

## Eli's Rehab Report

### Billing :3 Ways to Boost Your Wound Care Reimbursement

Learn how to incorporate more revenue-generating procedures among those \$0 reimbursement codes.

Is your wound care program more of a liability than an asset? If so, you're not alone, but you can turn this trend around with these money-saving tips.

#### 1. Go All -- or Nothing

If you're going to have a good wound care program, you can't afford to run it as an afterthought. "There's no middle ground," says **Kelly Judd, OTR**, president of Judd Rehab Consulting in Minneapolis.

This means doing your homework to see if a wound care program is feasible in your practice or facility. Look into equipment you'd need to purchase, what's reimbursable and what isn't, the demand for wound care, etc. Also check out your state practice act -- are PT and OT interventions limited in any way? If you already have a program, it's not a bad idea to re-evaluate the viability of it with these questions.

Once you've invested in a solid program or if you're already working within one, the next step to success is hiring a talented, enthusiastic team of therapists. "There are a lot of people out there trying to do wound care that don't know what they're doing," Judd observes. And that can lead to poor outcomes and money out of your pocket.

Key: Hire therapists who are wound care specialists and exhibit a strong degree of enthusiasm on the subject.

At a minimum, wound care therapists should have annual clinical training, Judd says. This keeps everyone on top of the latest treatment methods and technology. For example, whirlpool may ring a bell as a traditional wound care modality, but this isn't used much anymore, Judd says.

#### 2. Get Your Documentation in Gear

In addition to knowing the latest treatments, "a great team needs to know how to evaluate and document properly," Judd says.

And this means more than just following Medicare's therapy documentation rules. Medicare does not pay for non-selective debridement (CPT code 97602), so if you're doing selective debridement (CPT codes 97597 or 97598), which is reimbursed, you have to make sure you're getting every dollar you deserve.

The following is a list of documentation essentials therapists should include to support medical necessity for selective debridement, provided by **Kate Brewer, PT, MBA, GCS**, vice president of Greenfield Rehabilitation Agency, Inc. in Greenfield, Wis.:

- Type of wound
- Amount of devitalized tissue present
- Objective measurement and sizing of wound including depth, characteristics, pictures (if possible), tunneling, etc.
- Description of measurable changes in the wound including drainage, inflammation, swelling, pain, wound dimensions (diameter, depth), necrotic tissue/slough.

Bottom line: Therapists should document objective information and progress. And this should be done weekly to show

improvement, Brewer recommends. "Treatment ledgers and data forms that easily indicate progression are very useful," says **Pam Unger, PT, CWS**, president of the clinical electrophysiology and wound management section of the American Physical Therapy Association.

Critical: If you're in a facility setting where therapists and nurses are working together on wound care, make sure therapy and nursing are on the same page regarding measurement and have agreed upon a schedule for treatment, Brewer says. "If therapy and nursing are taking separate sets of measurements that don't watch up, it can be a red flag in the survey process."

### 3. Watch for These Money Hogs

With private payer and Medicare reimbursement as limited as it is for wound care, you can't afford to let things outside of strict payer policy rob your coffers. For instance, watch your waste in dressing and supplies -- they're expensive and add up quickly.

Example: "A therapist may pick up a handful of gauze to wipe a wound, but you only need one," Unger says. Another revenue culprit is low productivity because wound care visits can take a long time. "I had a freestanding outpatient wound care center with 10 rooms, and I took on average 90 minutes to see a patient in a very efficient department, and I needed all 10 rooms all day,"

Unger recalls. So schedule wisely, and pay attention to efficiency.

Finally, small things add up when it comes to coding and billing. So get a leg up on your payer policies -- they can vary and change more than you think.

Watch for: If you're not aware of a certain CCI edit (wound care codes do have them), you're leaving money on the table if you could have used a modifier 59 (Distinct procedural service) to unbundle two codes, Unger says.

Another easy coding mistake that can cost you is an improper diagnosis. "Most of the wound care diagnoses are on the therapy cap exceptions list, but you've got to diagnose properly -- 'wound on the left leg' doesn't cut it," Unger says. And then you're stuck adding to a Medicare patient's therapy cap tab.