



Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Nursing Home Transmittal No. 212
May 29, 2008

TO: Nursing Home Administrators

FROM: 
Susan J. Tucker, Executive Director
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal

RE: Establishment of Negative Pressure Wound Therapy (NPWT) as an Additional Nursing Service

Effective for dates of service beginning October 1, 2007, providers may bill for negative pressure wound therapy via two revenue codes: 0550, skilled nursing general; and 0270 which includes the NPWT supplies and equipment (the pump, dressings and canisters.)

Revenue code 0550 reimburses at the regional nursing rate. This is the same code that is currently used for the nursing time associated with decubitus ulcer care. Revenue code 0270 reimburses at a statewide rate of \$116.41 for equipment and supplies for each patient day. To ensure that both decubitus ulcer care and NPWT are not billed on the same day, only one occurrence of revenue code 0550 will be allowed per patient day.

Attached to this transmittal are the updated pages in the Maryland Medical Assistance Program Nursing Facility Assessment and Reimbursement Handbook that pertain to the clinical requirements for Negative Pressure Wound therapy. These pages from the Handbook give guidance to the Program's Utilization Control Agent. Also attached, is the revised page in the Maryland Medicaid Nursing Facility Services UB-04 Billing Instructions which has entry of the additional revenue codes assigned to NPWT.

Please submit any questions regarding this transmittal to the Nursing Home Program at 410 767-1736.

SJT/seh
Enclosures

cc: Utilization Control Agent
Nursing Home Liaison Committee

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us

NEGATIVE PRESSURE WOUND THERAPY (NPWT) 0550
and 0270

Item Definition: The days of care in which negative pressure wound therapy is applied to recipient with one or more of the following conditions:

- A. Stage III or IV Pressure Ulcers
- B. Neuropathic (Diabetic Ulcers)
- C. Venous Insufficiency Ulcers
- D. Surgically Created (Dehiscence)
- E. Enteric Traumatic Wound Flap/Graft only
- F. Fistulae

To be reimbursed for NPWT the wound condition must be present upon the recipient's admission to the facility or be determined by the Department or its Agent not to be the result of inadequate or inappropriate care by the facility. When a wound develops even with preventative treatment measures, the facility will be reimbursed if it provides sufficient documentation showing that such development was inevitable. The medical record must contain progress notes by the attending physician documenting periodic review of the recipient's status, and of the recipient's treatment plan consistent with the severity of the recipient's condition.

In addition to documentation noted above, the physician must document that NPWT is indicated because either:

1. Traditional treatment modalities, such as those listed under Decubitus Ulcer Care were insufficiently effective to heal the wound; or
2. Because of the recipient's medical condition or the nature of the wound, traditional treatments are likely to be ineffective or contraindicated.

Note: Each reimbursable day of care will be a composite of revenue code 0550, skilled nursing, and revenue code 0270 for the NPWT pump rental, dressings and canisters.

KEY DOCUMENTATION

1. Skin Sheets

Weekly documentation by a licensed health care provider as listed above. Documentation must be specific to size (length, width, depth, tunnels and undermining in inches or centimeters) color, and any drainage of the ulcer. The documentation should also include prescribed treatment and the recipient's response to treatment.

2. MDS 2.0 Section M - Skin Condition

Item 1 Ulcers	<u>Code</u> "c" or "d" (document the number of ulcers present at Stage 3 and/or 4
Item 5c Turning/repositioning program	checked

3. Physician's Orders.

4. Treatment Sheets and/or Medication Sheets must indicate performance and be signed off by the licensed medical professional performing the procedure.

5. Coverage will continue as long as documentation exists in the patient's chart that shows wound progress as measured by decrease in wound dimension of length, width, depth, tunnels or undermining. Or, if no measurable decrease in wound dimensions there exists documentation of changes being made to the care plan to promote healing which addresses: proper treatment of infection, debridement of devitalized tissue, pressure redistribution of/and or over the wounded area, appropriate management of moisture and incontinence; proper nutrition, and adequate perfusion to promote wound healing.

Additional Coverage Requirement

NPWT will only be covered for therapy systems that can demonstrate and document as a therapy system (specific to the manufacturers product) and not as a category the following as published in a peer-review journal and/or has FDA clearance to make these claims:

- Delivers controlled, regulated negative pressure to the wound using a software controlled therapy unit which allows application of continuous or intermittent negative pressure settings ranging from 50 mmHg to 200 mmHg. The therapy unit must be able to measure and report back to the user the amount of negative pressure being received at the wound site to ensure prescribed amounts of pressure is being received to the wound bed.
- Additionally, no gauze based dressings or other dressing materials used with a therapy system pump will be covered unless published documentation exist that the specific NPWT system creates an environment that promotes wound healing by preparing the wound bed for closure, reduces edema, remove exudate and infectious material and promotes granulation tissue formation and perfusion in the wound bed.
- Finally, the dressing material used with the NPWT system should be of a resilient, reticulated open cell design to allow for even distribution of negative pressure, draws the wound edges together and promotes cell stretch/microdeformation leading to cell mitosis/proliferation for wound healing. Generally, the NPWT system should provide for wound exudate to be transferred away from the wound bed and stored externally in a secure, closed canister that limits potential for exudate to be spilled in open environment.

Revenue Codes

Required. Line 1-23. Enter the appropriate four-digit revenue code in FL 42 from the chart below to identify specific level of care and ancillary charges. Please note that there are two revenue codes for Tube Feeding Medicaid and Decubitus Ulcer Care - Medicaid.

The 23rd line contains an incrementing page count and total number of pages for the claim on each page, creation date of the claim on each page, and a claim total charges on the final claim page only indicated using Revenue Code 0001.

Note: Each revenue code may only be used once. Consolidate all charges and units into one revenue code line item. For example, enter only one code for Physical Therapy and sum the units.

REVENUE CODES - FL 42			
COMAR DESCRIPTION	REVENUE CODE DESCRIPTION	REVENUE CODE	UNITS
DAYS OF CARE			
Days of Care Light	Rm & Brd Semi-Private - General	0120	
Days of Care Moderate	Rm & Brd Semi-Private - Other	0129	
Days of Care Heavy	Subacute Care-General	0190	
Days of Care Heavy Spec	Subacute Care-Other	0199	
Hospital Leave	Leave of Absence – NH-Hospital	0185	
Therapeutic Home Leave	Leave of Absence – Therapeutic Lv.	0183	
Coinsurance Days	All Inclusive Rm & Brd	0101	
Administrative Day	Administrative Day	0169 with code 75 and span in FL36	
ADDITIONAL NURSING SERVICES			
Class A Support Surface	DME – General	0290	
Class B Support Surface	DME – Other	0299	
Oxygen	Respiratory – Inhalation Services	0412	
Suctioning/Trache Care	Respiratory – General	0410	
Ventilator Care	Respiratory – Other	0419	
IV - Central Line	IV Therapy – Other	0269	
Peripheral IV	IV Therapy – General	0260	
Turning and Positioning	Incremental Nursing – General	0230	
Communicable Disease Care	Incremental Nursing – Other	0239	
Tube Feeding - Medicaid (note that this procedure crosswalks to 2 revenue codes)	Skilled Nursing – Other	0559	
	Medical/Surgical Supplies - Other	0279	
Tube Feeding - Medicare	Skilled Nursing – Other	0559	
Decubitus Ulcer Care - Medicaid (note that this procedure crosswalks to 2 revenue codes)	Skilled Nursing – General	0550	
	Medical/Surgical Supplies - Sterile	0272	
Decubitus Ulcer Care - Medicare	Skilled Nursing – General	0550	
Negative Pressure Wound Therapy (note that this procedure crosswalks to 2 revenue codes)	Skilled Nursing – General	0550	
	Medical/Surgical Supplies – General	0270	

