Negative Pressure Wound Therapy (NPWT): Using a Disposable Device for Home Health
Kiahini T. Bates  
Revenue Cycle Specialist  
Redstone Highlands  
&  
Division Manager of Accounts Receivable  
Ohio Living Home Health and Hospice

Billing Overview

Objectives

• Discuss appropriate billing procedures for disposable negative pressure wound therapy utilizing Direct Data Entry (DDE) and HomeCare HomeBase  
• HomeCare HomeBase set-up and electronic claim submission via EMR  
• Discuss clinical documentation necessary to bill claims via Direct Data Entry (DDE). This can be completed by either EMR system reporting or piecing together clinical documentation  
• DDE claims processing
Appropriate Billing Procedures

- The CPT codes (Billing codes) for furnishing NPWT using a disposable device include both performing the service and the disposable NPWT device
  - If the HHA either initially applied an entirely new disposable NPWT device, or removing one and replacing with another new one, all services associated with NPWT must be reported on it’s own claim, separate from the HH PPS final.
  - Any follow-up visits for wound assessment, management, and dressing changes without placement of a new device must be included on the HH claim.


Appropriate Billing Procedures

- When dNPWT unit change is sole purpose of visit

  On Monday, nurse Betty assesses the condition of the wound and applied a new device along with education to the patient and family. The following Monday, she assesses the wound, and replaced the device that she applied last Monday with a new one

  Both visits stand alone and should be billed separately from any HH PPS claim
Appropriate Billing Procedures

- dNPWT unit change + non dNPWT related skilled visit

On Monday, the nurse applies a new device. She returned on Thursday for a routine scheduled visit, per the HH plan of care, and changed the patients catheter, but also assessed the wound and applied new dressing.

Monday visit should be billed separately from Thursdays visit as Thursdays services should be reported on HH PPS final.
Appropriate Billing Procedures

- dNPWT unit change + non-dNPWT related skill
  - TOB 34x
    - Claim includes skilled code dNPWT code
  - TOB 32x
    - Total visit minutes minus dNPWT minutes

Billing Overview – HCHB (Payor Source Setup)

- The biggest known issue for HCHB dNPWT set up, to my knowledge, is correct payor setup
  - In order for a dNPWT payor to work properly for a given patient both a dNPWT enabled PPS Primary and a dNPWT Payor will need to be present in the referral. Two new payor source settings have been created that will allow users to indicate which payors require the separate billing of dNPWT services and which payor will be used to bill dNPWT services
Billing Overview – HCHB (Payor Source Setup)

• For all payors that you intend to bill, dNPWT Payor must be checked in the settings of the payor source setup. Users will need to add a new payor with a service line of Home Health in order to set up a dNPWT Payor. While the Payor Type exhibited here is “Commercial insurance” users can set up a payor type that better reflects their intended payor classification as long as the Workflow Type is “Private Insurance.” This payor will be used to generate charges for dNPWT visits and will also be used

Billing Overview – HCHB (Payor Source Setup)

• Medicare or Medicare-like (PPS) payor sources that require separate billing for dNWPT will need to have dNWPT Billing enabled. This can be done by checking the box for “Enable dNPWT Billing.”
Billing Overview – HCHB (Claim Code Setup)

In order to ensure that dNPWT claim codes are available to the correct payor types, code 97607 and 97608 must be created in the Edit Claim Code field which can be found under the Orb>Table Administration>Claim Codes>Add

Billing Overview – HCHB (Claim Code Setup)

Clinicians should record dNPWT work within ICC. Under the “Other” header. They will the have an option to select labeled Disposable Negative Pressure Wound Therapy. Under this option this will take the user to the appropriate screen to select claim code as well as the duration of time spent on dNPWT, or indicate of the that the entire visit was devoted to dNPWT
• Only one code can be used per visit as dNPWT is billed per encounter

Users will select "Disposable Negative Pressure Wound Therapy" in the ICC.
Billing Overview – HCHB (Claim Code Setup)

Billing staff have the ability to edit the codes in the Visit Notes section for proper billing if field staff documented incorrectly. Billing staff should review medical documentation to support billing codes selected

- User can either specify a duration
- Indicate that the visit was only dNPWT
- Change code to appropriate code based on size of wound

Billing Overview – HCHB (Claim Code Setup)

- If the visit's dNPWT Claim Code is marked as “dNPWT-Only,” the visit will be marked as unbillable for PPS. If a duration is specified, the minutes indicated will be subtracted from the in-home time for PPS

- One G-Code may still be added to the visit if needed. For visit marked as dNPWT only, when a G-Code and a dNPWT code are added, the G-Code will reflect in PPS billing as usual, however, the dNPWT code will not appear for PPS billing
  - G0493 – RN O&A
  - G0495 – RN Train and/or educate

- Data checks that are in place will ensure that the in-home time represented on the visit is not less than the amount of time recorded for dNPWT. Only one dNPWT code can be added per visit, as they are billed at the per-encounter rate
Billing Overview – HCHB (Audit)

• When a visit is synced from PointCare by field staff or when a dNPWT claim code is added in the back office by billing staff, HCHB will attempt to validate that all the pieces necessary for billing are present.

• Billing audits can be run to ensure appropriate charting to support billing
  – Missing dNPWT claims diagnoses
  – dNPWT primary PPS Payor RAP unbilled

• Workflow will generate for missing documentation
  – Missing or improperly configured dNPWT Payor
  – Missing claim diagnoses for dNPWT

• If diagnoses have to be entered back office, this can only be done in the patients profile under payor source. The secondary payor must be selected, then the dNPWT Claim Diagnoses field will turn blue allowing you to select the appropriate DX code/s
Billing Overview – HCHB (Audit)

- HomeCare HomeBase users will be able to access the Disposable Negative Pressure Wound Therapy (dNPWT) report from the Reports Manager. This report displays information relevant to the episode including the dNPWT diagnoses, Revenue code, dNPWT billing code, duration of visit, visit dates and if dNPWT should be billed alone, or with HH final.

- This report can act as an auditing report showing the number of dNPWT visits performed within a given episode, for a given patient, for a given branch, etc.

- The Report contains information specific to the Patient, Episode, Billing, and Visits
Billing Overview – HCHB (Tips and Tricks)

- The patients profile must have 2 payors. The Primary payor, which has to be checked as a dNPWT payor within the payor profile settings, and the dNPWT secondary payor
- SN and LPN procedure codes must be entered under the program in the payor source
- When these listed above are correct, you do not have any outstanding workflow informing you that the payor is not set up correctly or DX codes are not present, it’s likely that clinician edited documentation after the RAP was submitted. If that occurs, follow these steps:
  - Unbilled the RAP and/or final
  - Every dNPWT code has to be deleted in the visit note section, then added back in. This triggers/resets the software to pull the charges
  - Rebill the RAP, then your dNPWT charges will appear. This can be validated by checking under edit/delete>Other

Billing Overview - DDE

- Some agencies do not have a EMR that can bill Medicare Part B claims but can set up non-billable codes to identify SNAP System placements.
  - It may be necessary to develop internal policies and procedures for documenting clinical information if the HHA does not have electronic submission capabilities.
- Reports are run to identify SNAP System placements.
- Patient demographics and agency identifying information will be needed to manually bill to Medicare.
  - Agency Medicare numbers
  - Patient Demographic Data
  - Episode Period and Admission Date
  - Qualifying Diagnosis
Billing Overview - DDE

- Date of Visit
- Surface Wound Area Size
  - Less than <50 Squared Centimeters
  - Greater than >50 Squared Centimeters
- Treating Discipline
  - RN or LPN
  - PT or OT
- Once all necessary documentation is gathered, billing can be submitted electronically, or manually submitted to Medicare

DDE Claims Processing
DDE Claims Processing

- CMS revised the billing for the amount of units to be billed. We should only report 1
Payment for SNAP Device

- dNPWT codes are set equal to the amount of the payment that would be made under the OPPS, therefore, the payment will also be subject to the area wage adjustment policies in a given year.
- Coinsurance/Deductible is required for both DME and furnishing dNPWT covered as a home health service, which is defined as 20% of the payment amount. The amount paid to the HHA by Medicare would be equal to 80% of the lesser of the actual charge or the payment amount as determined by the OPPS for the year.
- Make sure to conduct benefit verification for the 2 billable codes from both primary and secondary payors.
- HHA's are required to notify beneficiaries of any patient responsibility if they do not have a secondary policy.
- As a reminder, all HH billing transactions must be submitted within 365 days.