WELCOME TO: COVID 19 PRACTICE SURVIVAL GUIDE

Week 5 of a series

INOFFICE WOUND CARE DISPENSING - PRE/DURING/POST COVID

Guest Speaker:

Ira Kraus, DPM FACFAS

Moderators:

Michael King, DPM, FACFAS

Ashley Watkins
Sales & Member Services,
Talar Medical

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DATE	TOPIC	GUEST SPEAKER
21 April 8 PM EST	**Non-Face-To-Face Services During COVID 19**	*Jeffrey Lehrman, DPM, Michael King, DPM (Moderator)*
28 April 8 PM EST	**CARES ACT, SBA, PPP**	*Jack Evans, CPA*
5 May 8 PM EST	**Supply Chain Management**	*Scott Wakser, Melody Andrews*
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30 June 8 PM EST	**Streamline Biological Utilization**	

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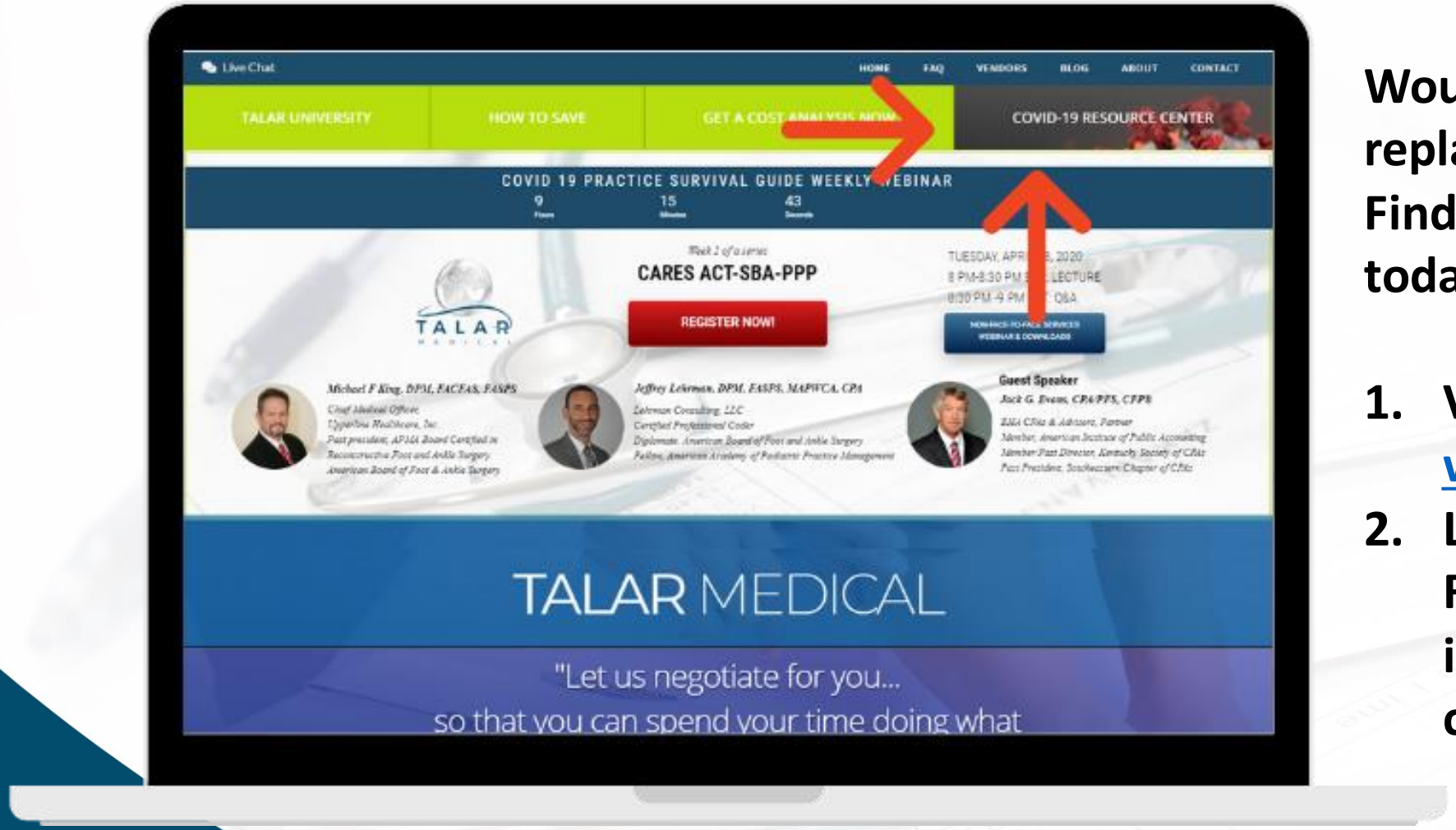

Would you like to find a replay of tonight's webinar? Find it on our website today!

1. **Visit our website www.TalarMedical.com**
2. **Look for our COVID 19 Resource Center located in the upper right hand corner**

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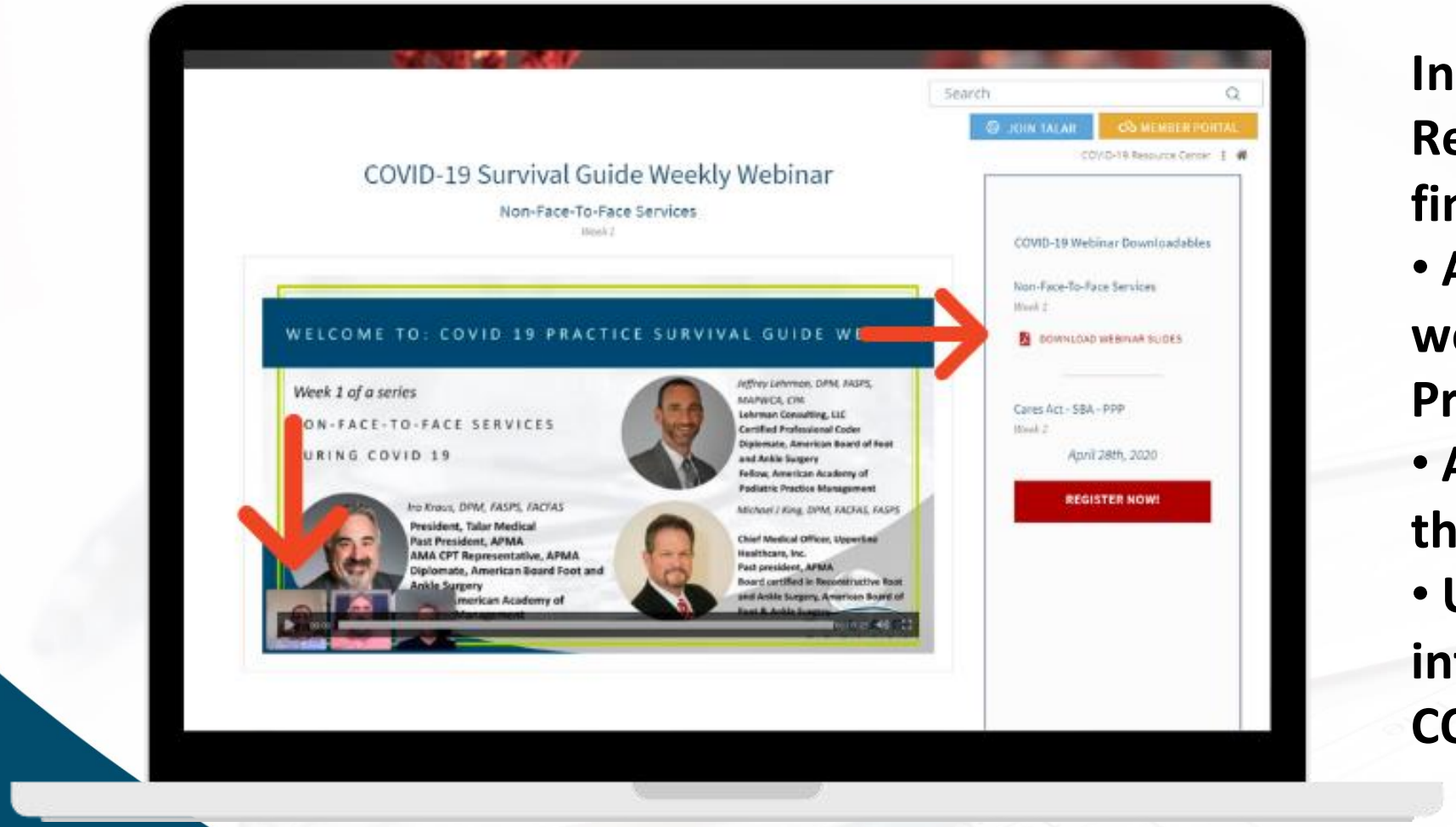

Inside the COVID 19 Resource Center you will find:

- **An archive of the entire webinar series “COVID 19 Practice Survival Guide”**
- **A downloadable version of the lecture slides.**
- **Updates, news, and information regarding COVID 19 and your practice**

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In Office Wound Care Dispensing- Pre-During-Post COVID

Ira Kraus DPM FASPS FACFAS

President Talar medical

APMA Representative AMA CPT

Member APMA Coding Committee

Past President APMA

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****IMPORTANT***

Disclaimer

***Information provided is to the best of our knowledge and as current as possible.

***Please verify all policy and reimbursement information with your local Medicare carriers.

Physicians and other providers must confirm or clarify coding and coverage from their respective payers, as each payer may have different formal or informal coding and coverage policies or decisions. Physicians and providers are responsible for accurate documentation of patient conditions and for reporting of procedures and products in accordance with payer requirements.

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Discussion Topics

→ Documentation Requirements

→ Patient Value/Benefits

→ Practice Management Value

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DMEMAC Surgical Dressings LCA says:

"Must document, on a monthly basis, clinical information which demonstrates the reasonable and necessary requirements regarding the type and quantity of surgical dressings provided"

https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=54563&ver=24&LCDId=33831&ContrId=140&ContrVer=2&CntrctrSelected=140*2&Cntrctr=140&name=&DocType=2&bc=AAACAAYAgAAA&

However…

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It also says…

This wound evaluation is not needed if "there is **documentation** which justifies why an evaluation could not be done."

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It also says…

This wound evaluation is not needed if "there is **documentation** which justifies why an evaluation could not be done."

Furthermore…

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- → There is no requirement that this evaluation must be performed via a face-to-face visit.

- → This evaluation can be performed via telehealth

BENEFITS

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Cost Effectiveness

- 873 patients received collagen dressing
- 101 received saline gauze treatment
- After 2 months of treatment:

Collagen group =
95% healed
Total cost of $2,145

Saline gauze group =
7% healed
Total cost of $7,350

Snyder RJ, Richter D, Hill ME. Ostomy Wound Manage. 2010; 56 Suppl 11A:S9–S15

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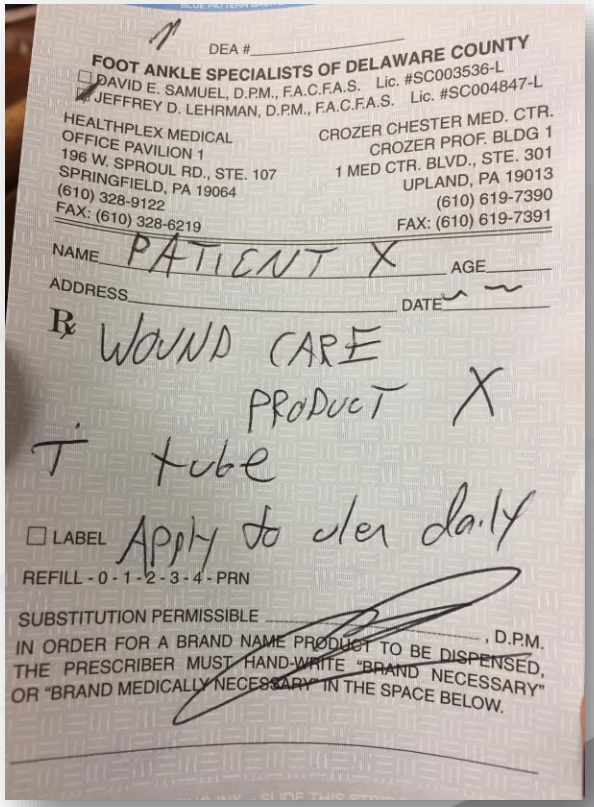
Why Provide DME?

- 31% of Rxs never picked up
- eRx 65% more likely to never be picked up

"Why Patients Won't Fill Your Prescriptions" http://www.medscape.com/viewarticle/830616"Understanding Prescription Abandonment" - https://cvshealth.com/thought-leadership/cvs-health-research-institute/understanding-prescription-abandonment



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Wound Supplies covered by Medicare Part B if:

- They are Medically Necessary
- When debridement of a wound is medically necessary, and it was debrided
- They are used in the treatment of a wound caused by or treated by a surgical procedure
- Wound must be full thickness
- Drainage is documented

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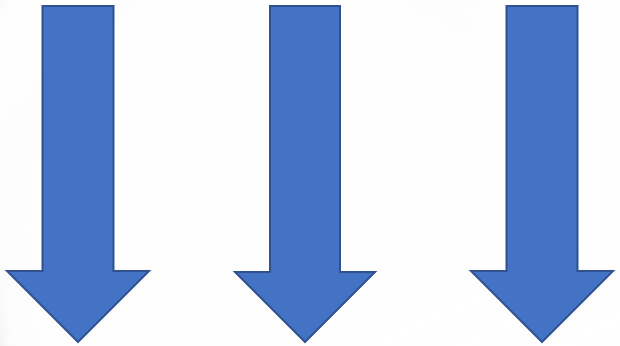
DOCUMENTATION



Foundation of all wound care

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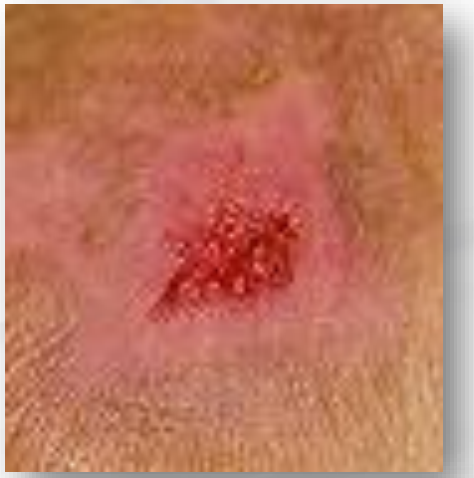
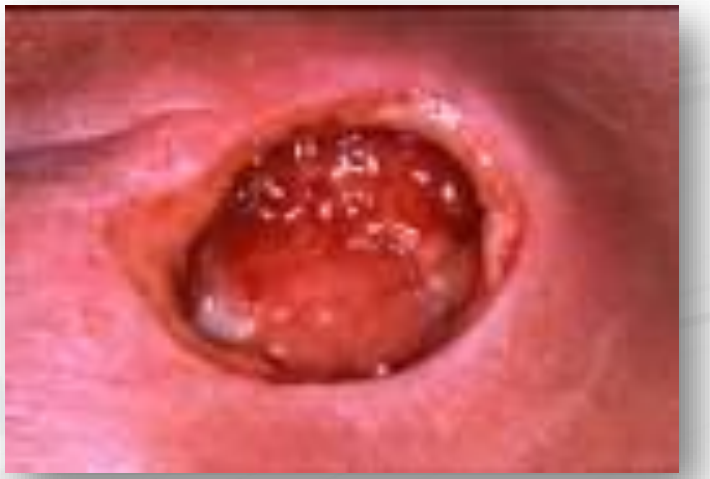
→ Wound Characteristics

→ Depth (Choose partial or full thickness wound)





- Type of wound
- Presence/absence of necrotic tissue
- Wound location, Size, and Depth
- Amount of Drainage
- Has the wound been debrided
- Instrument for debridement
- Anesthesia used. If not, why not?
- Depth of debridement
- Depth of debridement – pre and post debridement measurements
- Dressings applied in office
- Treatment Plan
- Type of dressing dispensed
- Dressing size
- Number of dressings dispensed
- Number of wounds being treated
- Frequency of dressing changes
- Anticipated duration of dressing requirement

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General - Right Extremity: Inspection of skin and subcutaneous tissue reveals color, texture and turgor are within normal limits, digital hair growth is

Ulcer 1:

Location: LOCATION
Pre-Debridement Size: _____ cm wide X _____ cm long X ____ cm deep = _____ Total sq. cm
Post-Debridement Size: _____ cm wide X _____ cm long X ____ cm deep = _____ Total sq. cm
Type: The ulcer is
Base: Ulceration extends partially through skin, Granular tissue is present, Non-Viable tissue is present, Necrotic tissue is present, Type:
Drainage: serous drainage observed
Surrounding Area: Surrounding tissue is
Sinus Tract/Undermining: Yes
Odor: Yes
Wound Staging: Pre-Ulcerative / Keratoderma; Wagner Grade 0
Condition: 1st visit

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- ---------- Ulcer Plan ----------
- The goal of our plan is to reduce the size of the lesion, prevent the condition from worsening, prevent from developing osteo, prevent loss of limb and life
- Should these measures fail, we may have to consider an incision and drainage with excision of the ulceration and correct the condition and discussed the risks and complications as well as expected recovery course in detail. They will monitor their blood sugars and temperatures and contact me immediately if further local or systemic signs of infection develop.
- A dry, sterile dressing was applied along with [Poly/Neosporin ointment, Duoderm, Silvadene ointment, Betadine ointment, Amerigel, Gentamicin, Dermagraft, Apligraf, Epifix] in the office.
- At-home instructions include the use of [Amerigel gauze, Amerigel, Prisma, Cellerate, Fibracol, Santyl, Silver Sufadiazine cream, Mupirocin, Dry Sterile Dressing, nothing as dressing will be changed in the office].
- Offloaded padding was applied to the area.
- Patient to be [weight bearing, non-weight bearing, partial-weight bearing].
- Dressing is to be [changed daily remain dry and intact until next visit].
- Patient will be see in the office for evaluation [daily, weekly, biweekly, every other week, monthly].
- I recommended a vascular test if this problem should persist or if the condition has existed for quite some time without much healing.
- Since the patient has had the ulceration for > 4 weeks, the patient is at risk of limb loss, no acute signs of infection are present and since the ulceration has failed to improve more than 50% over the past weeks, we will therefore begin with advanced modalities including cellular Tissue Products.
- OTHER

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- ---------- Ulcer Procedure ----------
- Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment.
- Full thickness sharp excisional debridement was performed down to and including the level of the [epidermis,dermis,subcutaneous tissue,subcutaneous tissue including muscle and tendon,bone] to remove the dead non-viable [tissue,bone] in order to promote proper healing using a 15 blade. Up to first 20 sq cm.
- Based on the appearance of the wound removal of devitalized tissue from the wound(s), via low frequency, non-contact, non-thermal ultrasound was performed.
- A [wet-to-dry, dry-sterile, silvadene, wound vac, Amerigel] dressing was then applied and patient was instructed to remain [non, partial ,full] weightbearing through the use of [normal shoes, custom-molded shoes, CAM Walker, with accomodative orthotics, with accomodative padding].
- Application of Unnas boot compressive dressing was done today to help with edema and wound healing
- Multi-Layer Compressive Dressing: The decision was made to place the patient into multilayer compression The risks, benefits, and potential complications of compression therapy were discussed with the patient and following this, consent was obtained. Attention was then directed to the [lLEFT,RIGHT] extremity. The patient was placed into the appropriate position with the affected extremity with the knee and ankle flexed. Following this, multiple layers of compressive dressing were sequentially applied, starting from the distal forefoot and extending proximally to several centimeters distal to the proximal fibular head. Upon placement of this dressing, its fit was assessed. The patient was noted to be neurovascularly intact and to have no complaints regarding fit.
- TCC Application: The decision was made to place the patient into a total contact cast to provide the greatest amount of offloading to the affected extremity. The risks, benefits, and potential complications of casting were discussed with the patient and following this, consent was obtained. Attention was then directed to the [LEFT,RIGHT] extremity. The patient was placed into the appropriate position with the affected extremity with the knee flexed. Following this, the sequential application of casting material was then performed utilizing standard techniques. Care was taken to appropriate pad the osseous prominences, and appropriate space was allowed for the toes. Once allowed to dry, the cast was assessed for fit. The patient related to no areas of discomfort and was noted to be neurovascularly intact proximally.
- Surgical preparation or creation of recipient site by excision of open wounds, first 100 sq cm performed down to and including the level of subcutaneous tissue to remove the dead, non-viable tissue in order to promote proper incorporation of skin graft using a 15 blade and tissue nippers.

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- ☐ ---------- Ulcer Primary Dressings ----------
- ☐ As described in detail in the progress note, the wound(s) are full thickness and were debrided. Patient will use these dressings at home and confirms that they are not already on Hospice or Home health care, and if so they agree to be responsible for the entire cost of the products.
- ☐ The physician's progress note documents the medical necessity to dispense the wound care supplies consistent with the size, depth, and drainage noted.
- ☐ Complete instructions to perform dressing changes were provided to patient and/or caregiver.
- ☐ The patient was advised that they may purchase inexpensive durable medical equipment elsewhere.
- ☐ Dispensed Collagen Powder with application instructions
- ☐ Dispensed Hydrogel with application instructions
- ☐ Dispensed Hydrogel Gauze with application instructions
- ☐ Dispensed Alginates with application directions
- ☐ OTHER
- ☐ ---------- Ulcer Secondary Dressings ----------
- ☐ Dispensed Bordered Composite Light to Moderate Exudate
- ☐ Dispensed Bordered Foams Moderate to Heavy Exudate
- ☐ Dispensed Non-Bordered Foams Moderate to Heavy

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CERT Surgical Dressings Data

- In the official November 2018 Report released by CMS, Surgical Dressings has a 69.2% Improper Payment Rate Nationally.
  - – November 2018 Report Period is claims with DOS 7/1/2016 – 6/30/2017

Percentage of Service Type Improper Payments by Type of Error				
Projected Improper Payments	No Documentation	Insufficient Documentation	Medical Necessity	Other (Technical Billing/Coding Error)
$157,037,254	1.0%	85.0%	0.2%	13.7%

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CERT Error Breakdown Surgical Dressings

Denial Reason	Claim Count
Wound management documentation is missing or inadequate	127
A valid provider's order is missing or inadequate	73
Proof of delivery is missing or inadequate	27

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Surgical Dressings Common Missing Requirements

- Clinical record documenting full thickness wound with moderate exudate, location, size and depth, the reason for the dressing use, and whether used as a primary or secondary dressing
- Clinical record documenting the reason for the dressing use and whether the dressing is being used as a primary or secondary dressing.

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Practice Management Value

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Practice Management

- One exudating wound requiring collagen powder per week
- Cost About $7 per gram
- Reimbursement: About $35 per gram
- $28 profit per gram x 30 grams/month = $840 profit
- One wound per week = $43,680/year
- At 80% still $34,944

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MORE IMPORTANTLY

- Patients Value the Convenience
- Continuity of Care
- Ensures Recommended Products are Sourced
- Treatment Plan can Begin Immediately

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Final Thoughts

- Use this time to streamline your process
- Make sure that you have a system in place for your documentation with regards to Rx/Acknowledgement of Receipt
- Develop a tracking system for your staff with regards to billing and inventory
- Decide what products you need: Diversity is key

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Thank You!

Join us #TalarTuesday, May 26, 2020 at

5 PM PST/8PM EST for *Providing DME During A Public Health Emergency. Is Your Office Ready For Required Changes?* with guest speaker

Paul Kesselman, DPM

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