

3M Science.
Applied to Life.™

Helping you navigate reimbursement.

The economic impact of using V.A.C.®
Therapy under Medicare's Patient-Driven
Payment Model (PDPM)



Disclaimer: The information provided by 3M is for general reimbursement information only. It is not legal advice, nor is it advice about how to code, complete or submit any particular claim for payment. Although we supply this information for your convenience, it is the provider's responsibility to determine and submit appropriate codes, charges, modifiers, and bills for services rendered.

Changes to how you are reimbursed

The Patient-Driven Payment Model (PDPM) has changed the way skilled nursing facilities are reimbursed by Medicare. Now there's a focus towards patient care plans that help accelerate wound healing upon admission.

How to navigate your reimbursement

Ensure clinical staff performs the initial Minimum Data Set (MDS) assessment as soon as possible¹

The initial MDS assessment is the prime driver of reimbursement under PDPM.¹ Ensuring patients are assessed upon admission to your skilled nursing facility ensures you are accounting for all of their comorbidities, thus maximizing their Non-Therapy Ancillary (NTA) Comorbidity Score.

Use the 3x Adjustment Factor for NTA component calculations

Since patients typically need more care within the first 3 days of admission, Medicare provides a 3x Adjustment Factor for NTAs for Payment Days 1-3.²

- Medicare Payment Days 1-3 will be at 3.0 Adjustment Factor²
- Medicare Payment Days 4-100 will be at 1.0 Adjustment Factor²

Hypothetical example: If payment calculation is \$250, then on days 1-3 a skilled nursing facility would receive \$750. On days 4-100, the payment would be \$250.

Case-mix adjusted components

Under PDPM, each patient is classified into a group for each of the 5 case-mix adjusted components:³

- **PT: Physical Therapy**
Categories are based on primary reason for admission, functional score, and surgery.
- **OT: Occupational Therapy**
Categories are based on primary reason for admission, functional score, and surgery.
- **SLP: Speech Language Pathology**
Categories are based on neurological condition, co-morbidities and cognitive impairment, mechanically altered diet and swallow disorder.
- **Nursing**
Includes resident diagnoses, treatments and other characteristics specific to the patient.
- **NTA: Non-Therapy Ancillary**
Based on over 50 different MDS items and 1 claim item.

Additional items to keep in mind

- The 5-day assessment has the potential to pay for the entire stay.
- CMS did away with the 14-day, 30-day, 60-day and 90-day assessments.
- Under PDPM, Section GG determines ADL component for payment versus Section G in RUG-IV.
- Nursing and therapy have separate scoring methods.

How wounds affect your reimbursement

Your facility has the opportunity to account for patient comorbidities with NTAs – services and medical conditions that you may not have documented previously. Each NTA has an associated comorbidity point score (ranging from 8 points to 1 point), which is factored into the overall reimbursement calculation.⁴

For the NTA Case Mix, certain wound types may affect your patient’s co-morbidity score and increase your reimbursement under PDPM.



Condition/Extensive Service	Source	Points
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS item 00100H2	5
Opportunistic Infections	MDS item I8000	2
Bone/Joint/Muscle Infections/Necrosis (Except Aseptic Necrosis of Bone)	MDS item I8000	2
Wound Infection Code	MDS item I2500	2
Active Diagnosis: Diabetes Mellitus (DM) Code	MDS item I2900	2
Immune Disorder	MDS item I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS item M1040B	1
Active Diagnosis: Multi-drug Resistant Organism (MDRO) Code	MDS item I1700	1
Special Treatment/Programs: Isolation Post-admit Code	MDS item 00100M2	1
Specified Hereditary Metabolic/Immune Disorders	MDS item I8000	1
Morbid Obesity	MDS item I8000	1
Highest Stage of Unhealed Pressure Ulcers–Stage 4*	MDS item M0300D1	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	MDS item M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Craft	MDS item I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorder, and Inflammatory Spondylopathies	MDS item I8000	1
Severe Skin Burns or Condition	MDS item I8000	1
Active Diagnosis: Malnutrition Code	MDS item I5600	1
Disorders of Immunity Except RxCC97: Immune Disorders	MDS item I8000	1
Bladder and Bowel Appliances: Ostomy	MDS item H0100C	1
Respiratory Arrest	MDS item I8000	1

Wounds such as venous/arterial ulcers, pressure injuries under Stage 4, and surgical wounds do not receive points.

⁴If the number of Stage 4 Unhealed Pressure Injuries is recorded as greater than 0, it will add one point to the NTA comorbidity score calculation. Only the presence, not the count, of Stage 4 Unhealed Pressure Injuries affects the PDPM NTA comorbidity score calculation.⁵

The importance of using advanced modalities with wound care patients

Medicare expects SNFs to heal wounds as quickly and efficiently as possible

Using advanced modalities in wound care may help with:⁶

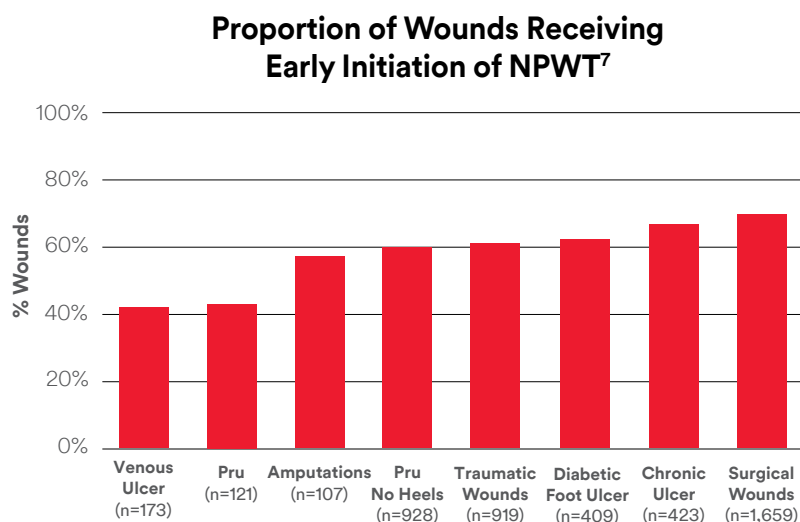
- Reduction in staff time
- Accelerated healing rates
- Reduced dressing changes
- Increase in therapy usage
- Reduced antibiotic use
- Reduction in readmission rates
- Reduced time for charting
- Faster discharge to home

Under PDPM, V.A.C.® Therapy is considered an advanced modality under PT and nursing.

Early initiation has shown proven benefits of NPWT across many care settings

Early initiation is an ideal strategy for the new era of value based care

We retrospectively examined US Wound Registry data (de-identified) on a total of 4,739 acute (surgical, traumatic and amputations) and chronic (diabetic foot, pressure, and venous ulcers) wounds (56.7% and 43.3%, respectively) from 3,604 patients treated in 56 outpatient WCCs. As value-based care models evolve, SNFs should consider earlier use of NPWT in their protocols to achieve the healing rate benefits.



Early: Acute wounds defined as NPWT initiated within the first 7 days.

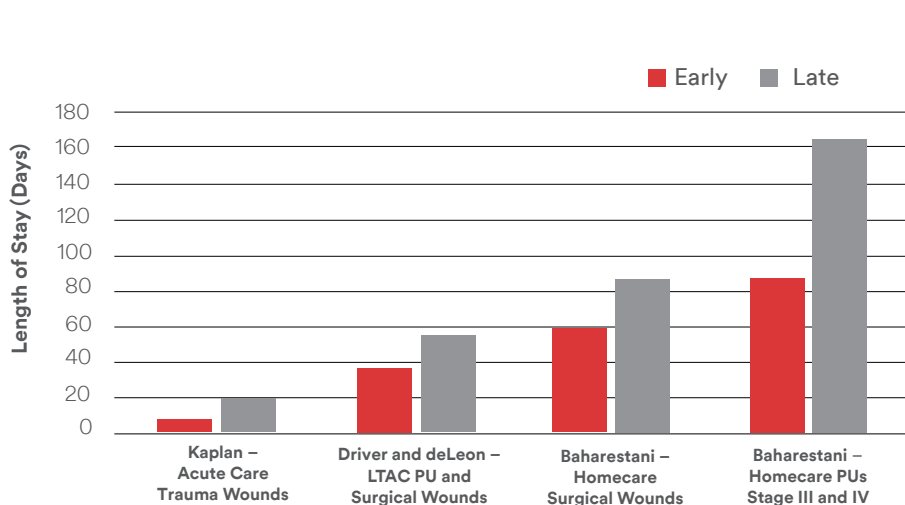
Chronic wounds defined as NPWT initiated within first 30 days.

Late: NPWT initiation occurred after these time periods.

Based on this data, SNFs have an opportunity to initiate V.A.C.® Therapy earlier on all wounds represented in this chart.

V.A.C.® Therapy has been shown to be a successful way to manage wounds for the past 20 years.⁸

Benefits of early initiation of V.A.C.® Therapy on acute and chronic wounds have been demonstrated in acute care, long-term acute care, and home health care.⁹⁻¹¹



Early vs. Late Initiation of V.A.C.® Therapy:

- Reduced inpatient days in acute and intensive care unit by at least 50%¹²
- Reduced inpatient days in long term acute care by 30%¹¹
- Reduced homecare length of stay by 34% for surgical wounds⁹
- Reduced homecare length of stay by 49% for pressure injuries⁹

Our advanced wound care modalities

V.A.C.® Therapy System

Portable negative pressure wound therapy designed for ambulatory patients

V.A.C.® Therapy System is designed to help patients be mobile for longer periods of time while being cared for in the skilled nursing setting.



SEAL CHECK™ Feature is designed to help clinicians and patients identify and troubleshoot dressing leaks

SNAP™ Therapy System

A wearable, disposable, mechanically-powered NPWT system for ambulatory patients

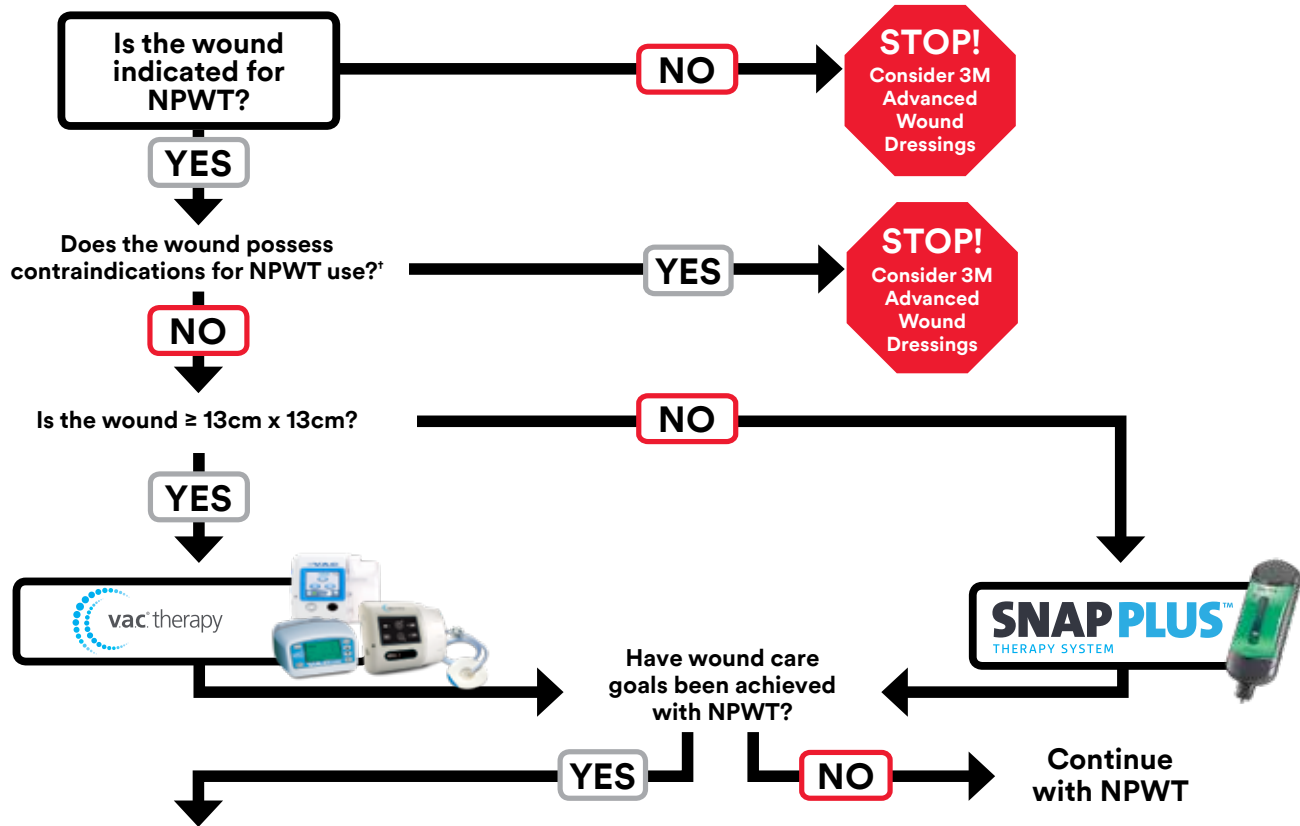
The SNAP™ Therapy System provides the proven benefits¹³ of negative pressure wound therapy in a discreet design that won't get noticed. It's an effective choice for small wounds (<13cm x 13cm), particularly venous leg ulcers and diabetic foot ulcers.^{13,14}



NOTE: Specific indications, contraindications, warnings, precautions and safety information exist for 3M products and therapies. Please consult a clinician and product User Manual, Safety Information and Instructions for Use prior to application. Rx only.

Select the appropriate advanced wound care modality

Wound/Clinical Considerations for Skilled Nursing Facilities		
Criteria	ACTIV.A.C.™ Therapy System	SNAP PLUS™ Therapy System
Wound Size	> 13cm x 13cm	≤ 13cm x ≤ 13cm
Wound Drainage	> 150mL/week	≤ 150mL/week
NPWT Initiation	Previously treated with Modern Wound Care	First line treatment; 2x weekly dressings changes vs. 3x weekly dressing changes with V.A.C.® Therapy
Patient Characteristics	NPWT patients transitioning from acute care to SNFs, current wound treatment not progressing (i.e. wet to dry dressings, AWD), requires portable NPWT for physical therapy	Active >2 hours/day (ambulatory), requires wearable, discreet -125mmHg NPWT on-the-go, may require support adhering to wound care plan, patients requiring disposable NPWT during physical therapy



When the time is right to transition from 3M NPWT, consider 3M Advanced Wound Care and Skin Integrity Solutions

3M Advanced Wound Care and Skin Integrity Solutions are appropriate when NPWT is not available or appropriate and should be selected based on clinical goal.

<p>Provide Collagen</p>  <p>PROMOGRAN™ Matrix Wound Dressing</p>	<p>Manage Biofilm</p>  <p>KERRACEL™ Ag Gelling Fiber Dressing</p>	<p>Manage Exudate</p>  <p>KERRACEL™ Gelling Fiber Dressing For moderately exuding wounds</p>	<p>Manage Exudate</p>  <p>KERRAMAX CARE™ Dressing Family</p>
<p>Minimize Adherence</p>  <p>ADAPTIC TOUCH ONE™ Non-Adhering Silicone Dressing</p>	<p>Manage Exudate</p>  <p>3M™ Tegaderm™ Silicone Foam Dressings</p>	<p>Protect and Manage Skin</p>  <p>3M™ Cavilon™ Skin Care Solutions</p>	<p>Compression</p>  <p>3M™ Coban™ 2 Two-Layer Compression System and 3M™ Coban™ 2 Lite Two-Layer Compression System</p>

FREQUENTLY ASKED QUESTIONS

Q: Will my facility get reimbursed for using V.A.C.® Therapy?

A: Under PDPM, your facility will be reimbursed for the staff time used for V.A.C.® Therapy application, dressing changes, etc. Medicare does not provide a procedure code for the V.A.C.® Therapy unit itself.

Q: Are surgical wound debridements counted as surgery under PDPM?

A: No, since surgical wound debridements do not create a surgical wound.

Q: Is there a difference in reimbursement when using disposable NPWT (like SNAP™ Therapy System) vs. "traditional" NPWT (like ACTIV.A.C.™ Therapy System)?

A: Under PDPM, there is no reimbursement difference in using one therapy or the other. Patient wound criteria should be considered when determining treatment.

Q: If a patient that has just been admitted requires NPWT with instillation, is it OK to start instillation therapy on day 1?

A: Yes! If instillation therapy is started within the first 3 days of admission, you will be able to take advantage of PDPM's 3x Adjustment Factor. Call 800-275-4524 if you need assistance with instillation therapy using V.A.C.ULTA™ Therapy System.

Q: If the MDS is accidentally filed with incorrect information, can it be corrected later?

A: Yes! Medicare allows for a corrected MDS to be filed in order to receive the correct reimbursement.

Our resources

Reimbursement Hotline: Call **800-668-6812** (Monday-Friday, 7am-6pm CST) to get assistance with insurance coding, coverage guidelines, and other reimbursement information.

On-demand webinar: Quality Outcomes and Use of Wound Modalities for Patient Driven Payment Model (PDPM)

[3M.com/PDPMwebinar](https://www.3m.com/PDPMwebinar)



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