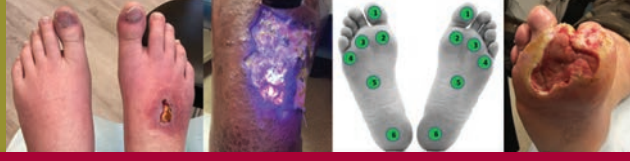

What You Need to Know About Wound Care Products

It's important to learn about these widely used materials.

BY PAUL KESSELMAN, DPM

This column has historically addressed DME issues for the podiatrist. In concert with *PM's* annual wound care issue, this column previously has provided a review of reimbursement and coding specifically discussing products pertinent to the provision of wound care services. This initially included only the few surgical dressings covered under the DME Medicare Part B benefit. Due to the popularity of skin substitutes, now known as Cellular Tissue Products (CTP) (initially only two) these were then added for review. Cellular Tissue Products have grown significantly in popularity. Their sheer number can challenge even the most astute wound care provider to provide a summary reviewing the characteristics of each product. Additionally, over the past decade the number of surgical dressings, debridement tools including ultrasound, hydro jets, and NPWT devices have also grown exponentially. There are also myriad wound care products available through pharmaceutical and MCR Part D benefits.

Some estimate that almost 25% of patients with wounds have them for six or more months; others estimate that 15% of wound care patients have wounds lasting more than a year. Some have called diabetes an epidemic among the baby boomer and generation X. It's no wonder podiatrists and other wound care specialists are seeing more patients with chronic wounds. The demand for wound care services continues to grow as does the number of wound care-related products—an escalation that further challenges an already-complex coding and reimbursement landscape.

Standard Wound Care (SWC) is no longer wet to dry dressings, but exactly what Standard Wound Care consists of is not easily defined. Throw in challenges from third party payers who have edited, rescinded, and added LCD and Policy Articles, with no uniformity across the country, and one can certainly understand why publications such as *General Surgery News* annually publishes an essay entitled "Wound Care: The Wild West". Having read the supporting statements made by many of those interviewed for that column, the title seems to be somewhat reflective of the current state of wound care reimbursement.

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For simplicity's sake, it is best to understand these top dozen issues for wound care specialists:

1. *The general properties of the various surgical dressing categories (e.g., calcium alginates, foam, hydrogel, etc.) with respect to drainage absorption vs. hydration, odor control, bacteriostatic properties, etc.*

2. *Understand the various categories of CTP (live, cryopreserved, neonatal human, vs. xenograft, etc.) and their applicability (e.g., full thickness, to muscle, to bone);*

3. *The Local Carrier Determinations (LCD) and attached Policy Articles (PA) of your Traditional Fee for Service (both Local MAC and DME MAC, Advantage Plans as well as third party payers' coverage policies).* If your Traditional Fee for Service Medicare Carrier does not have a CTP LCD or PA, obtain and research the policies of an adjacent Medicare carrier and/or reach out to your CAC representative. Recently, Noridian rescinded their wound care policy only to re-issue a far more restrictive policy. Palmetto currently has a far more restrictive policy in draft mode currently under consideration. Recently, the LCD for most CTPs has either been vastly streamlined—with specific product coverage information moved into a Policy Article, either directly incorporated at the end of the LCD—or provided via a separate link at the end of the LCD.

4. *Recent first quarter 2022 TPE results from Noridian on surgical dressings reveal a 42%–66% error rate depending on whether you are in DME MAC A or D. Therapeutic Shoe error rates from Noridian for the same time*

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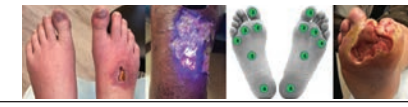

Wound Products *(from page 81)*

period are 64%–54%. This shows that most suppliers still don't properly document. Some providers claim the DME MAC auditors are improperly trained and misinterpret these policies. While that is sometimes the case, in many cases it is the supplier who does not submit the proper documentation. The LCD contains the requisite requirements. For those who are having issues with TPE or post-payment audit, having a non-biased expert review your records is something to consider. Both DME MACs also provide webinars, both live and on-demand, which cover their LCD.

5. *The formulary of your hospital's Outpatient Wound Care Dept, ASC, etc. with respect to which products they routinely stock.*

6. *The formulary provided by your supergroup, those favored by a buying group, or ones with which you are already familiar.*

7. *Part D Medicare, MCR C and other third-party coverage of certain oral and topical medications used for wound care.* Be sensitive to the out-of-pocket costs to your patients and prescribe less costly, equally effective medications, when possible.

8. *The importance of digital photography cannot be overstated.* Photographing wounds both pre- and post-debridement with measurements and patient identification is encouraged. This assists with documenting both the medical necessity for debridement as well as surgical dressings and CTP. There are now many software vendors who provide sophisticated programs with advanced documentation tools specifically geared to the wound care professional.

9. *Consolidated Billing cannot be overlooked.* Is the patient a resident under a Part A stay in a Skilled Nursing Facility or are they under a Home Health Care Consolidated Stay or Hospice?

Each of these brings its own set of hurdles to overcome. For example, patients under a Part A SNF may be covered for surgical CPT codes 1104X but may not qualify for reimbursement of other procedures. This includes: 97597 (the latter being part of physical therapy Consolidation), and the technical component for in-office imaging or in-office diagnostic vascular testing.

Medicare Advantage Plans and commercial payers bring their own set of rules and regulations.

Patients under a home health stay or hospice care may not be covered for surgical dressings, other than through the agencies providing the home or hospice care.

It is important to check with either the SNF or Home Health or Hospice Agency regarding what the prospective consolidated payments are for the individual patient. Whether either of these agencies is willing to contract directly with you and pay for these services must be addressed prior to rendering these services, as it is often too late to retrospectively bill them for services Medicare will not cover.

10. *Medicare Advantage Plans and commercial payers bring their own set of rules and regulations.* Many require prior authorization and referral to national distributors for direct home delivery of surgical dressings. It is important that your chart documentation meets the LCD requirements of the third-party payer and that your prescriptions and orders for surgical dressings meet your patients' needs for the time period prescribed. Be sure your order has the supportive ICD10, NPI, product type, quantity, relevant patient information, refills, length of need, legible signature, and date. The same is true for those patients for whom you are considering the use of CTP. Consider which CTP are available through the carrier and which are not.

11. *Myriad organizations certify providers (MD/DO/DPM/RN/PA) in wound care, including those in a variety of medical specialties.* This includes general, plastic and vascular surgery, podiatry, endovascular and interventional radiology and cardiology, etc. Readers are encouraged to attend meetings dedicated to wound care and decide which organization(s) may be best suited for their needs. Membership may include free or reduced cost meeting registration and subscriptions to a variety of wound care journals. Having this on your resume can help defend you for both professional liability or Administrative Defense coverage issues.

12. *A significant number of companies advertise wound care-related diagnostic or procedural products as a way to boost your financial bottom line.* Carefully review their claims as they may not accurately represent the clinical usefulness of those services and they may exaggerate the reimbursement policies of your third-party payers.

While this column routinely provides specific and detailed guidance on coding and reimbursement policies affecting DME suppliers, to do so for such a broad topic in such a short forum is impossible. In the three months between the time this article is written, published, and read, no doubt there will be many new surgical dressings, CTP, and other wound care tools on the market. The best way to attempt to stay current is to maintain subscriptions to wound care journals, attend wound care meetings, and subscribe to online listserves from CMS, your DME MAC, and your third-party payers. **PM**

Dr. Kesselman is board certified by ABFAS and ABMSP. He is a member of the Medicare Jurisdictional Council for the DME MACs' NSC and provider portal subcommittees. He is a noted expert on durable medical equipment (DME) and an expert for Codingline.com and many third-party payers. Dr. Kesselman is also a medical advisor and consultant to many medical manufacturers and compliance organizations.