

Wound Care Management Adjudication Guideline

Rule Category:
Billing

Ref: No:
2012-BR-0007

Version Control:
Version No. 5.0

Effective Date:
08/02/2019

Revision Date:
30/12/2024

Approved by:
Daman

Responsible:
Medical Standards
& Research

**Related Adjudication
Guidelines:**
N/A

Table of Contents

1.	Abstract	3
1.1	For Members.....	3
1.2	For Medical Professionals.....	3
2.	Scope	3
3.	Adjudication Policy.....	3
3.1	Eligibility / Coverage Criteria.....	3
3.2	Requirements for Coverage	3
3.3	Non-Coverage.....	3
3.4	Payment and Coding Rules	4
4.	Denial Codes.....	7
5.	Appendices	8
5.1	References	8
5.2	Revision History	8

1. Abstract

1.1 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 regulatory 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.

1.2 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.

2. 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 regulator Claims and Adjudication Rules on the same.

3. Adjudication Policy

3.1 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.

3.2 Requirements for Coverage

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

3.3 Non-Coverage

Conditions not covered by the individual's policy or is/are clinically in-appropriate in terms of diagnosis, frequency and duration are not reimbursable.

3.4 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 extent 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"

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)

- 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.

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.
- 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:
 - 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.

3. Burn treatment

These procedures consist of local treatment of burned surface and dressings or application of the materials, reporting should follow the below:

- 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.

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.

5. Non-surgical cleansing of a wound

Please follow the billing rules as below:

- 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.

4. Denial Codes

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service/supply may be appropriate, but too frequent
PRCE-002	Payment is included in the allowance for another service
PRCE-006	Consultation within free follow up period.
DUPL-002	Payment already made for same/similar service

5. Appendices

5.1 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.reliasmedia.com/articles/142459-wound-care-management>
- https://www.hopkinsmedicine.org/gec/series/wound_care.html
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3478916/>

5.2 Revision History

Date	Change(s)
01/07/2012	Release of V1.0
01/07/2013	Release of V2.0: New template
15/07/2014	Release of V3.0 Disclaimer updated as per system requirements.
09/01/2019	Release of V4.0 Content update
30/12/2024	Release of V5.0 General Content and Template update

Disclaimer

By accessing these Daman Adjudication Guidelines, you acknowledge that you have read and understood the terms of use set out in the disclaimer below:
The information contained in this Adjudication Guideline is intended to outline the procedures of adjudication of medical claims as applied by the National Health Insurance Company – Daman PJSC (hereinafter "Daman"). The Adjudication Guideline is not intended to be comprehensive, should not be used as treatment guidelines and should only be used for the purpose of reference or guidance for adjudication procedures and shall not be construed as conclusive. Daman in no way interferes with the treatment of patient and will not bear any responsibility for treatment decisions interpreted through Daman Adjudication Guideline. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This Adjudication Guideline does not grant any rights or impose obligations on Daman. The Adjudication Guideline and all of the information it contains are provided "as is" without warranties of any kind, whether express or implied which are hereby expressly disclaimed.

Under no circumstances will Daman be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any use of, access to, or inability to use or access to, or reliance on this Adjudication Guideline including but without limitation to, any loss of profits, business interruption, or loss of programs or information, even if Daman has been specifically advised of the possibility of such damages. Daman also disclaims all liability for any material contained in other websites linked to Daman website.
This Adjudication Guideline is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws or regulations related to the Adjudication Guideline as enforced in the UAE issued by any governmental entity or regulatory authority, or any other written document governing the relationship between Daman and its contracting parties.

This Adjudication Guideline is developed by Daman and is the property of Daman and may not be copied, reproduced, distributed or displayed by any third party without Daman's express written consent. This Adjudication Guideline incorporates the Current Procedural Terminology (CPT®), which is a registered trademark of the American Medical Association ("AMA") and the CPT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the Adjudication Guideline at any time by providing one month prior notice.