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July 17, 2024

National Uniform Claim Committee

Attn: Taxonomy Code Requests – Wound Medicine Clinical Nurse Specialist, Wound Medicine Physician Assistant, and Wound Medicine Nurse Practitioner

Dear Members of the National Uniform Claim Committee,

I am writing on behalf of the Wound, Ostomy, and Continence Nurses Society™ to express our strong support for the creation of new taxonomy codes specifically dedicated to wound medicine – the Wound Medicine Clinical Nurse Specialist, Wound Medicine Physician Assistant, and Wound Medicine Nurse Practitioner taxonomy codes. Over the past 30 years, the landscape of wound care has evolved significantly, with various advancements and innovations in therapies and treatments. The absence of dedicated taxonomy codes for wound medicine has led to challenges in accurately identifying providers who specialize in this critical area of healthcare.

The current coding paradigm fails to recognize the nuanced nature of wound care management, which spans across multiple specialties such as plastic surgery, podiatry, and emergency medicine. The lack of dedicated taxonomy codes for wound medicine has far-reaching implications. It hinders the Centers for Medicare & Medicaid Services (CMS) from accessing crucial data to identify providers practicing true wound care management, their geographic distribution, level of practice, patient load, and the proportion of wound care management in relation to overall care delivery. This limitation results in audits that target wound-focused entities, consuming critical resources without achieving meaningful outcomes.

Furthermore, wound care facilities, often compelled to create customized electronic health records to meet the unique needs of their patient population, frequently face audits. The current taxonomy codes available to physicians, such as family practice, do not align with the utilization patterns of wound care procedures, leading to continuous audits and challenges in reimbursement.



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The proposed taxonomy code for wound medicine is essential for several reasons:

1. **Accurate Data Collection:** The absence of dedicated taxonomy codes distorts utilization data, making it challenging to identify and stratify providers delivering enhanced wound care services.
2. **Specialized Wound Care Management Codes:** Certified wound specialists require identification via appropriate taxonomy codes to ensure appropriate wound care management codes that consider the unique resources needed for wound care in the physician office setting.
3. **Support for Policy Proposals:** The current coding paradigm does not recognize the nuances of wound care, potentially exacerbating payment issues, especially concerning policy proposals like packaging skin substitute product reimbursement.
4. **Data Stratification for Analysis:** Dedicated taxonomy codes will allow for the appropriate stratification of Medicare claims data for sophisticated analysis of procedure codes and resources utilized by certified wound specialists.

As it relates to nursing, the only current wound code available (163WW0000X) is specific to Registered Nurses and fails to capture our advanced practice members. The WOCN Society supports our Advanced practice (APRN, DNP, CNS) members who possess licensure and certification to practice wound care medicine. Advanced education in the field of wound care combined with the designated certification from accredited bodies, such as the Wound Ostomy and Continence Certification Board, align our members with this initiative.

In conclusion, we urge the National Uniform Claim Committee to consider the critical need for these new taxonomy codes for wound medicine. These codes are essential for accurately identifying and recognizing providers who deliver enhanced wound care, facilitating appropriate data collection, and supporting the advancement of wound care practices.

Thank you for your attention to this matter. We believe that the establishment of these wound medicine taxonomy codes will significantly contribute to the improvement of healthcare data accuracy and the efficient delivery of wound care services.

Sincerely,

Vicky Pontieri-Lewis, MS, RN, ACNS-BC, CWOCN
President