coding

- Reason for the encounter - meet Medical Necessity (compliance)
  - Primary or 1st listed Dx
- Medical diagnostic reason for the encounter should also be assigned to provide medical necessity justification
- Any Secondary diagnosis, obtain from the MD order or requisition note, other supporting documentation
Primary and Secondary Diagnosis

- If nursing or therapist is taking a verbal order, ask for the specific diagnosis
  - Ask if it is related or secondary to diabetes or other condition as this can impact the code assignment
  - Coding a diagnosis from the MD order is acceptable

MD Order/Requisition Standard Form

Physician Order/Referral
Wound Care Services

Patient Name: __________________________ Date: __________________________

Diagnosis (Service code + ICD-9-CM Code): __________________________

☐ Due to diabetes mellitus: [Type I] [Type II] [Controlled] [Uncontrolled]
☐ Due to other cardiovascular vascular disease
☐ Due to other underlying disease process (indicate other underlying disease process)

Prescription/Order:
☐ Evaluate & Treat
☐ Ultra Boot Application (Specify intensity)
Need for a New Physician Order

• If the patient has a new diagnosis/condition that warrants treatment, that should be documented within an order as well
  – This includes a verbal order
  – If patient has surgery (i.e., Fempop bypass) and then returns to wound care, need a new diagnosis that accurately reflects the current condition(s)

• Use a template “Wound Care Unit MD Referral/Requisition” form

---

### Wound Types

<table>
<thead>
<tr>
<th>TYPE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wounds</td>
<td></td>
</tr>
<tr>
<td>Acute wound</td>
<td>Caused by trauma or surgery and usually requiring immediate care.</td>
</tr>
<tr>
<td>Chronic wound</td>
<td>Takes longer than usual to heal because of underlying conditions, such as</td>
</tr>
<tr>
<td></td>
<td>pressure, diabetes mellitus, poorly controlled nutritional status,</td>
</tr>
<tr>
<td></td>
<td>infection.</td>
</tr>
<tr>
<td>Full-thickness wound</td>
<td>Tissue destruction extending through the second layer of skin (dermis) to</td>
</tr>
<tr>
<td></td>
<td>involve subcutaneous tissue under and possibly tissue of fatty tissue can</td>
</tr>
<tr>
<td></td>
<td>appear shiny white, gray, or tan, with a firm leathery texture.</td>
</tr>
<tr>
<td>Laceration</td>
<td>Tear of lacerated wound</td>
</tr>
<tr>
<td>Partial-thickness wound</td>
<td>Tissue destruction through the first layer of skin (epidermis), extending</td>
</tr>
<tr>
<td></td>
<td>into, but not through, the dermis.</td>
</tr>
<tr>
<td>Burns</td>
<td></td>
</tr>
<tr>
<td>Superficial (third-degree burn)</td>
<td>Damage limited to the epidermis characterized by erythema, hyperemia,</td>
</tr>
<tr>
<td></td>
<td>blisters, and pain.</td>
</tr>
<tr>
<td>Partial-thickness (second-degree burn)</td>
<td>Superficial to deep partial-thickness wound characterized by large blisters,</td>
</tr>
<tr>
<td></td>
<td>plaques, pain, and swelling, and shiny surface.</td>
</tr>
<tr>
<td>Full-thickness (third-degree burn)</td>
<td>Full-thickness wound characterized by deep red, black, or white appearance;</td>
</tr>
<tr>
<td></td>
<td>necrosis, pustules, and edema ending damage, and exposed subcutaneous fat layer.</td>
</tr>
</tbody>
</table>

Examples - Diagnosis

- Reason for the encounter/visit
  - V58.89 Encounter for procedure and aftercare – **do not use** (obtain the acute diagnosis or condition (i.e., wound, ulcer, burn, and the site)

- Diagnosis/condition
  - *Decubitus ulcer on the heel, history of diabetes*
    - 707.07
    - 250.00
  - *Decubitus ulcer of the heel, related to diabetes type II*
    - 250.80
    - 707.07
    - Note that DM has specific manifestations that must be documented to identify the underlying disorder or cause and code correctly

The Golden Rule

“If it’s not documented... it wasn’t done... thus you **CANNOT** code it or bill for it!”
Diagnostic Terminology

- Acute wound-abrasion, laceration
- Chronic wound-decubiti, ulcers
- Traumatic wound-gsw, blunt/penetrating
- Congenital
- Neoplastic
- Burns
- Late effects (906.0-906.9)
- Open wounds (870—897)
- Cellulitis - 682.x
- Infection - 686.9
  - ?? organism
- Exudate - condition
- Gangrene -785.4
- Eschar - condition
- Slough - 686.9
- Abscess - 682.9

Work with your HIM Coding Staff for accurate ICD-9-CM coding.

Etiology of Wounds

- Venous Insufficiency (stasis)
- Lymphedema
- Arterial ulcers
- Diabetic ulcers-Type I and II (4-5th digit?)
- Neurotrophic
- Sickle Cell anemia ulcers-282.xx
- Mixed collagen disorders
- Pressure Ulcers (Decubitus)
- Pyoderma Gangrenosum-686.01
- Vasculitis
- Wound Dehiscence-?infection
- Neoplastic
- Traumatic
  - GSW
  - Degloving
- Radiation Necrosis
- Surgical complication
Wound Care Non-physician Providers?

- Physician Assistants-PA
- Nurse Practitioners-NP
- Clinical Nurse Specialists-CNS
- CRNA
- The “other” group
  - RNFAs
  - Physical Therapists-PT
  - Occupational Therapists-OT
  - Surgical Techs-CST

Billing for Non-physician Professionals

- Medicare usually defers to state laws Scope of Practice
- Hospitals CANNOT bill for those considered auxiliary personnel services
- Hospital billing will require hospital provider UPIN/PIN
- Hospital based NPP’s charges may be billed IF NOT INCLUDED ON THE COST REPORT
Goals of Topical Wound Treatment - Clinical

• Provide adequate circulation/oxygenation to the wound
• Remove necrotic (dead) tissue
• Eliminate large amounts of exudate*
• Eradicate clinical infection
• Obliterate dead spaces or voids
• Maintain a clean, moist wound surface

Wound Care Treatment

• Capturing the treatment provided is achieved via the CPT/HCPCS codes
• AMA CPT book and CPT Assistant are your best reference next to CMS specific regs or directives
Documenting the Care

- It is important to be accurate, consistent, and timely in documenting skin breakdown regardless of the cause (pressure, arterial, or vascular insufficiency)
  - Nursing
  - Physical Therapist
  - Physician
  - Other
- Given that there are many wounds that often heal at slow rates, careful documentation of changes and improvement can help the clinician decide what treatment approach is providing the best results. Clinicians should not leave important information out of the assessment process.
- This clinical information will help support medical necessity

---

Documenting the Care

- Having good documentation is critical and templates can be developed to assist.
- Actual details of the wound(s) must be in the medical record:
  - Size, length, width, depth (measurements)
  - Color, odor
  - With or without drainage
  - Improvement/change in wound
- Include what you observe about the wound even if you don't know the correct terms or don't know where the information belongs in the assessment.
Some Documentation Specifics

Wound Care

- **Onset and duration**: Knowing if a wound is chronic or acute will help with treatment and outcome planning.
- **Size**: All wounds must be measured in centimeters for length (vertically), width (horizontally) and depth. Note that often the depth is the only measurement that will change initially and an initial measurement is needed to document this improvement.
- **Edema**: The presence of edema can indicate underlying diseases and can be a sign of infection. It can also impact treatment choices. Indicate carefully the area of involvement.
- **Periwound**: Assessment must include inspection of the surrounding tissues. Document the presence of redness, indurations, warmth, maceration, edema, or friability.
- **Undermining**: Undermining indicates the presence of a cavity under the periwound that is caused by shear forces. It will frequently be in a quarter moon but it can totally surround a wound bed. You can measure undermining with a sterile cotton tip applicator. Record the area of the wound involved by comparing positions. For example, "undermining is present 0.3 cm at 12:00."
- **Tunneling**: A tunnel is a tract or sinus extending into the underlying tissues from any point in the wound bed. To measure use a sterile cotton-tip applicator and gently probe the full extent of the tunnel without causing trauma to the wound or pain to the patient.

Include in on-going treatment notes, or progress notes.

Some Documentation Specifics - Wound Care

- **Exudate**: Record the amount (none/min/mod/copious), color (red/greenish-blue/yellow-clear) and odor. Large quantities of exudate may need to be contained with a wound pouch. Red exudate may indicate active bleeding. Greenish-blue color may indicate infection. Yellow-clear may indicate infection, involvement of a lymphatic duct, or normal drainage. The presence of an odor may indicate an infection or it can be harmless residue from the dressing.
- **Necrotic tissue**: Necrotic tissue is non-viable tissue and is black-brown (eschar) or yellow (slough). Necrotic tissue can increase the risk of infection by acting as a breeding ground for pathogen proliferation. Necrotic tissue should be removed quickly to promote wound closure. Also, knowing the amount, type and area of necrotic tissue can assist with debridement and wound dressing choices.
- **Granulation tissue**: The development of granulation tissue is the goal for full thickness wounds. This area of the wound will look red and beefy and should increase in size with each wound re-evaluation. Again, make sure to note the location and size of the granulation tissue. It is essential that you protect the area of granulation and make sure that wound dressings do not disrupt wound healing.

Include in on-going treatment notes, or progress notes.
Capturing Wound Care Services or treatment via “CODES”

- Translation of treatment and/or service(s) into codes is performed on both inpatient and outpatient records
- For outpatient records the codes used for tests/services and procedures are CPT (Current Procedure Terminology)
- CPT codes are assigned and appear on the claim (bill) and payment is based upon them
  - Under OPPS resulting in an APC
- Guidelines and rules exist for the assignment of code(s).
  - Significant CPT changes occur annually
  - Other guidelines come monthly via CPT (AMA publication “CPT Assistant”)
  - OPPS – via CMS

Capturing Wound Care Services or treatment via “CPT CODES”

- Medicine CPT Codes – non-physician codes (include wound care management and PT)
- Evaluation and Management (E&M) CPT codes - visits
- Surgical CPT codes – surgical procedures
  - 10000-69999
- HCPCS codes for supplies, devices
Wound Care Management
Non-physician Providers - CPT Codes

- Wound Care Management:
  - 97601  Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (e.g., high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session (as of 2004)
    - This is to be used when non-physicians perform the procedures.
    - Clinical documentation should be clear, concise and detailed.
  
  - Code 97601 WAS DELETED FOR 2005
  
- 97602  Non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
  - This code is to be assigned/charged when non-physicians perform the wound care.
  - Clinical documentation should be clear, concise and detailed within the medical record.

Description of Active Outpatient Wound Care Management – Non-selective

- Non-selective Debridement, as described by code 97602, is the gradual removal of loosely adherent areas of devitalized or necrotic tissue from a wound. This technique of removing devitalized tissues includes preparation of the area to be debrided in order to soften and loosen the dead tissue. This can be achieved by irrigating the wound using various hydrotherapy techniques.

- The actual removal of necrotic tissue through the use of non-selective debridement techniques could involve use of the whirlpool or pulsatile lavage, wet to dry and wet to moist dressing applications, and/or applications of enzymes, which are all used to facilitate the gradual removal of areas of necrotic tissue.
**CPT 97602 Lay Description**

- 97602 The nonphysician provider, nurse or physical therapist performs wound care management to promote healing using non-selective debridement techniques to remove devitalized tissue. Non-selective debridement techniques are those in which both necrotic and healthy tissue are removed. Non-selective techniques, sometimes referred to as mechanical debridement, include wet-to-moist dressings, enzymatic chemicals, and abrasion. **Wet-to-moist debridement involves allowing a dressing to proceed from wet to moist, and then manually removing the dressing, which removes both the necrotic and healthy tissue.** Chemical enzymes are fast acting products that produce slough of necrotic tissue. **Abrasions involve scraping the wound surface with a tongue blade or similar blunt instrument.**

**Non-selective Debridement**

- Code 97602 is used to describe non-selective debridement performed without the use of anesthesia and should not be reported in addition to codes 11040 - 11044.
Wound Care Management CPT Codes

- **Selective:**
  - **97597** - Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area **less than or equal to** 20 square centimeters.
  
  - **97598** - Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area **greater than** 20 square centimeters.

---

Wound Vac

1. 2. 3. 4.

The V.A.C.™
Negative Pressure Wound Vac
CPT Codes

- **97605** - Negative pressure wound therapy (e.g., 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 (bund)

- **97606** - Negative pressure wound therapy (e.g., 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 (bund)

OPPS Payment – Addendum B

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Description</th>
<th>CI</th>
<th>SI</th>
<th>APC</th>
<th>Relative weight</th>
<th>Payment rate</th>
<th>National unadjusted copayment</th>
<th>Minimum unadjusted copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>97697</td>
<td>Active wound care/20 cm or &lt;</td>
<td>CH</td>
<td>T</td>
<td>0012</td>
<td>0.8477</td>
<td>50.45</td>
<td>11.18</td>
<td>10.08</td>
</tr>
<tr>
<td>97698</td>
<td>Active wound care &gt; 20 cm</td>
<td>CH</td>
<td>T</td>
<td>0013</td>
<td>1.0603</td>
<td>63.10</td>
<td>13.07</td>
<td>12.62</td>
</tr>
<tr>
<td>97601</td>
<td>Wound(s) care, selective</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97602</td>
<td>Wound(s) care, non-selective</td>
<td>CH</td>
<td>X</td>
<td>0340</td>
<td>0.0357</td>
<td>36.52</td>
<td>7.30</td>
<td></td>
</tr>
<tr>
<td>97603</td>
<td>Neg press wound bx, &lt; 50 cm</td>
<td>CH</td>
<td>T</td>
<td>0013</td>
<td>0.8477</td>
<td>50.45</td>
<td>11.18</td>
<td>10.08</td>
</tr>
<tr>
<td>97604</td>
<td>Neg press wound bx, &gt; 50 cm</td>
<td>CH</td>
<td>T</td>
<td>0013</td>
<td>1.0603</td>
<td>63.10</td>
<td>13.07</td>
<td>12.62</td>
</tr>
</tbody>
</table>

Status indicator “T”
Non-selective APC Pmt.
### Surgical Debridement CPT

- 11004-skin, subq. muscle and fascia for necrotizing soft tissue infection; ext. genitalia and perineum
- 11005-same; abdominal wall, with or without fascial closure
- 11006-same; ext. genitalia, perineum and abdominal wall with or without fascial closure (18.74)
- 11008-add-on: removal mesh (prosthetic material) abdominal wall for necrotizing soft tissue infection

**These are INPATIENT ONLY Procedures under OPPS**

### Wound Care - CPT Codes

- **Surgical Debridement Codes:**
  - 11040 Debridement skin, partial thickness
  - 11041 Debridement skin, full thickness
  - 11042 Debridement skin/tissue
  - 11043 Debridement tissue/muscle
  - 11044 Debridement tissue/muscle/bone
  - Documentation must clearly represent these procedures
    - Instruments used, and depth of debridement
  - **These codes are “designed” to reflect physician services.**
  - Review PM A-02-129 - January 2003
  - UGS (FI) states this should not be performed by Physical Therapists. Be sure to check with your FI
Excisional Debridement
CPT Procedure Codes 11040 – 11042
Key Documentation Elements

CPT 11040 Debridement - skin, partial thickness
Procedure description: The physician surgically removes partially necrotic or dead skin. The physician used a scalpel, curette or dermatome to remove a superficial layer of the affected skin. The epidermal layer is moved with the underlying dermis remaining intact. The partial thickness of skin is excised until viable, bleeding tissue is encountered. A topic antibiotic is placed on the wound. A dressing is applied over the site.
Report CPT 11041 is Debridement same as above for skin, full thickness.
Report CPT 11042 is Debridement same as above but which includes skin and subcutaneous tissue.

• Clinical documentation should always be specific, clear, concise and accurate.
• Always document legibly.
• Sign, date, and time all orders.

CPT 11043 Debridement; Skin, subcutaneous tissue, and muscle
Procedure description: The physician surgically removes necrotic skin, underlying tissue, and muscle. The physician uses a scalpel, curette or dermatome to remove/excise the affected tissue into the muscle. The dissection is continue until until viable, bleeding tissue is encountered. Depending on the size the closure may be immediate or delayed. The wound may be packed open with sterile gauze and may require delayed reconstruction.
Report CPT 11044 is Debridement same as above but when the bone is also debrided.

• Clinical documentation should always be specific, clear, concise and accurate.
• Always document legibly.
• Sign, date, and time all orders.
When performed by a physician they will charge/bill for the same CPT procedure code but will be paid under the MD Fee Schedule with place of service hospital. Hospital will be paid under OPPS for Medicare patients.

### OPPS Payment – Addendum B

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Description</th>
<th>CI</th>
<th>SI</th>
<th>APC</th>
<th>Relative weight</th>
<th>Payment rate</th>
<th>National unadjusted copayment</th>
<th>Minimum unadjusted copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>10121</td>
<td>Remove foreign body</td>
<td>T</td>
<td>0021</td>
<td>14.9984</td>
<td>892.57</td>
<td>219.48</td>
<td>178.51</td>
<td></td>
</tr>
<tr>
<td>10140</td>
<td>Drainage of hematoma/fluid</td>
<td>T</td>
<td>0007</td>
<td>11.6717</td>
<td>694.59</td>
<td>138.92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10160</td>
<td>Puncture drainage of lesion</td>
<td>T</td>
<td>0018</td>
<td>1.1010</td>
<td>65.52</td>
<td>16.04</td>
<td>13.10</td>
<td></td>
</tr>
<tr>
<td>10180</td>
<td>Complex drainage, wound</td>
<td>CH</td>
<td>0008</td>
<td>16.2553</td>
<td>989.75</td>
<td>193.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11000</td>
<td>Debride infected skin</td>
<td>CH</td>
<td>0013</td>
<td>1.0669</td>
<td>63.10</td>
<td>13.07</td>
<td>12.62</td>
<td></td>
</tr>
<tr>
<td>11001</td>
<td>Debride infected skin add-on</td>
<td>T</td>
<td>0012</td>
<td>0.8477</td>
<td>50.45</td>
<td>11.18</td>
<td>10.09</td>
<td></td>
</tr>
<tr>
<td>11004</td>
<td>Debride genital &amp; perineum</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11005</td>
<td>Debride abdomen wall</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11006</td>
<td>Debride genit/abdom wall</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11008</td>
<td>Remove mesh from abd wall</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11010</td>
<td>Debride skin, &amp;</td>
<td>T</td>
<td>0019</td>
<td>4.1481</td>
<td>246.86</td>
<td>71.87</td>
<td>49.37</td>
<td></td>
</tr>
<tr>
<td>11011</td>
<td>Debride skin/muscle, &amp;</td>
<td>T</td>
<td>0019</td>
<td>4.1481</td>
<td>246.86</td>
<td>71.87</td>
<td>49.37</td>
<td></td>
</tr>
<tr>
<td>11012</td>
<td>Debride skin/muscle/bone, &amp;</td>
<td>T</td>
<td>0019</td>
<td>4.1481</td>
<td>246.86</td>
<td>71.87</td>
<td>49.37</td>
<td></td>
</tr>
<tr>
<td>11040</td>
<td>Debride skin, partial</td>
<td>T</td>
<td>0015</td>
<td>1.0338</td>
<td>69.23</td>
<td>20.13</td>
<td>19.46</td>
<td></td>
</tr>
<tr>
<td>11041</td>
<td>Debride skin, full</td>
<td>T</td>
<td>0015</td>
<td>1.0338</td>
<td>69.23</td>
<td>20.13</td>
<td>19.46</td>
<td></td>
</tr>
<tr>
<td>11042</td>
<td>Debride skin/tissue</td>
<td>T</td>
<td>0016</td>
<td>2.5900</td>
<td>149.25</td>
<td>32.68</td>
<td>29.85</td>
<td></td>
</tr>
<tr>
<td>11043</td>
<td>Debride tissue/muscle</td>
<td>T</td>
<td>0016</td>
<td>2.5900</td>
<td>149.25</td>
<td>32.68</td>
<td>29.85</td>
<td></td>
</tr>
<tr>
<td>11044</td>
<td>Debride tissue/muscle/bone</td>
<td>T</td>
<td>0012</td>
<td>6.7313</td>
<td>400.59</td>
<td>108.65</td>
<td>85.12</td>
<td></td>
</tr>
<tr>
<td>11055</td>
<td>Trim skin lesions, 2 to 4</td>
<td>T</td>
<td>0012</td>
<td>0.8477</td>
<td>50.45</td>
<td>11.18</td>
<td>10.09</td>
<td></td>
</tr>
</tbody>
</table>

### Unna Boot CPT Code

- **CPT 29580 Unna Boot**
  - The physician applies an Unna boot to the leg of a patient. An Unna boot is typically used to treat or prevent venostasis dermatitis or ulcers of the lower leg. It is also used to control postoperative edema like that resulting from an amputation. The physician prepares this semirigid dressing by first making a paste of zinc oxide, gelatin, and glycerin. This is applied to the skin of the leg. A spiral or figure eight bandage is wrapped evenly over the leg. Paste is then reapplied and further bandages are applied in the same fashion until the desired rigidity is obtained. Elastic bandages are often added to the dressings for reinforcement. The dressing is typically replaced at least once a week or more often as needed.

- **Also called “Dynaflex”**

Often applied by nursing or therapists, document application in the treatment/progress notes or other documentation. Must have an MD order. If bilateral, add modifier 50, as this impacts payment.

“Multilayered High Compression Dressing”, see CPT Asst. July 1999

Check with the FI regarding coverage and who this can be performed by.
Trauma Related Procedures

- Requires: explore, enlarge, extension, debridement (down to muscle/fascia)
- 20100 - Penetrating neck
- 20101 - Penetrating chest
- 20102 - Penetrating abdomen, flank, back
- 20103 - Penetrating extremity

OPPS Payment – Addendum B

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Description</th>
<th>CI</th>
<th>SI</th>
<th>APC</th>
<th>Relative weight</th>
<th>Payment rate</th>
<th>National unadjusted copayment</th>
<th>Minimum unadjusted copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>20000</td>
<td>Incision of abscess</td>
<td>T 0006</td>
<td>1,5100</td>
<td>89.86</td>
<td>21.76</td>
<td>17.97</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20005</td>
<td>Incision of deep abscess</td>
<td>T 0049</td>
<td>20,3891</td>
<td>1,213.38</td>
<td>242.68</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20100</td>
<td>Explore wound, neck</td>
<td>T 0023</td>
<td>4.7662</td>
<td>283.64</td>
<td>56.73</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20101</td>
<td>Explore wound, chest</td>
<td>T 0027</td>
<td>18.1956</td>
<td>1,082.84</td>
<td>328.72</td>
<td>216.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20102</td>
<td>Explore wound, abdomen</td>
<td>T 0027</td>
<td>18.1956</td>
<td>1,082.84</td>
<td>328.72</td>
<td>216.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20103</td>
<td>Explore wound, extremity</td>
<td>T 0023</td>
<td>4.7662</td>
<td>283.64</td>
<td>56.73</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20150</td>
<td>Excise epiphyseal bar</td>
<td>T 0051</td>
<td>36.6106</td>
<td>2,178.73</td>
<td>435.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20200</td>
<td>Muscle biopsy</td>
<td>T 0021</td>
<td>14.9984</td>
<td>892.57</td>
<td>219.48</td>
<td>178.51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20205</td>
<td>Deep muscle biopsy</td>
<td>T 0021</td>
<td>14.9984</td>
<td>892.57</td>
<td>219.48</td>
<td>178.51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20206</td>
<td>Needle biopsy, muscle</td>
<td>T 0065</td>
<td>3.5834</td>
<td>213.25</td>
<td>71.59</td>
<td>42.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20225</td>
<td>Bone biopsy, trocar/needle</td>
<td>T 0020</td>
<td>6.9410</td>
<td>413.07</td>
<td>107.67</td>
<td>82.61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20245</td>
<td>Bone biopsy, excisional</td>
<td>T 0022</td>
<td>19.5716</td>
<td>1,164.73</td>
<td>354.45</td>
<td>232.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20251</td>
<td>Open bone biopsy</td>
<td>T 0049</td>
<td>20.9861</td>
<td>1,213.38</td>
<td>242.68</td>
<td>242.68</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What’s Included in Surgical Procedures

- Removing the dressing
- Cleansing the wound area
- Anesthesia
  - Local injection of lidocaine
- Assessing/evaluating for the procedure
- Performing the procedure
- Application of the new dressing
- Post procedure instructions

Do not add an E&M to the procedure due to these elements, they are inclusive in the procedure CPT code.

Compartment Pressure Measurement

- 20950 (Wick catheter)
- Add modifier-79 if performed during global period of previous major surgery
- 958.8 early trauma complication
- Crush injuries (925-929)
- Neuropathy (355.9)
- Cyanosis (782.5)
Grafts are Often used in Wound Care – Know the Terminology/Definitions

- **Autograft**: tissue transplanted from one part of the body to another in the same individual
- **Allograft (homograft)**: tissue transplanted from one individual to another of the same species
- **Xenograft (heterograft)**: tissue transplanted from one species to an unlike species (e.g., baboon to human)

Many New Grafts Codes for 2006

- **15040** - Harvest tissue for cultured skin graft (CEA) up to 100 sq. cm.
- **15110** - Epidermal autograft, trunk, arms, legs; first 100 sq. cm or 1% infants/children BSA
- **+15111** - Epidermal autograft, each additional additional 100 sq. cm. or 1% infants/children BSA
- **15115** - Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq. cm or 1% infants/children BSA
- **+15116** - Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional additional 100 sq. cm. or 1% infants/children BSA

Review the 2006 CPT Integumentary Section.
## Graft Types with Product Examples

<table>
<thead>
<tr>
<th>CODE</th>
<th>TYPE OF GRAFT</th>
<th>DEFINITION &amp; PRODUCT EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>15150 – 15157</td>
<td>Tissue cultured epidermal autograft</td>
<td>Cultured skin with only an epidermal layer (CEA, Epicel®, EpiDex®)</td>
</tr>
<tr>
<td>15170 – 15176</td>
<td>Acellular dermal replacement</td>
<td>A tissue-derived or manufactured device that provides immediate, temporary wound closure and which incorporates into the wound and promotes the generation of a neodermis that can support epidermal tissue (e.g., Integra®)</td>
</tr>
<tr>
<td>15300 – 15321</td>
<td>Allograft skin</td>
<td>Cadaveric human skin (from skin banks)</td>
</tr>
<tr>
<td>15330 – 15336</td>
<td>Acellular dermal allograft</td>
<td>Allogeneic dermis that requires immediate concurrent coverage with autologous tissue (e.g., Alloderm®)</td>
</tr>
<tr>
<td>15340 – 15341</td>
<td>Tissue cultured allogeneic skin substitute</td>
<td>Cultured allogeneic skin with both a dermal and epidermal layer (e.g., Apligraf®)</td>
</tr>
<tr>
<td>15360 – 15366</td>
<td>Tissue cultured allogeneic dermal substitute</td>
<td>Cultured allogeneic neonatal dermal fibroblasts (e.g., Transcyte®, Dermagraft®)</td>
</tr>
<tr>
<td>15400 – 15411</td>
<td>Xenogeneic dermis</td>
<td>Not human (e.g., EZ Derm™, Mediskin®)</td>
</tr>
<tr>
<td>15430 – 15431</td>
<td>Acellular xenogeneic implant</td>
<td>Decellularized porcine connective tissue comprised of small intestinal submucosa (e.g., Oasis®, Surgisis®)</td>
</tr>
</tbody>
</table>
CPT Codes for Burns, local treatment 16000-16036

- **16020 - 16030** include application of Biobrane** and other dressings
- **16020 - 16030** include debridement (curettlement)
- **16000** - initial treatment, first degree burn, when no more than local treatment is required
- **16010 and 16015** - Deleted
- **16020** - Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% TBSA)

Revision or Excision of Burns

- **15000 – 15001** replaced 16040 - 16042 in 1999
- Tangential excision of burn was included in 15000 - 15001 by CPT Editorial Board
- Do not code separately for the application of alloplastic dressings with this
- CPT codes 15000 and 15001 are billed based on surface area of burn/wound
- Need a diagnosis (ICD-9-CM code) of “burn”
Diabetes Mellitus-**LOPS**
E&M codes

- **G0245**
  - Initial Eval. Diabetic with diabetic sensory neuropathy with LOPS
    - Dx of LOPS
    - Patient history
    - PE-at least
      - Visual inspection of forefoot, hindfoot and toe web spaces
      - Eval. protective sensation
      - Eval. Foot structure and biomechanics
      - Eval. Vascular status and skin integrity
      - Eval and recommendation of footwear
    - Patient education (1.71)

- **G0246**
  - Follow-up Eval. Diabetic with diabetic sensory neuropathy with LOPS
    - Patient history
    - PE-including
      - Visual inspection of forefoot, hindfoot and toe web spaces
      - Eval. protective sensation
      - Eval. Foot structure and biomechanics
      - Eval. Vascular status and skin integrity
      - Eval and recommendation of footwear
    - Patient education (1.01)

---

Diabetes Mellitus-**LOPS**
E&M code G0247

- Routine foot care of Diabetic with diabetic sensory neuropathy with LOPS
- If present, local care of superficial wounds
- Debridement corns, calluses, and debridement of nails
- Trimming and debridement of nails
  (not 11719 - 11712)
Medicare OPPS – E&M visits

- Each facility is held accountable for following its own system for assigning the different levels of HCPCS (E&M) codes. Facilities are in compliance with these reporting requirements as long as:
  - The services furnished are documented and medically necessary;
  - The facility is following its own system; and
  - The facility’s system reasonably relates the intensity of hospital resources to the different levels of HCPCS codes.

Evaluation & Management CPT

- Develop leveling criteria for E&M
- Develop a written policy to support the criteria
- Education/train your staff on the criteria
- Validate to the clinical documentation
- Conduct an Audit for accuracy and compliance
Evaluation & Management
CPT Codes (E&M)

- E&M leveling Criteria – work with department clinicians to develop the criteria and put in writing
- Criteria can be based on nursing time along with other resources that are not separately payable
  - Education
  - Discharge planning
  - Transfer of patient – additional staff assistance
  - Caution in the use of a “point system” to determine the level
    - Do not give points for separately payable tests/services
  - Physical Therapist have separate Eval codes with CPT

Evaluation & Management
CPT Codes (E&M)

- 99211 Office or outpatient visit, est. patient
  - Often referred to as Level I
  - Set from hospital specific criteria
  - 99201 New

- 99212 Office or other outpatient visit for the evaluation and management of an established patient
  - Often referred to as Level II
  - Set from hospital specific criteria
  - 99202 New

AMA CPT Book description and criteria, is for Prof Fee (Physician).
### Evaluation & Management CPT Codes (E&M)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>99213</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient</td>
<td>Often referred to as Level III, Set from hospital specific criteria, 99203 New</td>
</tr>
<tr>
<td>99214</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient</td>
<td>Often referred to as Level IV, Set from hospital specific criteria for this level, 99204 New</td>
</tr>
<tr>
<td>99215</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient</td>
<td>Often referred to as Level V, Set from hospital specific criteria for this level, 99205 New</td>
</tr>
</tbody>
</table>
EXHIBIT A

New versus Established?

Federal Register / Vol. 65, No. 58 / Friday, April 7, 2000 / Rules and Regulations

OPPS Payment – Addendum B

<table>
<thead>
<tr>
<th>CPT/ HCPCS</th>
<th>Description</th>
<th>CI</th>
<th>SI</th>
<th>APC</th>
<th>Relative weight</th>
<th>Payment rate</th>
<th>National unadjusted copayment</th>
<th>Minimum unadjusted copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>Office/outpatient visit, new</td>
<td>V 0600</td>
<td>0.8800</td>
<td>52.37</td>
<td>10.47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99202</td>
<td>Office/outpatient visit, new</td>
<td>V 0600</td>
<td>0.8800</td>
<td>52.37</td>
<td>10.47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99203</td>
<td>Office/outpatient visit, est</td>
<td>V 0600</td>
<td>1.0125</td>
<td>60.25</td>
<td>12.05</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99204</td>
<td>Office/outpatient visit, est</td>
<td>V 0602</td>
<td>1.4731</td>
<td>87.67</td>
<td>17.53</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99205</td>
<td>Office/outpatient visit, est</td>
<td>V 0602</td>
<td>1.4731</td>
<td>87.67</td>
<td>17.53</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99211</td>
<td>Office/outpatient visit, est</td>
<td>V 0600</td>
<td>0.8800</td>
<td>52.37</td>
<td>10.47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99212</td>
<td>Office/outpatient visit, est</td>
<td>V 0600</td>
<td>0.8800</td>
<td>52.37</td>
<td>10.47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99213</td>
<td>Office/outpatient visit, est</td>
<td>V 0601</td>
<td>1.0125</td>
<td>60.25</td>
<td>12.05</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99214</td>
<td>Office/outpatient visit, est</td>
<td>V 0602</td>
<td>1.4731</td>
<td>87.67</td>
<td>17.53</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99215</td>
<td>Office/outpatient visit, est</td>
<td>V 0602</td>
<td>1.4731</td>
<td>87.67</td>
<td>17.53</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hospital based outpatient wound care payment for Medicare patients is made under OPPS.
E&M with Procedure – Modifier 25 Coding Rule

• Wound Care procedures often occur when physicians are also providing care
  – Debridement – several different codes
  – Application of a graft
• A CPT procedure code with status “S or T” along with an E&M code will hit an edit unless there is a modifier 25 assigned to the E&M
• The E&M codes can not be assigned/charged or coded in addition to a procedure CPT code unless the E&M was for a separately identifiable service on the same day by the same physician (Per CMS June 2001)
  – If separate, then a modifier 25 must to assigned to the E&M code
  – Documentation must reflect this

Charge/Encounter Form

• In order to charge for the services/care you will need to develop a form to capture the charges
• Need to develop a written policy to support the use of this form
• Need to education staff on the form and the charges
• Capture all charges to assure accurate reimbursement
• Put a process in place to validate charges
  – Missed charges and overcharges can be corrected
Charge Encounter Form

Other Outpatient Chargeable Services?

- Yes, follow current practices and action with regard to other services that are chargeable
  - MD Order
  - Documentation
- Review your CDM (Charge Description Master)
  - Are all your services included?
Wound Care – Chargeable Items and Revenue Capture

- Make sure these are charged when provided, included on the charge encounter form:
  - Infusion – new rules in 2006
  - Injections – new rules in 2006
  - Transfusion
  - Blood Glucose Checks
  - Pharmacy/drugs (via Pharmacy)
  - Graft Supplies
  - Etc. (Lab, Radiology, EKG charged via ancillary depts.)

Wound Care Payment – A Process of Checks and Balances

- A procedure has a CPT code, it may not be covered by the various payers for every wound care professional in every site of service
- To determine which codes apply to the hospital-owned outpatient wound care department, first identify who will work in the department, which procedures will be performed, and who will perform them
- Research the major payers' coverage and payment policies for the professionals who are performing those procedures in your site of service
- Medicare is a major payer for many patients with wounds who are referred to outpatient wound care departments
Checks and Balances

• Review Medicare’s National Coverage Decisions (NCDs) and Local Coverage Decisions (LCDs), as well as its articles and guidance documents
• The wound care team must review both the Medicare carrier’s and the Medicare fiscal intermediary’s directives
• Consider having a UR or Case Management process in place to help monitor medical necessity and coverage
• If you also have HBO (Hyperbaric Oxygen) treatment, check the NCD closely to meet compliance

HBO Medicare National Coverage Decision

• For purposes of coverage under Medicare, hyperbaric oxygen (HBO) therapy is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure.
  – C1300 (each 30 mins) Medicare code
• Program reimbursement for HBO therapy will be limited to that which is administered in a chamber (including the one man unit) and is limited to certain conditions.
  
  HBO may include (not an all inclusive list) a complete history of the condition/diagnosis warranting HBO, prior treatment methods, standard wound care, documentation related to progress, treatment times for each HBO treatment. Documentation of services billed in addition to HBO (e.g., separate E&M, wound debridement).
HBO Covered Conditions

5. Acute traumatic peripheral ischemia. HBO therapy is a valuable adjunctive treatment to be used in combination with accepted standard therapeutic measures when loss of function, limb, or life is threatened. (ICD-9-CM diagnosis 903.53, 903.01, 903.4, 904.41.)
6. Crush injuries and suturing of severed limbs. As in the previous conditions, HBO therapy would be an adjunctive treatment when loss of function, limb, or life is threatened. (ICD-9-CM diagnosis 927.00-927.03, 927.09-927.11, 927.20-927.21, 928.8-928.9, 928.00-928.01, 928.10-928.11, 928.20-928.21, 928.3, 928.8-928.9, 929.0, 929.9, 996.90-996.99.)
7. Acute peripheral arterial insufficiency, (ICD-9-CM diagnosis 444.21, 444.22, 444.81).
8. Acute peripheral arterial insufficiency, (ICD-9-CM diagnosis 444.21, 444.22, 444.81).
10. Soft tissue radionecrosis as an adjunct to conventional treatment. (ICD-9-CM diagnosis 990).
12. Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment, (ICD-9-CM diagnosis 039.0-039.4, 039.8, 039.9).

These conditions/diagnoses must be present and documented within the medical record.

HBO Therapy for the Treatment of Diabetic Wounds

• Diabetic wounds of the lower extremities in patients who meet the following three criteria:
  - a. Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes;
  - b. Patient has a wound classified as Wagner grade III or higher; and
  - c. Patient has failed an adequate course of standard wound therapy.

• The use of HBO therapy is covered as adjunctive therapy only after there are no measurable signs of healing for at least 30 days of treatment with standard wound therapy and must be used in addition to standard wound care.

• Standard wound care in patients with diabetic wounds includes: assessment of a patient’s vascular status and correction of any vascular problems in the affected limb if possible, optimization of nutritional status, optimization of glucose control, debridement by any means to remove devitalized tissue, maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings, appropriate off-loading, and necessary treatment to resolve any infection that might be present.
HBO Treatment Must be Reasonable with Time Limits

- Payment will be made by Medicare where HBO therapy is clinically practical.
- HBO therapy should not be a replacement for other standard successful therapeutic measures.
- Depending on the response of the individual patient and the severity of the original problem, treatment may range from less than 1 week to several months duration, the average being two to four weeks.
- Review and document the medical necessity for use of hyperbaric oxygen for more than two months, regardless of the condition of the patient, before further reimbursement is made. CMS may/will request medical records in these situations.

HBO Units/Quantity

- HBO is typically prescribed for an average of 90 minutes, which hospitals should report using appropriate units of HCPCS code C1300 in order to properly bill for full body HBO therapy.
- In general, the Centers for Medicare & Medicaid Services (CMS) does not expect that a physician order for 90 minutes of HBO therapy would exceed four billed units of HCPCS code C1300.
Case Example #1

- Patient with “venous status ulcer lower extremity” is seen by the wound care nurse for the third visit, they also have a history of COPD.
- The wound is assessed and cleaned with saline and a fluff. There is an MD order for an Unna boot. Unna boot application is assessed and applied and thoroughly documented by therapist.
- What CPT code would be charged?

Case Example #2

- PT presents for a scheduled HBO treatment and it is noted during a brief examination prior to starting treatment that the patient has a NEW wound on his opposite leg that needs further attention and evaluation.
- A Nursing evaluation of 20 minutes face-to-face with the patient & family and a discussion with the physician regarding the new wound and what treatment should be provided. Wound measurements and an assessment of the new wound be noted.
- A verbal MD order was received for wound care and application of Bactroban and loose fitting dressings, per MD orders.
- The HBO treatment followed for 2.0 hours, without any problems.
- What would you charge for this visit?
Summary

• Outpatient wound care or burn care documentation needs to be specific and detailed
• MD order/referral
• Assign ICD-9-CM diagnosis
• Develop E&M leveling criteria
  – Put in writing
  – Update annually
• Develop a charge encounter form
• Verify that all necessary codes are in the CDM

Summary

• Develop documentation forms/template
• Educate all clinical staff on this specific documentation and charging issues
  – Request assistance from your hospital HIM Coding Staff or Department
• Charge reconciliation – daily
• Audit at least once per year more often as the rules and codes change
Reference: Wagner Ulcer Classification System

- Grade 0 = no open lesion
- Grade 1 = superficial ulcer without penetration to deeper layers.
- Grade 2 = ulcer penetrates to tendon, bone, or joint.
- Grade 3 = lesion has penetrated deeper than grade 2 and this is abscess, osteomyelitis, pyarthrosis, plantar space abscess, or infection of the tendon and tendon sheaths.
- Grade 4 = wet or dry gangrene in the toes or forefoot.
- Grade 5 = gangrene involves the whole foot or such a percentage that no local procedures are possible and amputation (at least at the below the knee level) is indicated.

Questions
# The Wound Care Information Network

## Outcome Statistics For Chronic Wounds

**How Do You Compare?**

<table>
<thead>
<tr>
<th>Ulcer Type</th>
<th>Stage/Depth</th>
<th>Ulcer Location</th>
<th>Change Time</th>
<th># of Years</th>
<th># of Dressing Changes</th>
<th>Product Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcer</td>
<td>Stage III</td>
<td>Sacrum</td>
<td>&gt; 40 weeks</td>
<td>&gt; 100</td>
<td></td>
<td>$500-$1000</td>
</tr>
<tr>
<td>Stage III</td>
<td>Back</td>
<td>2 weeks</td>
<td>10</td>
<td>11-30</td>
<td>not seen</td>
<td></td>
</tr>
<tr>
<td>Venous Ulcer</td>
<td>Full Thickness</td>
<td>Leg</td>
<td>19 - 20</td>
<td>4</td>
<td>91 - 100</td>
<td>not seen</td>
</tr>
<tr>
<td></td>
<td>Full Thickness</td>
<td>Leg</td>
<td>&gt; 40 weeks</td>
<td>10</td>
<td>26 - 30</td>
<td>not seen</td>
</tr>
<tr>
<td></td>
<td>Full Thickness</td>
<td>Leg</td>
<td>19 - 20</td>
<td>15</td>
<td>91 - 100</td>
<td>&gt; $2000</td>
</tr>
<tr>
<td></td>
<td>Full Thickness</td>
<td>Leg</td>
<td>&gt; 40 weeks</td>
<td>15</td>
<td>91 - 100</td>
<td>&gt; $2000</td>
</tr>
<tr>
<td>Diabetic Foot Ulcer</td>
<td>Grade 1</td>
<td>Foot - planter</td>
<td>&gt; 40 weeks</td>
<td>15</td>
<td>&gt; 100</td>
<td>not seen</td>
</tr>
<tr>
<td></td>
<td>Grade 2</td>
<td>Foot - planter</td>
<td>&gt; 40 weeks</td>
<td>15</td>
<td>100</td>
<td>&gt; $2000</td>
</tr>
<tr>
<td></td>
<td>Grade 3</td>
<td>Foot - planter</td>
<td>11 - 14 weeks</td>
<td>81 - 90</td>
<td>81 - 90</td>
<td>$900 - $1000</td>
</tr>
<tr>
<td>Ischemic</td>
<td>Grade 3</td>
<td>Toe</td>
<td>19 - 20 weeks</td>
<td>14</td>
<td>81 - 90</td>
<td>&gt; $2000</td>
</tr>
</tbody>
</table>

*This chart was last updated on 12/30/06*

The data in this table should not be considered as accurate or statistically significant. I am merely giving the responders to the fields below. Over time, I am hopeful that we are able (with your help) to gain enough responses that we can all start seeing what type of outcomes are clinically / financially acceptable.

## References/Resources

- OPPS Final Rule 2006 Addendum B
- 2006 AMA CPT Book
- AMA *CPT Assistant*
- NCD 35-10 Hyperbaric Oxygen Therapy
- LMRP for Hyperbaric Oxygen Therapy (HBOT) (L2454)
Thank you
Exhibit B

Itemized Surgical Dressing HCPCS List—two pages only. Please visit the Web site listed below to download the complete listing.


(Home page for Palmetto GBA is http://www.palmettogba.com.)
<table>
<thead>
<tr>
<th>PRODUCT NAME</th>
<th>MANUFACTURER OR DISTRIBUTOR</th>
<th>HCPCS CODE</th>
<th>HCPCS CODE DESCRIPTION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% Cotton Drain Sponges, Sterile (Model NON255000)</td>
<td>MEDLINE INDUSTRIES, INC.</td>
<td>A6402</td>
<td>Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>3M Foam Adhesive Dressing - Heel Design (Model 90619)</td>
<td>3M HEALTH CARE</td>
<td>A6212</td>
<td>Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>3M Foam Dressings - Adhesive (Models 90610, 90611, 90612, 90613, 90616)</td>
<td>3M HEALTH CARE</td>
<td>A6212-A6213</td>
<td>Foam dressing, wound cover, with any size adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>3M Foam Dressings - NonAdhesive (Models 90600, 90601, 90602, 90603, 90604, 90605)(Previously named Tega Foam Dressings)</td>
<td>3M HEALTH CARE</td>
<td>A6209-A6211</td>
<td>Foam dressing, wound cover, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>3M Medipore H Soft Cloth Surgical Tape (Models 2861, 2862, 2863, 2864, 2865, 2866, 28625, 28645, 28665)(Re-Review)</td>
<td>3M HEALTH CARE</td>
<td>A4452</td>
<td>Tape, waterproof, per 18 square inches</td>
<td></td>
</tr>
<tr>
<td>3M Tegaderm Roll Transparent Film Roll (Models 16002, 16004, 16006) (Re-Review)</td>
<td>3M HEALTH CARE</td>
<td>A6257-A6259</td>
<td>Transparent film, each dressing</td>
<td></td>
</tr>
<tr>
<td>3M Wound Cleanser (Model 91100)</td>
<td>3M HEALTH CARE</td>
<td>A6260</td>
<td>Wound cleansers, any type, any size</td>
<td></td>
</tr>
<tr>
<td>480 LF Latex Free Reinforced Elastic Bandage (Model #39400000)</td>
<td>HARTMANN-CONCO, INC.</td>
<td>A6449</td>
<td>Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard</td>
<td></td>
</tr>
<tr>
<td>A &amp; D Barrier Ointment (Model 3387)</td>
<td>3M HEALTH CARE</td>
<td>A6250</td>
<td>Skin sealants, protectants, moisturizers, ointments, any type, any size</td>
<td>Effective September 2000, this product is no longer being manufactured.</td>
</tr>
<tr>
<td>A.R.D. Anoperineal Dressing</td>
<td>BIRCHWOOD LABORATORIES</td>
<td>A6216</td>
<td>Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>ABD Pads, Non-Sterile (Models NON21451, NON21452, NON21456, NON21457)</td>
<td>MEDLINE INDUSTRIES, INC.</td>
<td>A6252-A6253</td>
<td>Specialty absorptive dressing, wound cover, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>ABD Pads, Sterile (Models NON21450, NON21453, NON21454, NON21459)</td>
<td>MEDLINE INDUSTRIES, INC.</td>
<td>A6252-A6253</td>
<td>Specialty absorptive dressing, wound cover, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>ABD/Combine Pads (Models PRM21450, PRM21453, PRM21454)</td>
<td>MEDLINE INDUSTRIES, INC.</td>
<td>A6252-A6253</td>
<td>Specialty absorptive dressing, wound cover, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>Abrams Multi-Density Polyurethane Foam Sleeve Bandage System (S, M, L, XL) (Re-Review)</td>
<td>DR. LEN'S MEDICAL PRODUCTS, LLC</td>
<td>K0620</td>
<td>Tubular elastic dressing, any width, per linear yard</td>
<td></td>
</tr>
<tr>
<td>Abrams Multi-Density Polyurethane Foam Wound Dressing System – with Adhesive (4x4)(Re-Review)</td>
<td>DR. LEN'S MEDICAL PRODUCTS, LLC</td>
<td>A6209</td>
<td>Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>Abrams Multi-Density Polyurethane Foam Wound Dressing System – without Adhesive (4x4)(Re-Review)</td>
<td>DR. LEN'S MEDICAL PRODUCTS, LLC</td>
<td>A6209</td>
<td>Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>Accu-Sorb Blended Gauze Sponges, Non-Sterile (Models NON27224, NON27443, NON27444)</td>
<td>MEDLINE INDUSTRIES, INC.</td>
<td>A6216</td>
<td>Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>Accu-Sorb Blended Gauze Sponges, Sterile (Models NON272242, NON274442)</td>
<td>MEDLINE INDUSTRIES, INC.</td>
<td>A6402</td>
<td>Gauze, non-impregnated, sterile, pad size 16 sq. in or less, without adhesive border, each dressing</td>
<td></td>
</tr>
</tbody>
</table>
### Surgical Dressings Product Classification List

<table>
<thead>
<tr>
<th>PRODUCT NAME</th>
<th>MANUFACTURER OR DISTRIBUTOR</th>
<th>HCPCS CODE</th>
<th>HCPCS CODE DESCRIPTION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACell Wound Matrix (Models AWM1000-LY/HY, AWM1023-LY, AWM1012-LY, AWM1013-LY)</td>
<td>ACELL, INC.</td>
<td>J3590</td>
<td>Unclassified biologics</td>
<td></td>
</tr>
<tr>
<td>AcryDerm</td>
<td>ACRYMED</td>
<td>A6242-A6244</td>
<td>Hydrogel dressing, wound cover, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>AcryDerm Absorbent Wound Strands</td>
<td>ACRYMED</td>
<td>A6262</td>
<td>Wound filler, dry form, per gram, not elsewhere classified</td>
<td></td>
</tr>
<tr>
<td>Acticoat 3 (Models 20601, 20151)</td>
<td>SMITH &amp; NEPHEW, INC.</td>
<td>A9270</td>
<td>Non-covered item or service</td>
<td></td>
</tr>
<tr>
<td>Acticoat 7 (Model 20341)</td>
<td>SMITH &amp; NEPHEW, INC.</td>
<td>A9270</td>
<td>Non-covered item or service</td>
<td></td>
</tr>
<tr>
<td>Acticoat 7 (Models 20141, 20241)</td>
<td>SMITH &amp; NEPHEW, INC.</td>
<td>A9270</td>
<td>Noncovered item or service</td>
<td></td>
</tr>
<tr>
<td>Acticoat Absorbent Dressing (3/4&quot; x 12&quot; Rope - #20181)</td>
<td>SMITH &amp; NEPHEW, INC.</td>
<td>A6199</td>
<td>Alginate or other fiber gelling dressing, wound filler, per 6 inches</td>
<td></td>
</tr>
<tr>
<td>Acticoat Absorbent Dressing (4&quot; x 5&quot; - #20381)</td>
<td>SMITH &amp; NEPHEW, INC.</td>
<td>A6197</td>
<td>Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., each dressing</td>
<td></td>
</tr>
<tr>
<td>Acticoat Antimicrobial Barrier Dressing (Re-Review)</td>
<td>SMITH &amp; NEPHEW, INC. (DISTRIBUTOR) MANUFACTURED BY WESTAIM BIOMEDICAL INC.</td>
<td>A9270</td>
<td>Noncovered item or service</td>
<td></td>
</tr>
<tr>
<td>Acticoat Burn (#20101 – 4&quot; x 4&quot;, #20201 – 4&quot; x 6&quot;, #20301 – 8&quot; x 16&quot;, #20401 – 16&quot; x 16&quot;, #20501 – 4&quot; x 48&quot;)</td>
<td>SMITH &amp; NEPHEW, INC.</td>
<td>A9270</td>
<td>Noncovered item or service</td>
<td></td>
</tr>
<tr>
<td>Acticoat Moisture Control (Model 20211, 5&quot; x 5&quot;)</td>
<td>SMITH &amp; NEPHEW, INC.</td>
<td>A6210</td>
<td>Foam dressing, wound cover, pad size more than 16 sq. in., but less than 48 sq. in., without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>Acticoat Moisture Control (Models 20111, 20311, 20411)</td>
<td>SMITH &amp; NEPHEW, INC.</td>
<td>A6209-A6210</td>
<td>Foam dressing, wound cover, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>Actiderm</td>
<td>CONVATEC</td>
<td>A6234-A6239</td>
<td>Hydrocolloid dressing, wound cover, each dressing</td>
<td></td>
</tr>
<tr>
<td>Actisorb Silver 220 Antimicrobial Binding Dressing (#650220-2 ½ x 3 ½&quot;, #105220-4 1/8&quot; x 4 1/8&quot;, #190220-4 1/8&quot; x 7 ½&quot;) (Re-Review)</td>
<td>JOHNSON &amp; JOHNSON (A DIVISION OF ETHICON, INC.)</td>
<td>A6206-A6207</td>
<td>Contact layer, each dressing</td>
<td></td>
</tr>
<tr>
<td>Acu-derm</td>
<td>ACME UNITED</td>
<td>A6257-A6259</td>
<td>Transparent film, each dressing</td>
<td></td>
</tr>
<tr>
<td>Adaptic</td>
<td>JOHNSON &amp; JOHNSON</td>
<td>A6222-A6224</td>
<td>Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>Adaptic (roll)</td>
<td>JOHNSON &amp; JOHNSON</td>
<td>A6266</td>
<td>Gauze, impregnated, other than water or normal saline, any width, per linear yard</td>
<td></td>
</tr>
<tr>
<td>Adaptic PG Petroleum Gauze Non-Adherent Dressing</td>
<td>JOHNSON &amp; JOHNSON</td>
<td>A6222-A6224</td>
<td>Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>Adaptic Xeroform Gauze Non-Adherent Dressing</td>
<td>JOHNSON &amp; JOHNSON</td>
<td>A6222-A6223</td>
<td>Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing</td>
<td></td>
</tr>
<tr>
<td>Adhesive Surgical Dressing (Models NON4311, NON4313)</td>
<td>MEDLINE INDUSTRIES, INC.</td>
<td>A6254-A6255</td>
<td>Specialty absorptive dressing, wound cover, with an size adhesive border, each dressing</td>
<td></td>
</tr>
</tbody>
</table>
Resources
Briefings on APCs

The editorial team at Briefings on APCs is already on staff with your peers across the country. **Why not join this winning team?**

Who’s going to keep your APC staff on track with the 2006 OPPS rule and quarterly changes? Are you billing drug administration according to CMS’ guidelines? **Find out when you hire the editorial team at Briefings on APCs.**

It's tough to meet all of the OPPS demands without the proper tools to do the job. Lower your frustration level and raise your productivity with a subscription to Briefings on APCs. It's the tool you need to keep up with regulatory changes and understand what those changes mean to your facility.

Order through this special offer and we'll take $40 off the cost of your annual subscription! We'll give you back every penny if you're not completely satisfied with your subscription. We keep up with the changes that impact your job and, with the expertise of leaders in the health information management field, bring you the most important reference you can have on your desk to stay on top of what is happening with OPPS and APCs.

---

**HCPro** • 200 Hoods Lane • P.O. Box 1168 • Marblehead, MA 01945

Phone: **800/650-6787** • Fax **800/639-8511**

☑ **Yes!** Sign me up for Briefings on APCs at $40 off the regular price!

<table>
<thead>
<tr>
<th>Subscription Type</th>
<th>Price</th>
<th>Code</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print subscription</td>
<td>$199 (you save $40!)</td>
<td>BAPCP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic subscription</td>
<td>$199 (you save $40!)</td>
<td>BAPCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combination print and electronic</td>
<td>$259 (regularly $299!)</td>
<td>BAPCPE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Order online at www.hcmarketplace.com – Enter your source code at checkout!
Your order is fully covered by HCPro's money-back guarantee.

<table>
<thead>
<tr>
<th>Shipping</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Price</td>
<td></td>
<td></td>
</tr>
<tr>
<td>($27 to AK, HI, PR)</td>
<td></td>
<td>$24.00</td>
</tr>
</tbody>
</table>

Your state sales tax $  

Grand Total $ 

---

Your source code is: MN41760A

Ship to:

Your Name & Title

Organization

Street Address

City/State/Zip

E-mail address (required for electronic subscription):

**FOUR EASY WAYS TO PAY!** *(Please check one)*

1. ☐ Bill me  
2. Charge ☐ VISA ☐ MasterCard ☐ AmEX  
3. ☐ Check enclosed (pay to HCPro)  
4. ☐ Bill my facility with P.O. 

Account #  
Expires  

Signature  

---

Thank you for your order!
Speaker resources

Gloryanne Bryant, BS, RHIA, CCS  
Director of coding/HIM compliance  
Catholic Healthcare West Corp.  
185 Berry Street, Suite 300  
San Francisco, CA 94107-1739  
Phone: 415/438-5721  
Fax: 415/591-2438  
E-mail: gbryant@chw.edu  
Web site: www.chwhealth.org

John F. Bishop, PA-C, CPC, MS, CWS  
President  
Bishop & Associates, Inc.  
5307 Archstone Drive, Apt. #101  
Tampa, FL 33414  
Cell: 813/629-6600  
E-mail: bishopjf@aol.com

Brian Murphy (moderator)  
E-mail: bmurphy@hcpro.com

HCPro Sites

HCPro: www.hcpro.com
It is HCPro’s mission to meet the specialized information, advisory, and education needs of the healthcare industry and to learn from and respond to our customers with services that meet or exceed the quality they expect. Visit HCPro’s Web site at www.hcpro.com and take advantage of our new Internet resources. At hcpro.com, you will find
  • the latest news, advice, and “how-to” information in the world of healthcare.
  • resourceful, FREE e-mail newsletters covering everything from survey preparation and JCAHO standards to healthcare credentialing and health information management. Sign up for weekly e-mail updates sent right to your computer.
  • your healthcare questions answered by HCPro’s experts.
  • weekly tips on how to perform your job at your best.
  • in-depth “how-to” stories in our premium newsletters, including Briefings on JCAHO, Medical Staff Briefing, and Credentialing Resource Center. (Paid subscriptions or pay-per-view are required to read premium newsletter content.)
  • the most comprehensive products and services (through our online store, HCPro’s www.hcmarketplace.com) to help you tackle the tough issues you face on the job every day.
  • all of the information and resources you need in the following healthcare areas:
    - Accreditation
    - Case management
    - Corporate compliance
    - Credentialing/privileging
RESOURCES

- Executive leadership
- Finance
- Health information management
- Infection control
- Long-term care
- Marketing
- Medical staff
- Nursing
- Pharmacy
- Pharmaceutical
- Physician practice
- Quality/patient safety
- Rehab
- Residency
- Safety

HCPro continues to offer the expert advice and practical guidance you’ve come to rely on to meet your daily challenges. This valuable information will be available to you 24 hours a day, seven days a week via the Internet.

The Greeley Company, A division of HCPro: www.greeley.com
Get connected with leading healthcare consultants and educators on The Greeley Company’s Web site at www.greeley.com. This online service provides the fastest, most convenient, and most up-to-date information on our quality consulting and national training offerings to healthcare leaders. Visitors will find a complete listing of all our products and services, which include consulting services, seminars, and conferences and links to other HCPro offerings.

Here’s what visitors will find:
  • Detailed descriptions of all The Greeley Company’s consulting services
  • A catalog and calendar of Greeley’s national seminars and conferences and available CMEs
  • Faculty and consultant biographies—learn about our senior-level clinicians, administrators, and faculty who are ready to assist your organization with your consulting needs and seminars
  • Ask-the-expert Q&A
  • A list of Greeley clients
  • A link to free e-mail newsletters

HCPro’s Healthcare Marketplace: www.hcmarketplace.com
Looking for even more resources? You can shop for the healthcare management tools you need at HCPro’s Healthcare Marketplace at www.hcmarketplace.com. Our online store makes it easy for you to find what you need, when you need it, in one secure and user-friendly e-commerce site.

At HCPro’s Healthcare Marketplace, you’ll discover all of the newsletters, books, videos, audioconferences, online learning, special reports, and training handbooks that HCPro has to offer.

Shopping is secure and purchasing is easy with a speedy checkout process.
CERTIFICATE OF ATTENDANCE

attended
“Wound Care Coding: Strategies for appropriate hospital outpatient reimbursement”
a 90-minute audioconference on
March 30, 2006

Rob Stuart
Senior Vice President / Chief Operating Officer
Spring 2006 Seminar Calendar

9th Annual Credentialing Resource Center Symposium
May 17th & 20th Pre- and Post- Conferences
Send a Team and Save!

New!
• Discharge Planning Summit
• Core Privileging Advanced Course
• Front-End Solutions Workshop
• Physician Performance Profile Course
• Public Accountability for Quality
• Case Management Institute

To register, call 800/801-6661 or visit www.greeley.com
Spring 2006 Seminar Calendar

MARCH

March 3, 2006, MGM Grand Hotel, Las Vegas, NV

Rapid Response Team Retreat

Learn how to create Rapid Response Teams—dedicated staff that respond to an emergency before it occurs. This life-saving patient safety innovation—featured in the Wall Street Journal and part of The Institute for Healthcare Improvement’s (IHI) 100,000 Lives Campaign—has been adopted by facilities of all sizes to decrease mortality rates by reducing adverse events and codes in critically ill patients.

Register early for team discounts!

APRIL

April 6–7, 2006, The Ritz-Carlton Hotel, Phoenix, AZ

NEW! Case Management Institute: Managing by influence to maximize the effectiveness of your case management program

Through the institute’s step-by-step strategies, leaders can find solutions to problems related to excessive utilization and clinical resource costs, the enhancement of quality (while keeping expenditures in check), and the improvement of communication/cooperation between case management, physician, and hospital leaders.

Early-Bird Discount: Register by February 2 to save $100!

April 6–7, 2006, The Ritz-Carlton Hotel, Phoenix, AZ

Effective JCAHO Survey Preparation for the Medical Staff

The JCAHO is seeking to re-engage physicians in a new, more dynamic survey process. Train your physicians and their teams on what to do when they disagree with the surveyor’s findings, the 2006 standards and patient safety goals, documentation challenges, and much more.

Early-Bird Discount: Register by February 2 to save $100!

April 7, 2006, The Westin Hotel, Michigan Avenue, Chicago, IL

NEW! Discharge Planning Summit

Decrease denials, maximize length of stay, and increase efficiency. Learn how to comply with significant federal regulations and use your discharge planning process to support the business side of healthcare. You’ll walk away from this summit with strategies to boost revenue without losing sight of the needs of the patient.

Register early for team discounts!

April 20–21, 2006, The Ritz-Carlton Golf Resort, Naples, FL

UPDATED! Medical Staff Quality: Practical strategies for effective peer review, physician performance feedback, and managing physician performance

Get concrete steps to make your medical staff quality program truly effective. Learn how to encourage positive physician performance, create effective physician performance feedback reports, solve the challenges of peer review, improve hospital systems, and address clinical performance problems.

Early-Bird Discount: Register by February 16 to save $100!

April 20–21, 2006, The Ritz-Carlton Golf Resort, Naples, FL

Advanced Medical Staff Leadership Retreat: Where today’s leaders come to solve their toughest medical staff problems

Get an in-depth look at the six toughest challenges faced by medical staff leaders today: ED coverage, disruptive physician behavior, physician/hospital collaboration and competition, matching proven competency with clinical privileges, physician/physician and physician/hospital conflict, lack of effective physician leaders.

Early-Bird Discount: Register by February 16 to save $100!

April 21–22, 2006, The Ritz-Carlton Golf Resort, Naples, FL

Surgical Team Summit: Bringing together chiefs of surgery, chiefs of anesthesia, and surgical services leadership to tackle the toughest OR challenges

Surgical teams can bring in some of the highest revenue for your facility. However, stress-free, efficient operating-room (OR) management is difficult to attain. Improve revenue and reduce inefficiencies while getting practical strategies for OR management, regulatory compliance, turf-battle resolution, credentialing, and patient flow.

Early-Bird Discount: Register by February 16 to save $100!

To register, or for continuing education credit opportunities for these seminars, call 800/801-6661 or visit www.greeley.com.
May

May 17, 2006, Mandalay Bay Resort & Casino, Las Vegas, NV

NEW! Core Privileging Advanced Course: Design and implementation
Are you charged with the job of reviewing and recommending a redesign to core privileging? Where do you start, and how can you avoid the roadblocks that can hamper smooth implementation of core privileges? A pre-conference to the 9th Annual Credentialing Resource Center Symposium, this full-day offering will take participants through the key steps needed to design, modify, and implement core privileges.

Ask about additional discounts!

May 18–19, 2006, Mandalay Bay Resort & Casino, Las Vegas, NV

UPDATED! The 9th Annual Credentialing Resource Center Symposium
Learn practical and innovative approaches to solving your toughest credentialing and medical staff challenges. For the past nine years, experts from The Greeley Company have offered medical staff and credentialing professionals nationwide seminars on credentialing hot topics. Past topics have included low-volume/no-volume providers, core privileging, physician performance profiles, new technology, and much more.

Early-Bird Discount: Register by March 16 to save $100!

May 18–19, 2006, Mandalay Bay Resort & Casino, Las Vegas, NV

UPDATED! Achieving Continuous Survey Readiness Through Patient Tracers: A practical 5-step model to compliance
On January 1, 2006, the unannounced survey process goes into effect. Prepare now with the 5-step model to continuous survey readiness, a look at JCAHO hot spots, what’s new for 2006.

Early-Bird Discount: Register by March 16 to save $100!

May 20, 2006, Mandalay Bay Resort & Casino, Las Vegas, NV

NEW! Physician Performance Profile Course: Quality data and current competence
Understand the collection and use of quality data to improve physician performance and appraise the ongoing competence of your medical staff. Topics include the domains of physician performance, the use and application of rule, rate and review indicators, and gaining physician buy-in.

Ask about additional discounts!

June

June 1–2, 2006, The Ritz-Carlton, Amelia Island, Amelia Island, FL

Medical Executive Committee Institute: The essential training program for all medical staff leaders
Gain skills never taught in medical school. Topics include how to solve MEC challenges (turf battles, disruptive physicians, ED coverage, impaired physicians, conflict of interest, medical records completion, external peer reviews, fair hearings, physician apathy) and improve performance for medical staff leaders.

Early-Bird Discount: Register by March 30 to save $100!

Coming Soon (June date and location to be announced)

Public Accountability for Quality
Hospital and physician data is being measured and reported publicly with consequences for marketing, reimbursement and accreditation. This program will teach hospital teams responsible for improving performance on publicly reported data how to gather data, interpret data, train management on how to use data, and much more.

Ask about additional discounts!

May 18–19, 2006, Mandalay Bay Resort & Casino, Las Vegas, NV

Magnet Resource Center Advanced Workshop
Confused and overwhelmed by how to achieve Magnet status—the highest seal of nursing excellence? Then attend this seminar to work one-on-one with the elite few nursing professionals who have already achieved Magnet status. These experts will outline clear action plans toward successful completion of your Magnet application.

Register early for team discounts!