ALLIANCE OF

Wound Care Stakeholders

November 1, 2011

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National Correct Coding Initiative
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Re: Revisions to the NCCI Edits and OCE edits related to Wound Care

Dear Dr. Rosen:

The Alliance of Wound Care Stakeholders ("Alliance") is requesting changes to the Correct Coding Edits for physicians and for the Medicare hospital outpatient Prospective Payment System (PPS) for select procedures related to the treatment of complex wounds [e.g. venous, arterial, diabetic and pressure ulcers and complicated surgical wounds]. We submit that current edits described below are impeding delivery of evidence-based treatment for these wounds and forcing increased numbers of provider visits to provide the appropriate care for their patients. We believe this is more costly to the Medicare system and needs to be corrected.

The Alliance is a 501 (c) (6) multidisciplinary trade association consisting of 19 physician, clinical, provider, and patient organizations, whose mission is to promote quality care and patient access to wound care products and services. Our requests were written with the advice of Alliance organizations that not only possess expert knowledge in complex acute and chronic wounds but also in wound care research.

The Alliance is concerned that the current edits described in this request impede the application of evidence-based wound care at a single patient encounter. Because of the edits, clinicians and facilities are forced to choose between appropriate care delivery and adequate compensation for the care they deliver. The current CCI edits are contrary to best practice care as documented in evidence-based guidelines for the treatment of diabetic foot wounds, venous ulcers and many other complex wounds.[1-11] We believe our request for edit changes will ensure adequate treatment is provided for the optimal healing of complex wounds. We have divided this letter into General NCCI Edit Issues and Specific NCCI Edit Issues.

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General NCCI Edit Issues

Specifically, the grafting procedures [CPT® 15000 series] have edits in place when a total contact cast or compression therapy is applied during the same procedure visit. Total contact casting and compression therapy are distinct, separate procedures. Grafting may proceed the application of a total contact cast or compression therapy for wounds which are not progressing with standard wound management or for large wound defects which need to be closed. These procedures are commonly required during the same office or clinic visit.

Evidence-based treatment of a grafted diabetic wound requires offloading the graft area such as with application of a total contact cast [CPT® 29445] to prevent damage to the site. Evidence-based treatment for a grafted venous ulcer requires the application of compression therapy [CPT® 29580, 29581] to support venous return which reduces inflammation for optimal healing of the graft site.

The grafting procedure codes do not include a RVU allocation for professional time for either total contact casting or compression therapy application, nor do they include an allocation for the medical supplies needed for these treatments. The recently announced AMA revisions for 2012 to the Skin Replacement Surgery CPT® codes [15271 -15278] for grafting also will not have allocations for compression therapy or total contact casting, therefore these codes need to be considered as part of this edit change review. For example, this includes the instances when the compression products are used on the same day as the application of skin substitutes (the new codes are: 15271-15278).

Debridement typically is medically necessary for several weeks during treatment of complex wounds with devitalized tissue and may be performed prior to an application of a total contact cast or compression therapy. This is to ensure all necrotic tissue is removed from the wound to prevent wound deterioration, infection and slowing of the healing process. Removal of devitalized tissue from complex or chronic wounds is evidence-based wound care and is often required prior to the application of a total contact cast procedure [CPT® 29445] or application of compression therapy [CPT® 29580, 29581].

However, the current CCI edits, both in the physician office and the outpatient client setting, deny billing and payment for both procedures at the same patient visit. Currently a surgical debridement (CPT® 11042-11047) or active wound care debridement (CPT® 97597-97598) if billed as the primary procedure during the same visit as a total contact casting procedure (CPT® 29445) or compression therapy [CPT® 29580, 29581], has an **edit is in place.** Edits indicates the second procedure is either included in the first or not billable. Debridement codes do not include a RVU allocation for professional time or supplies for either total contact casting or compression therapy application because neither are the 'usual' associated medical procedures after every debridement. Although this edit does allow use of a modifier, Medicare contractors are not accepting use of the -59 modifier.

In contrast, if a total contact casting procedure is billed as the primary procedure and debridement as a secondary procedure, then **no edit restriction exists** for the secondary debridement procedure **and both are paid.** This clearly indicates CMS recognizes these as separate, distinct procedures.

The American Diabetic Association has identified that eight percent of the population is diagnosed with diabetes and over 23% for those are age 60 or older. Diabetic foot wounds are among most common complications of diabetes mellitus, with an annual incidence 1 to 4% and lifetime risk of 15% to 25%.[12-16] Delayed healing of diabetic ulcers can decrease patient mobility, reduce quality of life, [17] and increase the risk of amputation.[18] Sixty to seventy percent of diabetics have nerve damage which allows them to continue to traumatize their injured foot.[19,20]

Offloading a diabetic foot wound with total contact casting has been shown to be a gold standard for healing diabetic foot ulcer quickly[21-23], which avoids complications and the risk of amputation, while saving significant health care dollars.

With one percent of the population suffering from leg ulcers with three percent for those 60 years of age or older[24], healing these wound efficiently with debridement of devitalized tissue, when required, is critical. Improving venous return with compression, the cornerstone of evidence-based treatment for these frequently occurring chronic wounds, has been well documented in the literature and is cost-effective.[24-26]

The CCI edits need to be corrected to allow the correct medical management for complex wounds which require debridement and/ or grafting and the application of total contact casting or compression therapy, as indicated in evidence-based guidelines and the literature.

Specific NCCI Edit Issues

Issue 1:

In the Physician CCI edits, when debridement [CPT® 11042-11047, 97597, 97598] is the primary procedure (column I) in the edit table, a secondary total contact casting procedure [CPT® 29445] is not allowed, although a modifier is permitted. Use of modifier -59 is commonly denied by Medicare, although it is intended to define situations when separate, distinct procedures are performed (see Issue 6).

In the CPT® Professional Edition 2011 instructions under Application of Cast and Strapping, the section defines the appropriate use of cast and strapping codes and states:

The listed procedures apply when the cast application or strapping is a replacement procedure used during or after the period of follow-up care, or when the cast application or strapping is an initial service performed without a restorative treatment procedure(s) to stabilize or protect a fracture, injury, or dislocation and/or afford comfort to a patient. Restorative treatment or procedure(s) rendered by another physician following the

application of the initial cast/splint/strap may be reported with a treatment of fracture or dislocation code.

A physician who applies the initial cast, strap, or splint and also assumes all of the subsequent fracture, dislocation or injury care cannot use the application of casts and strapping codes as an initial service, since the first cast/splint or strap application ***is included in the treatment of fracture and/or dislocation codes****.*

Rationale for Correction to Edits
Restorative fracture and/or dislocation procedure CPT® codes include debridement and an initial cast in the RVU calculations for payment. Therefore, the current edits make sense for application of restorative fracture and/or dislocation procedures. However, neuropathic tissue injury (wound) or neuropathic Charcot fractures conditions have no initial fracture and/or dislocation procedure (code) that is required**,** hence the cost for a surgical debridement is not calculated into the total contact casting CPT® 29445 code. Not every application of a total contact cast requires a debridement; therefore it has not been included in the CPT RVU calculations. Without this change, providers are forced to debride the wound at one visit and apply the total contact cast at another visit to adequately manage their patient's medical condition and be appropriately be compensated.

Issue 2

Conversely, in the CCI edits for musculoskeletal codes, when CPT® 29445 [total contact cast] is the primary procedure (column 1) there are no edits applied for any debridement codes as the secondary procedure.

Rationale
This indicates that total contact casting and debridement are recognized as separate, distinct procedures, appropriate for billing as treatments of neuropathic injury. This supports the request to change the edits.

Request

Remove edits for the use of debridement codes CPT® 11042-11047, 97597, 97598 and CPT® code 29445 for total contact casting when billed together, regardless of which is indicated as the primary or secondary procedure.

Issue 3

In the current CCI OCE edits for hospital clinics, debridement codes [CPT® 11040 series and CPT® codes 97597, 97598] when used with total contact casting [CPT® 29445] have similar edits as those for CCI Physician edits.

Request

Remove the current OCE edits for debridement codes CPT® 11042-11047, 97597, 97598 when used in conjunction with total contact casting CPT® code 29445.

Issue 4

The CCI OCE edits and CCI Physician edits for the applications of zinc paste and multi-layer compression [CPT® codes 29580 and 29581] for treatment of venous ulcer injury, include edits disallowing billing with grafting procedures [15000 series] during the same visit.

Rationale
This is not consistent with evidence-based clinical practice for venous ulcer injury which includes the application of compression therapy to support adequate venous return and reduce edema; both are required for a successful graft take and promotion of healing for a venous ulcer.

Request

Remove the current edits for grafting procedures [15000 series] and ensure the 2012 Skin Replacement Surgery CPT codes [15271 -15278] for grafting are not assigned edits when used in conjunction with compression CPT® code 29580 and 29581 during the same visit.

Issue 5

All grafting procedures codes [CPT® 15000 series] have edits disallowing use with total contact casting [CPT 29445] for both the Physician CCI edits and the ODE outpatient clinic.

Rationale
If a grafting procedure is performed for a diabetic or neuropathic injury and a total contact cast is applied immediately to offload the site from further injury, the edit will not allow billing of the total contact casting procedure [CPT® 29445]. This is not consistent with evidence-based clinical practice and would force a second visit to the clinic to adequately offload the grafted area. Grafting and total contact casting are distinct procedures. Grafting codes do not have physician time or supply RVUs calculations included for total contact casting.

Request

Remove the current edits for grafting procedures [15000 series] and ensure the 2012 Skin Replacement Surgery CPT codes [15271 -15278] for grafting are not assigned edits when used in conjunction with total contact casting, CPT® code 29445.

Issue 6

The use of Modifier -59 is being denied when appropriately applied to current edits as identified above. In the Medicare Claims Processing Manual, Chapter 23, Correct Coding Initiative (CCI) under 20.9.1.1 the instructions states:

B. Modifier "-59"
*Definition - The "-59" modifier is used to indicate a distinct procedural service. The physician may need to indicate that a procedure or service was **distinct** or independent **from other services** performed on the same day. This may represent a different session or patient encounter, **different procedure or surgery**, different site, or organ system, separate incision/excision, or separate injury (or area of injury in extensive injuries).*

*Rationale - Multiple services provided to a patient on one day by the same provider may appear to be incorrectly coded, when in fact the services may have been performed as established to permit claims of such a nature to bypass correct coding edits. **The addition of this modifier to a procedure code indicates that the procedure represents a distinct procedure or service from others billed on the same date of service.** In other words, this may represent a different session, different surgery, different anatomical site or organ system, separate incision/excision, different agent, different lesion, or different injury or area of injury (in extensive injuries).*

Instruction - The secondary, additional, or lesser procedure(s) or service(s) must be identified by adding the modifier "-59".

Rationale
The Alliance believes Modifier -59 is appropriate for identifying the application of compression therapy or total contact casting, as separate, distinct procedures after either wound debridement [CPT® 11040 series and 97597, 97598] and/ or after grafting procedures [CPT® 15000 series]. This has not been universally applied to billing procedures by the Medicare contractors. The professional time or expense allocation RUVs for total contact casting or compression therapy are not included in the debridement procedures or grafting procedure codes.

Request
Immediately approve the use of Modifier -59 by all Medicare contractors to the current edits described in this request and maintain active use until the NCCI Panel can review and enact the requested edit changes the Alliance has recommended.

Conclusion

The CCI edits need to be corrected so as to allow the correct medical management for complex wounds which require debridement and/ or grafting and the application of total contact casting or compression therapy, as supported in evidence-based guidelines and the literature.

The Alliance requests the NCCI Panel remove the listed edits to ensure providers can deliver appropriate care at a single patient encounter rather than schedule multiple visits

to provide appropriate evidence-based treatment. This will allow more cost efficiency and provide savings for Medicare and the patients.

We urge you to review our request and address the corrections as quickly as possible to ensure availability of cost-effective, treatment for beneficiaries who suffer with complex wounds.

The Alliance is available to provide the NCCI Panel with clinical support and expertise or to answer any questions you may have regarding this request.

Sincerely,

Sincerely,

Marcia Nusgart R.Ph.
Executive Director

References

Guideline References

1. Frykberg RG, Armstrong DG, Giurini J, Edwards A, Kravette M, Kravitz S, Ross C, Stavosky J, Stuck R, Vanore J. Diabetic foot disorders: a clinical practice guideline. American College of Foot and Ankle Surgeons. *J Foot Ankle Surg* 2000;39(5 Suppl):S1-60.
2. Association for the Advancement of Wound Care (AAWC). Summary algorithm for venous ulcer care with annotations of available evidence. Malvern (PA): Association for the Advancement of Wound Care (AAWC); 2005. 25 p.
3. Lipsky BA, Berendt AR, Gunner Deery H, Embil JM, Joseph WS, Karchmer AW, LeFrock JL, Lew DP, Mader JT, Norden C, Tan JS. Diagnosis and Treatment of Diabetic Foot Infections; Infectious Diseases Society of America Guideline. *Clinical Infectious Diseases* 2004;39:885-910.
4. Apelqvist J. et al. International Working Group on Diabetic Foot. International Consensus on Diabetic Foot, 1999, International Consensus and practical guidelines on the management and prevention of the diabetic foot.
5. Wound, Ostomy, and Continence Nurses Society (WOCN). Guideline for management of wounds in patients with lower-extremity venous disease. Glenview (IL): Wound, Ostomy, and Continence Nurses Society (WOCN); 2005. 42 p.

6. Robson, MC, Barbul A. Guidelines for the best care of chronic wounds. *Wound Rep Reg* 2006;14**:**647–648. Wound Healing Society.
7. Steed, DL, Attinger, C, Colaizzi T, Ped C, Crossland M, Franz M, Harkless L, Johnson A, Moosa H, Robson M, Serena T, Sheehan P, Veves A, Wiersma-Bryant L. Guidelines for the treatment of diabetic ulcers. *Wound Rep Reg* 2006;14:680–692. Wound Healing Society.
8. Robson MC, Cooper DM, Aslam R, Gould LJ, Harding KG, Margolis DJ, Ochs DE, Serena TE, Snyder RJ,, Steed DL, Thomas DR, Wiersma-Bryant L. Guidelines for the treatment of venous ulcers. *Wound Rep Reg* 2006;14:649–662. Wound Healing Society.
9. Agency for Healthcare Policy and Research (AHCPR): Treatment of Pressure Ulcers Clinical Guideline Number 15 AHCPR Publication No. 95-0652: December 1994.
10. American Medical Directors Association; Pressure ulcers. Columbia (MD):1996.16 p.
11. Registered Nurses Association of Ontario (RNAO). Assessment and management of venous leg ulcers. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2004 Mar. 112 p.

Literature References

12. Reiber GE, Ledoux WR. Epidemiology of diabetic foot ulcers and amputations. In: Williams R, Herman W, Kinmonth AL, Wareham NJ, eds. The Evidence Base for Diabetes Care. Hoboken, NJ: John Wiley & Sons; 2002:641–665.
13. Boulton AJ, Kirsner RS, Vileikyte L. Clinical practice: neuropathic diabetic foot ulcers. N Engl J Med. 2004;351:48–55.
14. Boulton AJ, Vileikyte L, Ragnarson-Tennvall G, Apelqvist J. The global burden of diabetic foot disease. Lancet. 2005;366:1719–1724.
15. Sanders LJ. Diabetes mellitus: prevention of amputation. J Am Podiatry Med Assoc. 1994;84:322–328.
16. Singh N, Armstrong DG, Lipsky BA. Preventing foot ulcers in patients with diabetes. JAMA. 2005;293:217–228.
17. Goodridge D, Trepman E, Sloan J, et al. Quality of life of adults with unhealed and healed diabetic foot ulcers. Foot Ankle Int. 2006;27:274–280.
18. Pecoraro RE, Reiber GE, Burgess EM. Pathways to diabetic limb amputation. Basis for prevention. Diabetes Care. 1990;13:513–521.
19. National Diabetes Fact Sheet 2007, American Diabetes Association.
20. American Diabetes Association: Consensus Development Conference on Diabetic Foot Wound Care. Diabetes Care, June 2000, 23:873-874.
21. Katz I A, Harlan A, Miranda-Palma B, et al. A randomized trial of two Irremovable off-loading devices in the management of plantar neuropathic diabetic foot ulcers. *Diabetes* Care 2005;28(3).
22. Armstrong Dg, Nguyen HC, Lavery LA, et al. Off-Loading the diabetic foot wound, A randomized clinical trial. *Diabetes Care* 2001,24:1019-1022.

23. Van De Weg FB, Van Der Windt DA, Vahl AC: Wound healing: Total contact cast vs. custom-made temporary footwear for patients with diabetic foot ulceration: a randomized prospective trial. *Prosthet Orthot Int* 2008,32(1):3-11.
24. 24. Davies CE, Hill KE, Newcombe RG, et a. A prospective study of the microbiology of chronic venous leg ulcers to reevaluate the clinical predictive value of tissue biopsies and swabs *Wound Rep & Reg* 2007;15:17–22.
25. Rippon M, Davies P, Bosanquet N, White RJ. The Economic Impact of Difficult-to-Heal Venous Leg Ulcers and Cost Effectiveness of Treatment Options: a Review of the Published Literature. *Wounds-UK* 2007;3(2); 58-73.
26. Nelson EA, Fletcher AW, Sheldon TA. Compression for venous leg ulcers. *Cochrane Database of Systematic Reviews* 2001, Issue 2. Art. No.: CD000265.