BIO-THERAPEUTICS EDUCATION & RESEARCH FOUNDATION

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Maggot Debridement Therapy Coding Recommendations - 2012

Preamble

"Reimbursement" is a complicated process, requiring appropriate delivery of products & services, written and justified requests for compensation, review by the payer's representative, and sometimes an appeal of a negative decision (claim denial). Obstacles in this marathon include the differing forms, policies and formularies used by each 3rd-party payer, in addition to the fact that reimbursement policies differ on the basis of where the care was delivered (for example, in-hospital vs. out-patient clinic). In order to help navigate this maze of paperwork and administration, the BTER Foundation has updated this reimbursement guidance document, and re-organized it according to site of care delivery.

The two most common questions regarding maggot debridement therapy (MDT) reimbursement are:

A) ***Is maggot therapy reimbursed?***

Answer: **YES** (but not all insurance company employees know that, yet).

B) ***What is "the code" for maggot therapy reimbursement?***

Answer: **The coding and method of submitting claims, and the level of reimbursement, all depend most on *where* and *by whom* the care was delivered.** Not all codes will generate compensation, and compensation is not awarded only to coded expenses. It is more important to have a justified reason for selecting an accepted medical treatment, than to have a code. When medical justification can be demonstrated, reimbursement should follow.

The remainder of this paper will address the specific coding and reimbursement issues. If you have difficulty obtaining reimbursement, or if your patient has no insurance, the BTER Foundation may be able to help. Our Patient Assistance Grants program subsidizes the costs of maggots for patients without insurance, or who's insurance declines to pay for justified treatments. What's more, our professional coding consultants will assist with an appeal to your denied claims (this service is free for BTER Foundation members, and very affordable for non-members).

Coding Recommendations

The following guide is based on Medicare reimbursement policies. Since most private and public insurers model their policies similarly, this is a reasonable starting point for those insurers as well. Note that site of care dictates reimbursement policy: whether reimbursement for specific procedures or products is even possible and, if so, whether that reimbursement will be determined by diagnosis, procedure, supplies used, or a combination of these. Once you determine what is eligible for reimbursement, you can select the most reasonable treatment and the corresponding codes (where available).

The following table was based on: Reimbursement 101: Medicare Reimbursement for Wound Dressings by Clinical Setting. Posted March 25th, 2011 by Glenda Motta *(http://www.woundsource.com/blog/reimbursement-101-medicare-reimbursement-wound-dressings-clinical-setting)*

Table 1. Determining Reimbursement Eligibility for Maggot Therapy

CLINICAL SETTING	MEDICARE REIMBURSEMENT POLICIES & PROTOCOLS
Inpatient	
Acute Hospital Care	Wound care and dressings are included within the DRG (Diagnosis Related Group) payment.
Rehabilitation Facility	Wound care and dressings are included within the CMG (Case-Mix Group) payment.
Long-Term Care facility	Wound care and dressings are included within the MS-LTC-DRG (Medicare Severity Long-term Care Diagnosis-Related Groups.
Skilled Nursing Facility	For Part A Recipients: Wound care and dressings are included within the RUG (Resource Utilization Group) payment. For Non-Part A Recipients: Dressings may be billed separately to Medicare Part B
Outpatient	
Hospital Outpatient	Wound Care: Use CPT® * debridement codes. Normally, dressings used on the day of service are included within the APC (Ambulatory Payment Classification) payment. However, MDT dressings and supplies are considered non-routine (see AMA's guidance document, ***CPT Assistant***, September 2008, Vol 18, Issue 9, page 11), and should be billed separately, either by adding their HCPCS codes (if existent and known), or describing them in detail, under a miscellaneous CPT (99070) or HCPCS (A4649) code. Dressings used at home between visits may be billed separately to Medicare Part B if coverage criteria are met.
Physician/Podiatrist Office	Wound Care: Use CPT® * debridement codes. Routine dressings used during an office visit are the responsibility of the provider; compensation is considered to be "covered" by the CPT code. However, MDT dressings and supplies are considered non-routine (see AMA's guidance document, ***CPT Assistant***,), and should be billed separately, either by adding their HCPCS codes (if existent and known), or describing them in detail, under a miscellaneous CPT (99070) or HCPCS (A4649) code. Dressings used at home between visits may be supplied by a DME and billed separately to Medicare Part B if coverage criteria are met.

Outpatient (continued)

Beneficiary themselves (+/- family assistance) at Home	Dressings used at home may be billed separately to Part B if coverage criteria are met.
Home Health Agency	Wound Care: Use HHRG (Home Health Resource Group) payment codes. Dressings: Routine dressings can not be billed separately; but non-routine dressings (such as MDT dressings and supplies) may be billed separately.

Selecting the Best Codes

Codes are used to communicate efficiently. But codes do not guarantee reimbursement, nor do they even exist for all reimbursable procedures and supplies. Select the best codes in consultation with your insurer's representative and your own coding consultants.

Where codes do not exist, or where they are non-specific, ***elaborate*** with written text. Remember, no product or service will be reimbursed without appropriate justification. Detailed descriptions, where appropriate, are your opportunity to provide that justification.

Procedure Codes - "CPT® codes" (=HCPCS Level 1 codes)

Most coding experts recommend the use of the non-selective debridement CPT® code: 97602 - "Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia, including topical application(s), wound assessment, and instruction(s) for ongoing care, per session." They reason that the intent of the selective codes is for procedures that only surgeons can perform; MDT can be performed by non-physicians.

Some people argue in favor of using a "selective debridement code" (97597 or 97598) since maggot therapy is highly selective by debriding only necrotic tissue. Using a selective debridement code may be reasonable if only physicians perform the treatments, or if non-physicians can perform other forms of selective debridement at your facility. Seek institutional guidance here.

Supply Codes - "HCPCS" (=HCPCS Level 2 codes), and CPT® miscellaneous supply codes

In September, 2008, AMA and CMS issued the recommendation (see ***CPT® Assistant***, referenced below) that maggots be coded with the CPT supply code: 99070 ("Supplies and materials provided by the physician over and above those usually included with the office visit or other services rendered"), ***followed by a list of those supplies.*** Proper coding here is critical, because the cost of supplies often exceeds reimbursement for the debridement procedure itself.

ABC Coding (for Complimentary and Alternative Medicine [CAM] practitioners)

Code	Definition / Example
NAAFT	Procedure Code, specifically for: "Maggot therapy application, each site. Applying medicinal maggots and bandaging a patient's body part or region to clean non-healing wound[s]" †
NAAFU	Procedure Code, specifically for: ("Maggot therapy removal, each site. Removing medicinal maggots from a patient's body part or region and re-bandaging his or her wound[s]" †
EAACT	Supply code: "Medicinal disinfected maggots" †

† For all other related dressing items, use their specific ABC or HCPCS codes.

Epilogue

The therapist's first concern must be for their patient: do what is best, and never withhold needed treatment because of surmountable financial obstacles. But within the context of real day-to-day operations, health care must be delivered in a cost-responsible way.

Always remember that the least expensive dressing may not be the least expensive treatment overall, especially if that dressing must be used repeatedly, or for an extended period of time. Slowly healing wounds are almost always more expensive, overall, than a quickly debrided and closed wound. And often it pays to remind 3rd party payers that a treatment that reduces the number of visits or shortens the time of treatment can be a wise investment.

The BTER Foundation is dedicated to the proposition that no deserving patient should be deprived of maggots on the basis of financial status. Therefore, ***our Patient Assistance Grants program will cover the cost of maggots for any patient without the financial resources, or whose insurer refuses to reimburse the cost of the maggots.*** More information can be found at: http://www.bterfoundation.org/pag.

The BTER Foundation's Reimbursement Appeals program provides assistance in appealing legitimate claims that were denied. This service is free to BTER Foundation members, and quite affordable to all others.

References

Reimbursement 101: Medicare Reimbursement for Wound Dressings by Clinical Setting. Posted March 25th, 2011 by Glenda Motta (***http://www.woundsource.com/blog/reimbursement-101-medicare-reimbursement-wound-dressings-clinical-setting***)

The **American Medical Association** (AMA) Committee on CPT® Coding: ***CPT® Assistant***, September 2008, Vol 18, Issue 9, page 11 (Old reference, but the coding justification is still relevant.)

Codapedia http://codapedia.com/article_369_Maggot-Therapy-Coding-Reimbursement.cfm