

C.O.R.E.

The Use of Clinical + Operational + Regulatory + Economic/Financial Processes to Support the CMS Guideline Mapping in Wound Care

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DIAGRAM KEY

Clinical

Operational

Regulatory/Utilization

Regulatory/Economic

Economic/Finance

INTRODUCTION

According to the 2022 Medicare Fee-for Service Supplemental Improper Payment Data, there was a \$4.4 Billion overpayment in hospital-owned outpatient provider-based departments¹. This was due to improper documentation with items such as missing orders or inadequate documentation to support an order, missing documentation to support medical necessity, and missing attestations to support unsigned orders and records. When working through audits with the Center for Medicare and Medicaid Services (CMS), many times there is documentation regarding a procedure or therapy, however if that documentation does not follow the guidance provided within the Local Coverage Determinations (LCD), National Coverage Determinations (NCD), and/or Policy Articles (PA) within the Medicare Administrative Contractor (MAC) region location of the patient, it will not count towards the documentation requirements, increasing error rates. These high error rates lead to overpayments that can create loss of business, loss of patients, or loss of Medicare billing abilities. Comprehending all aspects of wound care, including the guidelines associated with documentation and billing, is essential.

A critical component includes the understanding of the guidance of the LCDs, NCDs, and PAs to follow and ensure accurate indications, review of contraindications, utilization management and documentation need. Additionally, if when treating a patient, the provider sees the medical necessity of a treatment that may not be defined within the guidelines or may not have a coverage determination in the region of treatment, following the guidance of the Medicare Integrity Manual is essential. This will greatly assist when working through the reimbursement of procedures, and the appeals and documentation reviews associated. This poster presentation details the mapping of the guidelines and policies of commonly practiced wound care procedures and therapies, linking the Clinical+Operational+Regulatory+Economic/Financial (CORE[®]) processes. This process takes the basic steps of clinical wound care, linking the accurate LCDs, NCDs, and PAs of the MACs to then follow for operational, regulatory and economic direction.

METHODS

The proprietary process of CORE takes into consideration all aspects needed when determining the steps in care planning, treatment, and goals of the wound care business. Each of the four distinct parts need to be equally assessed to best serve the patient and business; building the accurate structure to meet the goals in mind. Following the process of CORE, while embedding the CMS policies and guidelines for wound care, will create the opportunity for proper documentation and regulatory compliance; leading providers to improved compliance and greater success with payment processes, audits, and appeals.

RESULTS

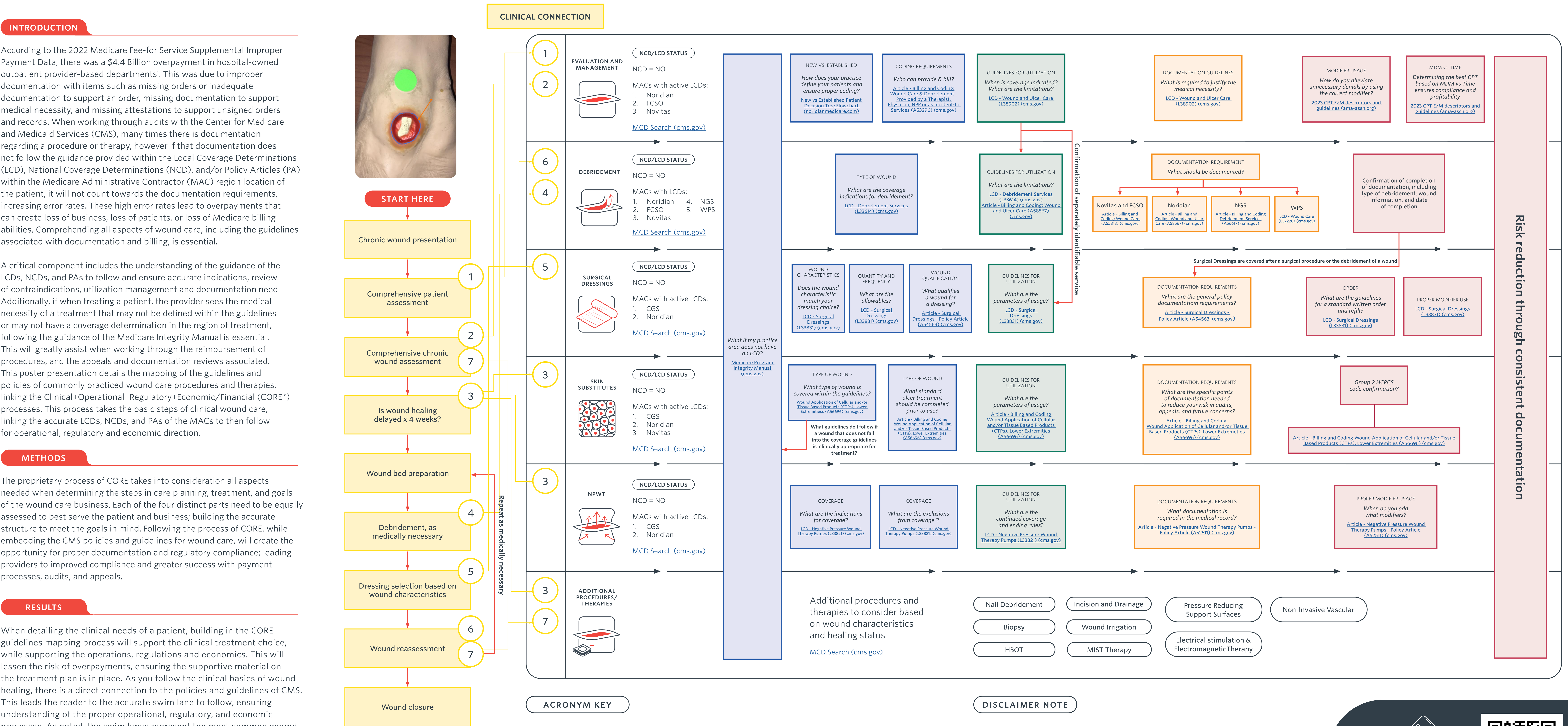
When detailing the clinical needs of a patient, building in the CORE guidelines mapping process will support the clinical treatment choice, while supporting the operations, regulations and economics. This will lessen the risk of overpayments, ensuring the supportive material on the treatment plan is in place. As you follow the clinical basics of wound healing, there is a direct connection to the policies and guidelines of CMS. This leads the reader to the accurate swim lane to follow, ensuring understanding of the proper operational, regulatory, and economic processes. As noted, the swim lanes represent the most common wound care practices, with additional procedures and therapies to consider.

DISCUSSION

Managing the work required for your role can be a daunting task. The rules and regulations of work performed, coupled with the need to accurately capture the clinical documentation of your work, must be carefully accounted for to meet the proper documentation requirements and reimbursement within your place of service.

REFERENCES

- 2022 Medicare Fee-for Service Supplemental Improper Payment Data, US Dept of Health and Human Services, accessed February 2023



ACRONYM KEY

NCD	National Coverage Determination
MCD	Medicare Coverage Database
MAC	Medicare Administrative Contractor
1. Noridian	Noridian Healthcare Solutions, LLC
2. Novitas	Novitas Solutions, Inc.
3. FCSO	First Coast Service Options, Inc.
4. NGS	National Government Services
5. WPS	Wisconsin Physicians Service Insurance Corporation

LCD	Local Coverage Determination
LCA	Local Coverage Article
MDM	Medical Decision Making
HBOT	Hyperbaric Oxygen Therapy
NPWT	Negative Pressure Wound Therapy

DISCLAIMER NOTE

The purpose of this clinical pathway is to provide clinical and operational direction, in a step-wise fashion, for the team to follow when performing a comprehensive patient assessment. The assessment details the patient's medical history inclusive of the wound's status. This pathway provides information regarding an initial assessment and the associated regulatory guidelines shown in this work. Follow-up visits will be predicated on the department's clinical and operational work flow, policies and procedures, and the necessary medical/clinical direction based on the patient and their wound presentation. This pathway is an example, and not all-inclusive of clinical and regulatory options. Confirmation of the Medicare Administrative Contractor guidelines within the region/area of patient treatment should be completed prior to treatment.



Trademarked Items: * CORE is a proprietary process developed by the primary author.