Skin Substitutes: Common Documentation Errors

It's important to know each carrier's specific requirements.

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There is an abundance of peer-reviewed literature demonstrating the effectiveness of skin substitute products, sometimes referred to as cellular and/or tissue—based products, in addressing chronic wounds. For those who provide this service and submit claims for this service to third-party payers, appreciating the documentation considerations associated with the provision of skin substitutes is essential.

Payer Requirements

There are hundreds of third-party payers in the United States. When submitting a payment claim for a service to a third-party payer, it is important to first check to see if that payer has a coverage policy for the service performed. Typically, when a payer does have a coverage policy for a service, that policy includes documentation requirements. When applying a skin substitute to a patient whose third-party payer does have a skin substitute coverage policy, it is important to follow the guidelines outlined by that policy. In the absence of such a policy, most payers allow coverage of the service if what was performed and documented supports the medical necessity of the service.

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What follows here are common skin substitute documentation requirements that are also common reasons for failure on chart review.

Medical Necessity

Most third-party payers expect a robust narrative detailing the medical necessity of skin substitute application. The expectation is typically a description of the patient's condition that includes the specifics of the wound being treated and the contributing comorbid conditions. This should be a narrative that is specific to the patient being treated that establishes why it is medically necessary to institute advanced treatment in the form of a skin substitute on that date of service. Third-party payers that have skin substitute coverage policies may outline specific elements of documentation that are required to establish medical necessity.

Underlying Contributing Medical Diagnoses

Most payers expect underlying conditions contributing to the ulcer to be identified and documented. This is not merely a past medical history list, but rather a narrative explaining the provider's recognition of these comorbid conditions and the provider's acknowledgement of the role they may be playing in the chronicity of the wound being treated.

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Furthermore, most payers expect documentation, including what is being done to address these contributing pathologies and the name of the physician(s) providing this care. This should include steps that have been taken to blunt the effects of these comorbid conditions on wound healing, thereby optimizing the success of the product to be applied.

Repeated Applications

When repeating skin substitute application for the same ulcer, it is suggested that the medical necessity of the repeated application be documented. This may include response to the previous application(s) and why subsequent applications are indicated and medically necessary. A repeated application is not expected unless it is medically necessary based on the response to previous application(s). Merely documenting a smaller ulcer size may not satisfy the expectations of an auditor or third-party payer representative.

Failed Treatments

With each skin substitute application, most payers expect documentation of treatments that have already been attempted and failed, suspected reasons why those treatments have failed, how long the ulcer has been present, how long the patient has been under the care of the provider, and how long conservative treatment was attempted before instituting skin substitute therapy. All of this contributes to establishing chronicity of the ulcer and the medical necessity of skin substitute application.

Furthermore, documentation indicating why the provider expects skin substitute use to be effective when other options have failed is typically expected. Some third-party payers establish a minimum amount of time that more conservative treatments must be attempted before they will consider a skin substitute to be reasonable and necessary, and therefore, a covered service.

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Adequate Circulation to Support Healing

Most third-party payers expect documentation that the patient has adequate circulation/oxygenation at the ulcer site to support tissue growth/wound healing. It is recommended that providers do not rely on an auditor's ability to draw medical conclusions from exam findings. Instead, if documentation of adequate circulation to support healing is expected, it is suggested that providers document why they think the patient has adequate circulation to support healing when exam findings support this conclusion. For example, documenting the exam findings associated with palpation of pedal pulses alone or only documenting the results of non-invasive arterial studies may not meet this requirement without the accompanying narrative that includes the practitioner's conclusion that there is adequate circulation to support healing. When a lower extremity ulcer receives a skin substitute, some payers require a recent ankle-brachial index while others do not.

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Diabetes Management

If a patient has diabetes, most payers expect documentation of the medical management of diabetes, including what is being done to address the diabetes and the name of the physician(s) providing this care. In most cases, a simple listing of medications does not meet this requirement as the expectation is a narrative relative to diabetes status and management. Some payers add even more documentation requirements when a patient receives a skin substitute for a diabetic foot ulcer.

Conclusion

Whenever submitting claims for payment to a third-party payer, practitioners should be aware of that payer's guidelines regarding coverage of the service provided. Different payers have different guidelines regarding coverage of skin substitute application. While some payers have very specific policies regarding coverage of skin substitutes, others base their coverage only on the presence of medical necessity. **PM**

Disclaimer: *Nothing here is intended to reflect or guarantee coverage or payment. Questions regarding coverage and payment by a payer should be directed to that payer. A provider's documentation, billing, coding, and reimbursement is exclusively the responsibility of that provider. This guide does not suggest that only this information should be documented. All pertinent patient information should be documented.*

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