

# **Regulatory Issues Concerning Wound Care Reimbursement**

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## **Payment of Unna Boots for Fractures and Strapping, But Not Wound Care**

Several fiscal intermediaries have implemented a local coverage determination stating that Unna boot application will be reimbursed for fractures and strapping, but not for wound care. While only several states have implemented this ruling so far, it is anticipated to spread nationwide soon. Many believe that this is a specific response to individual providers abusing the use and charges for Unna boots.

So what does this mean for you? If you are a clinician practicing in an outpatient setting, you can still use Unna boots as a treatment modality. The fiscal intermediary will define the Unna boot as a “dressing” and the reimbursement will be bundled into the clinic charge, as other dressings currently are. No additional reimbursement will be given for the Unna Boot. This should not change your practice, but it will change the reimbursement of your practice.

Individuals that are concerned by this are encouraged to contact your fiscal intermediary and ask them for a reconsideration of this local coverage determination. The WOCN is working with a coalition of Wound Care Stakeholders to resolve the issue by working to obtain reimbursement for multilayer compression wraps.

## **Revised Prospective Payment for Outpatient Clinics**

The Centers for Medicare and Medicaid Services recently proposed a revision in the Evaluation and Management Codes, as well as the physician fee schedule. The proposal goes from the 3 previous codes to 5 codes. This was done to provide more consistency and accuracy in payments. The guidelines for using these codes are very specific to emergency room visits and do not fit at all with any specialty clinics, including wound care. CMS acknowledges this in their proposed rules, but states they would like professional organizations to assist them in developing one set of guidelines that works for all outpatient services, if that is possible.

The WOCN, as a part of a large coalition of Wound Care Stakeholders, has worked with CMS in the past to communicate the complexities of wound care. A scoring tool based on patient acuity was presented to CMS as a possible basis for reimbursement. In the past, CMS has indicated that such a scoring tool was too complicated. Given these new proposed rules, the Wound Care Stakeholders will be approaching CMS and offering their assistance.

## **Local Coverage Determination on Limited Debridements**

A fiscal intermediary has recently issued a draft of a local coverage determination that would limit reimbursement to 3 episodes of sharp debridement per wound per patient. It

is anticipated that this ruling has national implications, and that other fiscal intermediaries will be following suit.

This proposed rule is not based on science. Clinicians recognize the positive clinical outcomes that can be achieved with serial sharp debridements. We also must appreciate that this is an area of potential fraud and abuse. It is viewed as primarily a physician issue because physicians are using debridement as their mechanism to get paid. Most physician groups are not aware of the ruling or engaged in getting it changed.

Individuals who are impacted by this are encouraged to write to their fiscal intermediary asking them to reconsider this local coverage determination, by informing them that serial sharp debridement is the standard of care for chronic wounds.