



Getting Leg Ulcers Healed and Keeping Them Healed

This debilitating condition is common among the elderly, yet little has been published on protocols and treatment.

BY JONATHAN MOORE, DPM

Practice Management Pearls is a regular feature that focuses on practice management issues presented by successful DPMs who are members of the American Academy of Podiatric Practice Management.

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Chronic leg ulcers are a common finding among patients presenting to podiatric physicians and yet little has been published regarding protocols and effective tools to address this complicated condition.

Chronic ulceration of the lower legs is a relatively common presentation amongst adults, impacting 1% of the adult population and 3.6% of people older than 65 years. Not only do leg ulcers reduce the quality of life among the elderly, they are debilitating and are often treated poorly or not at all.¹

The common causes are venous disease, arterial disease, and neuropathy, yet many factors typically exist creating the need for an interdisciplinary approach to the systematic assessment in order to ascertain the pathogenesis, diagnosis, and an effective treatment. Two effective tools will be discussed that together create an effective treatment plan that can not only heal the ulceration, but keep it healed: Collagen Powder wound

dressings and Velcro gradient compression garments. While both of these tools are considered “surgical dressings”, they can be used adjunctively and both have A-codes that can afford the physician favorable reimbursement.

Venous ulcers are the most common type of leg ulcers, accounting for approximately 70% of cases while arterial disease accounts for another 5% to 10%.²

Venous ulcers arise from venous valve incompetence in the deep veins, thereby causing the vessels to become distended and stretched to accommodate the additional blood flow. As the valves are not able to effectively close, retrograde blood flow and venous hypertension occur, creating a leakage of fluid out of the veins into the tissues resulting in the deposition of a brownish/red pigment in the gaiter area of the leg.³

Venous ulcerations differ considerably from arterial in that venous ulcers are typically shallower and more painful and are associated with an older patient population. Additionally, venous ulcers are irregular in shape and occur predominately over the medial malleolus area, among other bony prominences. Venous ulcers present often with at least some granulation tissue with exudate. In most cases where a venous ulcer develops, edema, venous dermatitis, varicosities and lipodermatosclerosis are also present.⁴

Management of Chronic Venous Leg Ulcers

Considering that venous leg ulcers are by far the most common type of

leg ulceration, it is imperative that your management plan for these patients involve an early strategic and coordinated approach to delivering the correct treatment option for each individual patient, based on accurate assessment of the underlying pathophysiology.⁵

Implementation of immediate compression therapy along with appropriate wound care is critical. Patients should be educated regarding the pathophysiology of their venous insufficiency and their most certain need for long-standing leg compression.

Immediate Compression and Wound Care

While compression therapy is often sufficient to heal venous ulcers, especially when treated with Unna boots, addressing the needs of the ulcer with additional tools is also essential. As most venous ulcers are moist (producing at least a moderate amount of exudate) appropriate topical wound care dressings should be considered along with compression therapy to maximize healing. The author likes the use of collagen powders (Helix 3™) for venous ulcers because of their absorption capability and the bioavailability of the powder. Collagen-based wound dressings are ideal for chronic wounds by addressing not only excess exudate, but also elevated levels of MMPs (Matrix Metalloproteases) which degrade both viable and non-viable collagen.

Without the proper formation of the scaffold needed for cell migration, formation of the extracellular

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matrix (ECM) and granulation tissue will be significantly altered. Collagen based dressings also have the ability to absorb excess wound exudate while maintaining a moist environment for wound healing.⁶

Billing Pearls for Collagen Powders

Collagen Powders are reimbursed by Medicare with the code A6010. Products like Collagen Powders are covered when either of the following criteria is met:

- 1) They are required for the treatment of a wound caused by, or treated by, a surgical procedure; or
- 2) They are required after debridement of a full thickness wound.

Surgical dressing codes require the use of modifiers A1-A9 (A1 = 1 wound; A2 = 2 wounds, etc). Up to 30 units (1 unit = 1 gram) may be dispensed per wound every 30 days as needed. As any wound dressing being billed to insurance will be sent home with the patient, claims submitted to the DMERC will use the place of service corresponding to the patient's residence (POS = 12); Place of Service Office (POS = 11) must NOT be used. Additionally, patients that are under ANY home health status (even services not related to the wound) are not eligible for the billing of wound care products to DMERC. Claims for wound care related dressings (even compression garments) will be denied if the patient is still under any Home Health designation. It is always wise to confirm the patient's status before billing wound dressings.

Dressing size and quantity must be based on and appropriate to the size of the wound. Dressing needs may change frequently (e.g., weekly/daily) in the early phases of wound treatment and/or with heavily draining wounds. Suppliers are also expected to have a mechanism for determining the quantity of dressings that the patient is actually using and to adjust their provision of dressings accordingly. No more than a one-month's supply of dressings may be provided at one time, unless there is documentation to support the necessity of greater quantities in the home setting in an individual case. An even smaller quantity may be appropriate.

Surgical dressings must be tai-

lored to the specific needs of an individual patient. When surgical dressings are provided in kits, only those components of the kit that meet the definition of a surgical dressing, that are ordered by the physician, and that are medically necessary are covered.

Compression Therapy

Although not new, Velcro Gradient Compression Garments can provide the practitioner an effective and innovative tool to address venous disease and venous ulceration. Additionally, as of 2013 these compression devices are reimbursable under the HCPCS Code: A6545—Gradient compression wrap, non-elastic,

Graduated compression is achieved by the end stretch of the material, as well as the shape of the limb. The beauty of this kind of system is that the user is allowed to vary the degree of compression to the limb, depending on his/her needs. Systems like this typically include a foot wrap, a lower leg piece, and the option of a thigh wrap, which interconnects to the below-knee garment with Velcro. While there has been minimal research into the effectiveness of Velcro Wrap compression systems, the author has had tremendous success with patients who are poor candidates for "traditional" compression stockings.

When billing for any compression garment (traditional or Velcro Wrap), the documentation of a venous stasis ulcer is mandatory.

below knee 30-50 mmHg, each.

The key to keeping patients utilizing an adequate graduated compression garment is not only compliance, but also the availability of suitable garments for the affected limb that older and often obese patients can don and doff. Although the range of "traditional" compression garments and applicators (don/doffing devices) has improved in recent years, there are still many people who can't deal with the application of these devices: patients with weak hand strength, back problems, obesity, or abnormal limb shape, and elderly or palliative patients.

The development of Velcro graduated compression systems like the Farrow Wrap are designed to address the needs of this group of patients utilizing the principles of short-stretch bandaging, providing a low resting/high working pressure garment.

These systems consist of a protective sock liner, over which the wrap is applied along with multiple overlapping short-stretch bands interconnected by a spine. The bands are secured by using Velcro®, and the degree of compression is determined by the user applying the wrap at near end stretch of the material, as well as by the circumference of the leg and the position and activity of the user.

Pearls for Billing a 30-40mmHg Velcro Gradient Compression Wrap:

When billing for any compression garment (traditional or Velcro Wrap), the documentation of a venous stasis ulcer is mandatory.

Additionally, the prescribed garment must achieve a minimum of 30-40mmHG. When a gradient compression wrap is used for an open venous stasis ulcer, the A6545 code must be billed with the AW modifier. If there is no open ulcer, the AW modifier must not be used. Claims for code A6545 without an AW modifier will be denied as statutorily non-covered.

The right (RT) and left (LT) modifiers must also be used with this code. When the same code for bilateral items (left and right) is billed on the same date of service, bill both items on the same claim line using LTRT modifiers and the quantity of the dressings being dispensed. Claims filed without RT and/or LT modifiers will be denied as incorrect coding. While the posted fee schedule for A6545 is \$92.23 for all states, coverage is limited to one compression garment per leg every six months.

While the LCD for the utilization of these devices requires the presence of a venous ulcer, the author will of-

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tentimes start with an Unna Boot with local wound care to address the initial needs of the venous ulcer, then transition to a Velcro graduated compression garment before the ulcer is healed.

Conclusion

Leg ulcers due to chronic venous insufficiency can be difficult to heal, and lymphedema (or anything else that causes fluid retention) can in itself be challenging. Utilizing the right tools in order to achieve quick healing is fundamental. Collagen powders, among other granulation tissue-building dressings that also reduce exudate, can significantly enhance healing times.

Moreover, providing compression garments in your office is something that can be rewarding for your patients and your practice. While Unna Boots can provide immediate swelling reduction, compression garments of

long-standing duration are vital to improve quality of life and recurrence. Training your staff on how to measure and provide these services is fundamental yet not difficult. Measuring for any compression garment is essential to get the right size and fit. Sending your patients to a pharmacy or medical supply location to get a device without a thorough measurement and education regarding the proper donning and doffing techniques usually results in failure. Additionally, recommending or allowing your patients to use a compression garment used previously by a family or friend isn't recommended, nor is recommending the use of an "anti-embolic" compression garment (Ted Hose). **PM**

References

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Dr. Moore is board certified by the American Board of Podiatric Medicine and is Fellowship trained in Diabetic Foot Salvage from UTHSC. He is on the Board of Trustees of the American Board of Podiatric Practice Management and is a Fellowship Director, author and frequent lecturer. Dr. Moore is a consultant for Amerx Health Care.

