Wound Care in the Outpatient Setting

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Wounds are injuries that break the skin or other body tissues. They include cuts, scrapes, scratches, and punctured skin. Wounds are typically due to accidental injury but may also result from surgery, stitches, or chronic disease processes.[1]

Wound care involves evaluation, management, and treatment of non-healing wounds.[2] Treatment is dependent on the type, location, etiology, and the status of the wound. In an outpatient setting, detailed documentation of the encounter and treatment provided is vital for coding professionals to translate the true picture of the care provided into codes. This article provides a brief synopsis on the different types of wounds and how they occur, the healing process, factors that affect wound healing, and the treatment and code assignment in an outpatient setting.

A superficial wound is when the top layer of skin, called the epidermis, is most affected by the cause of the injury and the site of the wound.[3] These usually aren't serious, but it is important to clean them to alleviate risk of infection. Active wound care procedures are performed to remove devitalized and/or necrotic tissue and promote healing. For example, non-excisional/non-selective debridement, CPT code 97602, is used for superficial wounds. It is the gradual removal of devitalized tissue from the wound without anesthesia.

Deep wounds need medical attention to prevent infection and loss of function due to damage to underlying structures such as muscle, tendon, bone, arteries, and nerves.[4] Excisional debridement, CPT codes 11042 – 11047, is the sharp removal of nonviable tissue until healthy tissue is reached, and is used to treat and manage deep wounds.

Wound debridement is used in the management and treatment of wounds, injuries, infections, or chronic ulcers of the skin and underlying tissue. It is reported by:

- The deepest level of tissue removed
- The surface area of the wound post debridement (length by width)

For multiple wounds, sum up the area of the wounds at the same depth but do not combine the areas of the wounds at different depths.[5] Documentation needed to report debridement includes:

- Wounding event (what lead to the occurrence of the wound); examples include bite, blister, surgical injury, or trauma
- Wound etiology; examples include burn, abscess, osteomyelitis, diabetic ulcer, surgical wound, pressure ulcer
- Character of the wound/ulcer
- Anesthetic and instrument(s) used
- Tissue and/or material removed
- Estimated blood loss
- Control of bleeding
- Type and level of debridement
- Actual wound area debrided
- Post wound care
- Post debridement measurements
- Any other associated procedures, such as cast or boot application

Outpatient coding tips for debridement include:

1. Excisional debridement is coded along with an evaluation and management (E/M) visit only when the following criteria are met:

- Initial visit to the wound care center
- A new wound is evaluated in the subsequent/follow up visit
- The existing wound is evaluated in a more detailed manner because of worsening symptoms
- A patient is evaluated for a medical condition not related to the debridement procedure

2. In an encounter where a total contact cast is applied to a debrided (excisional) wound, both the cast and the debridement are coded separately.
3. During graft application, excisional debridement is not coded unless excessive debridement is performed for a better surgical site preparation. The physician should provide precise and clear documentation to support the reporting of excessive debridement for coding purposes.

Understanding Wound Healing Factors

There are three ways to describe wound healing: with primary intention, secondary intention, or tertiary intention. Wounds heal with primary intention when the edges are approximated or surgically closed. These wounds have less chance of infection and heal with minimal scar formation. They may require surgical preparation of the wound site to close the wound surgically or may require negative pressure wound therapy to heal the wound. Surgical preparation CPT codes 15002 – 15005 are used to report the services related to preparation of a clean and viable site for placement of autograft, flap, or skin substitute graft, or for negative pressure wound therapy.

Wounds heal by secondary intention when the edges of the wound are not well approximated, there is loss of tissue, and the wound is left open to fill with healthy granulation tissue. These wounds heal with scar formation and are prone to infection as compared to healing by primary intention. Examples of wounds that heal with secondary intention include burns, severe lacerations, and chronic wounds. The surgical preparation of the wound site involves active wound management and debridement procedures. Skin grafts are used to assist with new tissue growth. Repetitive grafting might be needed in some cases to ensure development of a good amount of new tissue for complete healing.

Some of the grafts used in wound care include:

- **Autografts/tissue cultured autografts:** These are grafts that are harvested from one area and grafted on another area, in or on, the same individual. Harvesting of the skin graft is included in the application, but the repair of the donor site is reported separately. The removal of the present/old graft and cleansing of the wound is included in the graft application code. When excessive/prolonged cleansing is required for removal of significant amounts of devitalized or contaminated tissue, the debridement procedure is reported separately.
- **Skin substitute grafts:** These include the non-autologous human skin grafts (dermal/epidermal, cellular/acellular), non-human skin substitute grafts (xenograft), and biological products.

Wounds healing with tertiary intention are open wounds. These wounds have open edges and heal with formation of granulation tissue, leaving heavy scars. These wounds carry high risks of infection and require delayed closure. One example of a wound health with tertiary intention is an abdominal wound left open initially for drainage and closed later.

Wound healing can be complicated by many factors, both local and systemic. Local factors include:

- **Desiccation:** A moist environment allows wounds to heal faster. If the wound is kept hydrated with a moisture-retentive dressing, epidermal cell migration is enhanced, encouraging epithelialization.
- **Infection:** Erythema, induration, pus formation, and edema are common signs of local infection. Recommended cleansing instructions should be followed to avoid chances of infection.
- **Maceration:** Soiled dressings/clothing are a risk to healing wounds.
- **Necrosis:** Dead, devitalized (necrotic) tissue can delay healing. Slough and eschar are the two types of necrotic tissue that may appear in a wound. Slough is moist, loose, stringy necrotic tissue that is typically yellow. Eschar, which appears as dry, thick, leathery tissue, may be black. In most cases, necrotic tissue must be removed before repair and healing can occur.
- **Pressure:** Increased pressure to the affected area compromises the blood supply of the region, resulting in delayed healing.
- **Trauma and edema:** Repetitive trauma to the wounded area will result in delayed healing.

Systemic factors include:

- **Age:** Wounds in older patients may heal more slowly than those in younger patients, mainly due to co-morbidities that occur as a person ages.
- **Body type:** Body type may also affect wound healing. An obese patient, for example, may experience a compromise in wound healing due to poor blood supply to adipose tissue. In addition, some obese patients have protein malnutrition, which further impedes the healing. Conversely, when a patient is emaciated, the lack of oxygen and nutritional stores may interfere with wound healing.
- **Chronic diseases:** Coronary artery disease, peripheral vascular disease, cancer, and diabetes mellitus are a few of the chronic diseases that can compromise wound healing.
- **Immunosuppression and radiation therapy:** Suppression of the immune system by disease, medication, or age can delay wound healing. Radiation therapy can cause ulceration or change in the skin, either immediately after a treatment or after all treatment has ended.
- **Laboratory values:** Nutritional markers are not the only laboratory values that must be considered when evaluating healing. Measuring the hemoglobin level helps assess the oxygen-carrying capacity of the blood; however, it may also be necessary to assess hepatic, renal, and thyroid functions to determine the patient's healing capacity.
- **Nutritional status:** Ongoing nutritional assessment is necessary because the visual appearance of the patient or the wound is not a reliable indicator of whether the patient is receiving the proper amount of nutrients.
- **Vascular insufficiency:** Various wounds or ulcers, such as arterial, diabetic, pressure, and venous ulcers, can affect the lower extremities. Decreased blood supply is a common cause of these ulcers.[6]

When wounds fail to respond to conservative/standard wound care within a specified time period, hyperbaric oxygen therapy (HBOT) is a treatment option that may be considered for qualifying wounds.

Moving to Hyperbaric Oxygen Therapy

Hyperbaric oxygen therapy treatment allows the whole body to be exposed to oxygen under increased atmospheric pressure, leading to increased oxygen delivery to the affected organ, and thus allowing faster healing. It is the treatment of choice for wounds like radiation injuries, soft tissue infections, stage three and four diabetic ulcers, chronic osteomyelitis, and compromised flaps. This treatment requires a detailed initial assessment by the physician to qualify for a set number of treatments.

Outpatient coding tips for HBOT include:

- A treatment plan with a selected number of treatments for a particular diagnosis is created and sent for insurance approval by the treating physician. Consistency of documentation in the subsequent encounters is crucial to avoid any issues with reporting of the procedure.
- Any debridement, cast application, or graft procedures performed during the same encounter as HBOT are reported separately.
- An E/M visit and HBOT encounter on the same day are reported separately only if performed or supervised by two different physicians.
- An E/M visit with HBOT performed or supervised by the same physician on the same day can be reported separately if the patient presents with worsening symptoms or a new wound is evaluated.
- Any complications, such as ear pain or anxiety, either during or due to the HBOT session are reported as additional diagnoses to warrant the abortion of the current cycle if needed.

Coding of any wound care visit ultimately depends on the documentation provided by the provider responsible for care. If the documentation is precise and complete, it allows the coding professional to translate the documentation into codes, thus portraying an identical picture of the care provided. These codes reflect the severity of the disease process as well as the treatment rendered, thus supporting correct reimbursement for the services provided in the wound care setting.

Notes

[1] US National Library of Medicine. "Wounds and Injuries." *MedlinePlus*. www.nlm.nih.gov/medlineplus/woundsandinjuries.html.

[2] Lui, Dawn M. "Wound Care Coding Under Medicare in the Outpatient Setting." *Coding and Compliance Focus News.* June 2014. http://information.medassets.com/rs/medassets/images/CCFN-2014-June.pdf.

[3] Molnlycke Health Care. "Superficial wounds." www.molnlycke.com/situations/superficial-wounds/.

[4] eMedicineHealth. "Wounds and Wound Care." November 14, 2014. www.emedicinehealth.com/wound_care/article_em.htm.

[5] American Medical Association. *CPT 2015 Professional Edition.* Chicago, IL: 2015.

[6] Thomas Hess, Cathy. "Checklist for Factors Affecting Wound Healing." *Advances in Skin and Wound Care* 24, no. 4. (April 2011): 192. http://journals.lww.com/aswcjournal/Fulltext/2011/04000/Checklist_for_Factors_Affecting_Wound_Healing.10.aspx.

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Article citation:
Hundal, Ripandeep K. "Wound Care in the Outpatient Setting" *Journal of AHIMA* 87, no.4 (April 2016): 52-54.