

## Eli's Rehab Report

### Practice Pointers :Try These Revenue- Boosting Wound Care Treatment Plan Tips

Dressing-change-only visits won't keep you afloat for long.

Feel like you're doing everything right, yet barely breaking even in your wound care program? Here's why: Your treatment plans may not be tapping all the revenue they can. With little or no reimbursement for many of today's typical wound care interventions, you need to think outside of the box for viable interventions that do pull money.

Example: "I always put my venous leg ulcer patients on a therapeutic exercise program," recalls **Pam Unger, PT, CWS**, president of the clinical electrophysiology and wound management section of the American Physical Therapy Association. As you may know, therapeutic exercise is reimbursable by Medicare and most private payers.

Other reimbursable codes include:

- PT/OT evals and re-evals (97001-97004).
- Electrical stimulation (unattended) (97014) -- you can bill this for one or more areas for chronic Stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care.
- Self-care/home management training (97535) -- however, if you're billing 97597 or 97598, instructions for ongoing care are included in the reimbursement for those codes and should not be billed under 97535.
- Burn treatment codes (16020-16030) -- but tread carefully; these are typically not covered under a PT or OT plan of care.
- Unna boots (29580) -- check your payer policy very carefully; some only allow reimbursement for fractures, sprains, and strains, Unger says.
- You may be tempted to bill the patient education code (98960), but realize this is neither reimbursed by Medicare nor most third party payers.

Watch out: You should not care plan and bill for treatment interventions your patients don't need, and you should be careful not to overbill a code just because it's reimbursable, Unger says. This will only cause denials and possibly worse.

But don't be afraid to consider a wide range of options. Remember, a patient that just comes in for a dressing change will bring you no reimbursement. "I didn't necessarily exercise patients every time they were in for a visit, but periodically I was doing a review of the exercise program, patient education, etc. -- something that kept the revenue flowing," Unger says.

Best bet: "Use a treatment algorithm that both produces good outcomes and generates revenue," Unger recommends.