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Wound Care Management

Adjudication Guideline

Table of content

Abstract Page 1	Scope Page 2	Adjudication Policy Page 2	Denial codes Page 6	Appendices Page 6
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Abstract

For Members

This guideline is intended to use as a resource for wound care management in respect to the billing and coding rules on different types of wound care management. It also follows the HAAD Claims and Adjudication Rules on the same.

Wound care management is covered for all health insurance plans except visitor's plan administered by Daman, subject to policy terms and conditions and if the billing methodology is clinically appropriate in terms of diagnosis, frequency and duration.

For Medical Professionals

The scope of this guideline is to describe the proper coding and reporting requirements for wound care management.

Daman covers wound care management for all health insurance plans, subject to policy terms and conditions and if billing methodology is clinically appropriate in terms of diagnosis, frequency and duration.

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:
None

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Doc Ctrl No.:	TEMP/351	Version No.:	1	Revision No.:	0	Date of Issue:	13.10.2016	Page No(s).:	1 of 7
---------------	----------	--------------	---	---------------	---	----------------	------------	--------------	--------

Scope

This guideline is intended to use as a resource for wound care management in respect to the billing and coding rules on different types of wound care management. It also follows the DOH Claims and Adjudication Rules on the same.

Adjudication Policy

Eligibility / Coverage Criteria

Wound care management is covered for all health insurance plans except visitor's plan administered by Daman, subject to policy terms and conditions and if the billing methodology is clinically appropriate in terms of diagnosis, frequency and duration.

Requirements for Coverage

ICD diagnosis coded to highest level of specificity as documented in the medical record of the patient.

Non-Coverage

ICD-10-CM code(s) not covered by the individual's policy or is/are clinically in-appropriate in terms of diagnosis, frequency and duration.

Payment and Coding Rules

1. Coding for Injuries

- Code for the most serious injury, as determined by the provider and the focus of treatment is sequenced first.
- Billing and documentation requirements:
- Code only those injuries, documented in the medical record.
- Assign a single code for each injury, only when a combination code is not available.
- Do not code superficial injuries when associated with more severe injuries of the same site.
- Always code E code to show the cause and place of occurrence of the injury.

2. Coding for Burns

Burn codes are classified by depth, extent and by agent (E code). Burns are classified by depth as first degree (erythema), second degree (blistering), and third degree (full-thickness involvement).

Billing and documentation requirements:

- Code the site, degree and extend of burn, documented in the medical record.
- Classify burns of the same local site but of different degrees to the subcategory, identifying the highest degree recorded in the diagnosis. Non-healing burns are coded as acute burns
- Necrosis of burned skin should be coded as a non-healed burn.
- Post-traumatic wound infection, not elsewhere classified, as an additional code, only if infected burn site is documented.
- Burn, unspecified, is extremely vague term and should rarely be used.

3. Coding for Cellulitis

- Coding of cellulitis secondary to superficial injury, burn, or frostbite requires two codes, one for the injury and one for the cellulitis.
- Sequencing of codes depends on the circumstances of the admission.

Billing and documentation requirements:

- Code cellulitis only if documented in the medical record.
- Code " Post-traumatic wound infection, NEC" should not be assigned if the infection is identified as cellulitis.
- Cellulitis described as gangrenous is classified to code " Gangrene".

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4. Coding for Wound Disruption

Code the appropriate code for the same.

Active wound care management

Debride the wound of devitalized tissue, cleanse the wound, promote coverage of the dermal defect, and to restore function to the tissue and surrounding area.

1. Surgical debridement (excisional)

Service	Documentation requirements
Debridement of extensive eczematous or infected skin; up to 10% of body surface.	<ul style="list-style-type: none"> Code based on type and amount and the surface area of tissue removed. Document should support coded anatomical site, area of body surface debrided, extend of tissue or foreign material debrided. Single wound debridement – report deepest level of tissue removed. Multiple wounds- sum of surface area of those wounds that are at the same depth, but do not combine sums from different depths. E&M not usually billed in conjunction with debridement codes. Only a separately identifiable service are performed from the debridement codes then an E&M can be claimed.
Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure).	
Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum.	
Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascia closure.	
Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascia closure.	
Removal of prosthetic material or mesh, abdominal wall for infection (e.g., for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure).	
Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin and subcutaneous tissues.	
Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle.	
Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone.	
Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq. cm or less.	
Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq. cm, or part thereof (List separately in addition to code for primary procedure).	
Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq. cm or less.	
Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq. cm, or part thereof (List separately in addition to code for primary procedure).	
Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq. cm or less.	
Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq. cm, or part thereof (List separately in addition to code for primary procedure).	

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Doc Ctrl No.:	TEMP/351	Version No.:	1	Revision No.:	0	Date of Issue:	13.10.2016	Page No(s).:	3 of 7
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2. Pressure ulcers (decubitus ulcers/ bed sores)

A pressure ulcer is the result of damage caused by pressure over time causing an ischemia of underlying structures. Bony prominences are the most common sites and causes.

Service	Documentation requirements
Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	<ul style="list-style-type: none"> Code selection depends on whether it was excision or a debridement. If ulcer excised, clears the infection and closes the wound then appropriate pressure ulcer code should be used. Codes are differentiated by:- <ul style="list-style-type: none"> -Anatomical location (coccygeal, sacral, ischial and trochanteric). -Primary suture or flap closure with skin flaps. -With or without ostectomy. E&M not usually billed in conjunction with debridement codes. Only a separately identifiable service are performed from the debridement codes then an E&M can be claimed. Dressings cannot be reimbursed separately.
Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	
Excision, sacral pressure ulcer, with primary suture;	
Excision, sacral pressure ulcer, with primary suture; with ostectomy	
Excision, sacral pressure ulcer, with skin flap closure;	
Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	
Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	
Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	
Excision, ischial pressure ulcer, with primary suture;	
Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)	
Excision, ischial pressure ulcer, with skin flap closure;	
Excision, ischial pressure ulcer, with skin flap closure; with ostectomy	
Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	
Excision, trochanteric pressure ulcer, with primary suture;	
Excision, trochanteric pressure ulcer, with primary suture; with ostectomy	
Excision, trochanteric pressure ulcer, with skin flap closure;	
Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy	
Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	
Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	
Split-thickness autograft, trunk, arms, legs; first 100 sq. cm or less, or 1% of body area of infants and children	
Split-thickness autograft, trunk, arms, legs; each additional 100 sq. cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
Muscle, myocutaneous, or fasciocutaneous flap; trunk	
Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	
Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	

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3. Burn treatment

These procedures consists of local treatment of burned surface and dressings or application of the materials.

Service	Documentation requirements
Initial treatment, first degree burn, when no more than local treatment is required	<ul style="list-style-type: none"> The degree of the burn, The percentage of body surface involved (Rule of Nines) and Depth of burn must be documented. Dressings not separately reported. Use appropriate E&M.
Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	
Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (e.g., whole face or whole extremity, or 5% to 10% total body surface area)	
Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (e.g., more than 1 extremity, or greater than 10% total body surface area)	
Escharotomy; initial incision	
Escharotomy; each additional incision (List separately in addition to code for primary procedure)	

4. Active wound care management

These procedures are performed to remove devitalized and/ or necrotic tissue and promote healing.

This group is further divided into:

Types	Code description
Selective	Debridement (e.g., high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq. cm or less.
	; each additional 20 sq. cm, or part thereof (List separately in addition to code for primary procedure).
Non-Selective	Removal of devitalized tissue from wound(s), non-selective debridement, without anaesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session.
Negative Pressure	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), 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 centimetres.
	; total wound(s) surface area greater than 50 square centimetres.

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5. Non-surgical cleansing of a wound

CODE DESCRIPTION	BILLING RULES
Non-surgical cleansing of a wound without debridement, with or without local anaesthesia, with or without the application of a surgical dressing: between 16 sq. inches/ 100sq. centimetres or less.	<ul style="list-style-type: none"> When service provided is only non-surgical cleansing of a wound without sharp debridement, with or without the application of a surgical dressing, the appropriate e/m codes should be used. The selection of the E/M service should be supported by the documentation of the appropriate components; and the non-surgical cleansing of a wound will be considered bundled in the E/M reimbursements, and has no entitlement for separate payment. If performed in the "Follow-up within one week" period, non-surgical cleansing of a wound without sharp debridement might be separately reimbursable using appropriate CPT codes must be used: wound debridement, dressing for burns, and dressing change under anaesthesia.
; between 16 sq. inches/ 100sq. centimetres and 48 sq. inches / 300sq. centimetres.	
; more than 48 sq. inches / 300sq. centimetres.	

Denial codes

Code description
Service is not clinically indicated based on good clinical practice
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
Service/supply may be appropriate, but too frequent
Payment is included in the allowance for another service
Consultation within free follow up period.
Payment already made for same/similar service
Submission not complaint with contractual agreement between provider & payer.

Appendices

A. References

- <https://www.nice.org.uk/guidance/conditions-and-diseases/injuries--accidents-and-wounds/wound-management>
- https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Wound_care/
- <https://emedicine.medscape.com/article/194018-treatment>
- https://www.emedicinehealth.com/wound_care/article_em.htm
- <https://www.uptodate.com/contents/basic-principles-of-wound-management>
- <https://www.reliamedia.com/articles/142459-wound-care-management>
- https://www.hopkinsmedicine.org/hec/series/wound_care.html
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3478916/>
- HAAD Claims and Adjudication Rules V2012- Q2
- ICD-10-CM Official Guidelines for Coding and Reporting 2011

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B. Revision History

Date	Change(s)
01-07-2012	Release of V1.0
01-07-2013	Release of V2.0: - New template - Coding rules updated.
15-07-2014	Release of V3.0 - Disclaimer updated as per system requirements.
09-01-2019	Release of V4.0 - Content update

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Doc Ctrl No.:	TEMP/351	Version No.:	1	Revision No.:	0	Date of Issue:	13.10.2016	Page No(s).:	7 of 7
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