



STATE OF MARYLAND

DHMH

Office of Health Services  
Medical Care Programs

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM****Nursing Home Transmittal No. 216****January 27, 2009**

TO: Nursing Home Administrators  
*Susan J. Tucker*  
 FROM: Susan J. Tucker, Executive Director  
 Office of Health Services

**NOTE:** Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal

RE: Coverage of Bariatric Bed—A and Bariatric Bed—B;  
 Modification to Coverage Requirements for Negative Pressure Wound Therapy

Nursing home providers may bill for Bariatric Bed—A and Bariatric Bed—B via revenue codes 0946 and 0291 respectively. Bariatric Bed—A is a heavy duty, extra wide bed for use by individuals weighing between 350-600 lbs (HCPCS E0303). Bariatric Bed—B is an extra heavy duty, extra wide bed for use by individuals weighing more than 600 lbs (E0304). The daily reimbursement for these beds shall be calculated at 0.7 percent of the Medicare fee schedule monthly rental rate for these beds when use is medically necessary. Rates shall be recalculated for each fiscal year based on the Medicare fee schedule rates in effect on July 1 of the fiscal year. The daily reimbursement rates in effect between October 1, 2007 and June 30, 2009 are \$2.01 for Bariatric Bed—A and \$5.39 for Bariatric Bed—B. These rates are effective for all regions.

Attached to this transmittal are the updated pages of the Maryland Medical Assistance Program Nursing Facility Assessment and Reimbursement Handbook that pertain to the clinical requirements for each bariatric bed category. These pages from the Handbook give guidance to the Program's Utilization Control Agent. Also attached is the revised page of the Maryland Medicaid Nursing Facility Services UB-04 Billing Instructions, which includes the additional revenue codes assigned to these services.

In addition to the establishment of reimbursement of bariatric beds, this transmittal also modifies coverage requirements for negative pressure wound therapy (NPWT) to permit reimbursement for NPWT systems that employ gauze based dressings. This modification is retroactive to October 1, 2007. The updated pages of the Handbook addressing NPWT are attached.



In order to permit providers to receive payment for bariatric beds and for NPWT systems that use gauze supplies, retroactive to October 1, 2007, the Program will waive the billing limitation as necessary as long as the claim is received by the Program no later than March 31, 2009. Providers who wish to have the billing deadline waived under this provision must submit hard copy invoices to Stephen Hiltner, Program Supervisor.

Please submit any questions regarding this transmittal to the Nursing Home Program at 410 767-1736.

SJT/seh  
Attachments

cc: Utilization Control Agent  
Nursing Home Liaison Committee

**BARIATRIC BED—A (0946)**

**Item Definition:** The days of care for which the recipient requires the use of and is placed on a Bariatric Bed—A. For purposes of nursing facility reimbursement, a Bariatric Bed—A is defined as a “hospital bed, heavy duty, extra wide, weight > 350 lbs < or equal 600 lbs with mattress (HCPCS code E0303).”

**NOTE:**

1. In order to be reimbursable under this service, both of the following requirements must be met:
  - A. The bariatric bed must be ordered by a physician; and
  - B. One of the following:
    - a. The recipient weighs no less than 350 pounds and no greater than 600 pounds, or
    - b. The recipient weighs less than 350 pounds, yet because of his/her height or overall body size, a standard hospital bed would not meet the recipient's health and safety needs.
2. For recipients who meet the criteria under #1 above, reimbursement for Bariatric Bed—A will be continued until the recipient's weight/body size has ceased to meet the above criteria for three consecutive months.

**Key Documentation:**

1. Physician's Orders.
2. Treatment Sheets must indicate the recipient's use of a bariatric bed and be signed off by the licensed medical professional providing the care.
3. MDS 2.0 Section K Item # 2b – between 350 pounds and 600 pounds. If less than 350 pounds, see #4 below.
4. MDS 2.0 Section G, I, K Item # 2a – other problems/diagnosis/conditions existing even if recipient weighs under 350 pounds and based on his/her height or overall body size, a standard nursing home/hospital bed would not meet the recipient's health and safety needs.
5. Physical observation by Agent, if necessary.

## **BARIATRIC BED—B (0291)**

**Item Definition:** The days of care for which the recipient requires the use of and is placed on a Bariatric Bed—B. For purposes of nursing facility reimbursement, a Bariatric Bed—B is defined as a “hospital bed, extra heavy duty, extra wide, with weight > 600 lbs with mattress (HCPCS E0304).”

### **NOTE:**

1. In order to be reimbursable under this service, both of the following requirements must be met:
  - A. The bariatric bed must be ordered by a physician; and
  - B. One of the following:
    - a. The recipient weighs more than 600 pounds, or
    - b. The recipient weighs less than 600 pounds, yet because of his/her height or overall body size, neither a standard hospital bed nor a heavy duty bed meeting the definition for Bariatric Bed—A would meet the recipient’s health and safety needs.
2. For recipients who meet the criteria under #1 above, reimbursement for Bariatric Bed—B will be continued until the recipient’s weight has ceased to meet the above criteria for three consecutive months.

### **Key Documentations:**

1. Physician’s Orders.
2. Treatment Sheets must indicate the recipient’s use of a bariatric bed and be signed off by the licensed medical professional providing the care.
3. MDS 2.0 Section K Item # 2b – greater than 600 pounds. If less than 600 pounds, see #4 below.
4. MDS 2.0 Section G, I, K Item # 2a – other problems/diagnosis/conditions existing even if recipient weighs under 600 pounds and based on his/her height or overall body size, neither a standard nursing home/hospital bed nor the Bariatric Bed—A would meet the recipient’s health and safety needs.
5. Physical observation by Agent, if necessary.

**FL 42**

**Revenue Codes**

**Required. Line 1-23.** Enter the appropriate four-digit revenue code in FL 42 from the chart below to identify specific level of care and ancillary charges. Please note that there are two revenue codes for Tube Feeding Medicaid, Decubitus Ulcer Care–Medicaid and Negative Pressure Wound Therapy.

The 23<sup>rd</sup> line contains an incrementing page count and total number of pages for the claim on each page, creation date of the claim on each page, and a claim total charges on the final claim page only indicated using Revenue Code 0001.

- Note:** Each revenue code may only be used only once. If Decubitus Ulcer Care and Negative Pressure Wound Therapy are billed on the same day, bill only one day of revenue code 0550 – Skilled Nursing General. Enter only one code each for Physical, Occupational, and Speech therapy and sum the units.

REVENUE CODES - FL 42			
COMAR DESCRIPTION	REVENUE CODE DESCRIPTION	REVENUE CODE	UNITS
<b>DAYS OF CARE</b>			
Days of Care Light	Rm & Brd Semi-Private - General	0120	
Days of Care Moderate	Rm & Brd Semi-Private - Other	0129	
Days of Care Heavy	Subacute Care-General	0190	
Days of Care Heavy Spec	Subacute Care-Other	0199	
Hospital Leave	Leave of Absence – NH-Hospital	0185	
Therapeutic Home Leave	Leave of Absence – Therapeutic Lv.	0183	
Coinsurance Days	All Inclusive Rm & Brd	0101	
Administrative Day	Administrative Day	0169 with code 75 and span in FL36	
<b>ADDITIONAL NURSING SERVICES</b>			
Class A Support Surface	Durable Medical Equipment – General	0290	
Class B Support Surface	Durable Medical Equipment – Other	0299	
Bariatric Bed—A	Complex Medical Equipment	0946	
Bariatric Bed—B	Durable Medical Equipment	0291	
Oxygen	Respiratory – Inhalation Services	0412	
Suctioning/Tracheostomy Care	Respiratory – General	0410	
Ventilator Care	Respiratory – Other	0419	
IV - Central Line	IV Therapy – Other	0269	
Peripheral IV	IV Therapy – General	0260	
Turning and Positioning	Incremental Nursing – General	0230	
Communicable Disease Care	Incremental Nursing – Other	0239	
Tube Feeding - Medicaid (note that this procedure crosswalks to 2 revenue codes)	Skilled Nursing – Other	0559	
	Medical/Surgical Supplies - Other	0279	
Tube Feeding - Medicare	Skilled Nursing – Other	0559	
Decubitus Ulcer Care - Medicaid (note that this procedure crosswalks to 2 revenue codes)	Skilled Nursing – General	0550	
	Medical/Surgical Supplies - Sterile	0272	
Decubitus Ulcer Care - Medicare	Skilled Nursing – General	0550	
Negative Pressure Wound Therapy (note that this procedure crosswalks to 2 revenue codes)	Skilled Nursing – General	0550	
	Medical/Surgical Supplies – General	0270	

**NEGATIVE PRESSURE WOUND THERAPY (NPWT) 0550 and 0270**  
**(revised 12-12-08)**

**Item Definition:** The days of care in which negative pressure wound therapy is applied to recipient with one or more of the following conditions:

- A. Stage III or IV Pressure Ulcers
- B. Neuropathic (Diabetic Ulcers)
- C. Venous Insufficiency Ulcers
- D. Surgically Created (Dehiscence)
- E. Enteric Traumatic Wound Flap/Graft only
- F. Fistulae

To be reimbursed for NPWT the wound condition must be present upon the recipient's admission to the facility or be determined by the Department or its Agent not to be the result of inadequate or inappropriate care by the facility. When a wound develops even with preventative treatment measures, the facility will be reimbursed if it provides sufficient documentation showing that such development was inevitable. The medical record must contain progress notes by the attending physician documenting periodic review of the recipient's status, and of the recipient's treatment plan consistent with the severity of the recipient's condition.

In addition to documentation noted above, the physician must document that NPWT is indicated because either:

1. Traditional treatment modalities, such as those listed under Decubitus Ulcer Care were insufficiently effective to heal the wound; or
2. Because of the recipient's medical condition or the nature of the wound, traditional treatments are likely to be ineffective or contraindicated.

Note: Each reimbursable day of care will be a composite of revenue code 0550, skilled nursing, and revenue code 0270 for the NPWT pump rental, dressings and canisters.

**KEY DOCUMENTATION**

1. Skin Sheets  
Weekly documentation by a licensed health care provider as listed above. Documentation must be specific to size (length, width, depth, tunnels, and undermining in inches or centimeters) color, and any drainage of the ulcer. The documentation should also include prescribed treatment and the recipient's response to treatment.

2. MDS 2.0 Section M - Skin Condition

Item 1 Ulcers	<u>Code</u> “c” or “d” (document the number of ulcers present at Stage 3 and/or 4)
Item 5c Turning/repositioning program	checked

3. Physician's Orders.

4. Treatment Sheets and/or Medication Sheets must indicate performance and be signed off by the licensed medical professional performing the procedure.
5. Coverage will continue as long as documentation exists in the patient’s chart that shows wound progress as measured by decrease in wound dimension of length, width, depth, tunnels, or undermining. Or if no measurable decrease in wound dimensions, there exists documentation of changes being made to the care plan to promote healing which addresses: proper treatment of infection, debridement of devitalized tissue, pressure redistribution over the wounded area, appropriate management of moisture and incontinence, proper nutrition, and adequate perfusion to promote wound healing.

Additional Coverage Requirement

NPWT will only be covered for therapy systems that can demonstrate that it meets the following:

- Delivers controlled, regulated negative pressure to the wound using a software controlled therapy unit which allows application of continuous or intermittent negative pressure settings ranging from 50 mmHg to 200 mmHg. The therapy unit must be able to measure and report back to the user the amount of negative pressure being received at the wound site to ensure prescribed amounts of pressure is being received to the wound bed.
- The dressing material used with the NPWT system is of a resilient, reticulated open cell design to allow for even distribution of negative pressure, draws the wound edges together, and promotes cell stretch/microdeformation leading to cell mitosis/proliferation for wound healing. Generally, the NPWT system should provide for wound exudate to be transferred away from the wound bed and stored externally in a secure, closed canister that limits potential for exudate to be spilled in open environment.