

SERENAGROUP NEWSLETTER

Building the Nation's Leading Wound Care Team

SERENAGROUP GROWTH



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THOMAS SERENA, MD, CEO

After a long Winter of uncertainty, it appears that there is good reason for SerenaGroup® to feel optimistic about our performance for the balance of this year and well into the next: on the development side, we have a robust pipeline that has already crystalized into several signed contracts with more in the offing; our research program has outstripped expectations to the point that we will be adding new personnel to cover our commitments; operations has performed a minor miracle in remaining productive throughout the pandemic—in some cases, exceeding their goals; we have made significant inroads into untangling the bureaucratic stranglehold that governmental regulations has had on compliance.

We can truthfully say: “Now is the Winter of our discontent made Summer by our glorious team of professionals.” Ray Rosa deserves a nod for his development skills; Jill Schroder has performed flawlessly in directing

operations under difficult conditions; Matt Schwyer has mastered the arcana of governmental regulations; in the Research Section, Laura Serena, Kristi Breisinger, and Sarah Moore have managed to initiate over \$5,000,000 of clinical research, which resulted in 14 Scholarly papers published in Scientific Journals thus far in 2021. I could easily extend this narrative to include a dozen more SG stars who have outperformed expectations.

In a word, I want to say to all of you, “Thanks!”

And: looking forward to the balance of this year, it is my great privilege to welcome Tulsa Wound Treatment Center, The ThedaCare System of 6 centers and St. Joseph Medical Center in Houston to the SerenaGroup® family. Tulsa Wound Treatment Center, run by the indomitable Dr. Lam Li, is a free-standing center that opened its doors in July. We can learn a great deal from Dr. Li. ThedaCare’s family of wound centers joined us in June. We are excited to be working with Amanda Neubauer, Director. Please join me in welcoming Christine Lindsay as the new program director at St Joseph’s. We have great plans for this program.

The strength of SerenaGroup® lies in the connectivity of our team. This strength is recognized across the world. Together we will improve the lives of our patients and advance the science of wound healing.



Understanding Hyperbaric Medicine Therapy

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What is Hyperbaric Oxygen Therapy (HBOT)?

HBOT is best described as a large tube or small room that allows for you to breathe in 100% oxygen at a pressure around 3 times normal air pressure. Your body's tissues need oxygen to survive, but damaged tissues need even more oxygen to survive and repair itself. HBOT will promote and accelerate wound healing and help to fight infection.

How will it help?

HBOT works by improving the oxygen percentage in the blood that will be facilitated to damaged tissues that are starved of oxygen. Under pressure, the highly oxygenated cells in the blood can begin to grow new blood vessels in the damaged tissue which promotes blood flow. HBOT can also stimulate growth factors and stem cells, fight infection, enhance antibiotic function, strengthen the body's bones and immune system, and more.

Are there different kinds of hyperbaric chambers?

Yes, but there are only two types of hyperbaric chambers that have been deemed effective and safe for managing wound healing; multiplace and monoplace. Our hard chambers allow for delivery of 100% oxygen under approximately 3 times the normal air pressure in a hard chamber.

Will insurance cover HBOT?

Hyperbaric is suitable and beneficial for a host of conditions. However, it is important that the condition meets the qualifications of the insurance plan. Every insurance plan is different, but the hyperbaric center will assist with obtaining authorizations if they are required and/or making sure that the patient meets the guidelines so HBOT will be covered.

How often are HBOT treatments?

Every patient is different but the standard protocol is 30-40 treatments, 5 days a week (Monday-Friday). The length of treatments is usually two hours daily.

What does your HBO technician want you to know?

Hyperbaric technicians are here to help before, during and after treatments. It is important that the patient receives their treatments daily to maximize efficacy. If there are any scheduling conflicts, the technicians can work with the patient on their schedule to ensure treatments are completed.

Claustrophobic or anxious?

The chambers are larger in size, but if the patient is still feeling nervous we can have your doctor prescribe medication to be taken before treatment to make the patient feel more comfortable. HBOT has an important role in your wound healing and we want to make sure you tolerate treatments well.



The debate over Modifier 25

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Matt Schweyer
Chief Compliance
Officer



The role of the wound care center: Provide emotional support, care coordination, education on handling the patient's co-morbidities (diabetes, nutrition, sometimes management of those co-morbidities, pain management, emotional support, to name just a few.) How best to handle all these factors; How best to code them? In conversations with Revenue Cycle departments, the answer sometimes appears easy: it's part of the procedure or a visit for the Date of Service (DOS) and included in payment for that HCPCS code. But is it really that easy? Simply stated, Provider, Clinicians and Administrators agree, there is no easier wound care patient than a patient with one ulcer/wound. However, is that our reality? NO! Often patients present with multiple ulcers/wound and multiple comorbid conditions. And that is the crux of the matter.

On the first visit, a complete history, physical examination, and medical decision on how best to continue that patient's treatment; with our type of patient, it is an exhaustive process. At times, all the ulcer/wounds are debrided and at other times, they are not. What happens? Procedure and Evaluation and Management HCPCS codes are billed for that DOS. Why? This is looked at as Separate and Identifiable (S and I) documentation. But our patients come back for multiple visits and consume resources for the many wounds that we managed throughout their Plan of Care (POC). It is these return visits that have occasioned the current debate.

On subsequent encounters, the provider, and staff, perform a history and review of systems, physical examination of all ulcer/wounds and decide the nature of continued treatment. To compound the problem, the provider often determines that the patient requires debridement on a few of the

ulcer/wounds, and not on others. How was the medical decision made? By performing all three elements: tweaking the patient's Plan of Care, addressing goals, nutrition, and diabetes education. Therefore, the documentation will support the S and I for that DOS and are examples of how, at the same time, the clinic manages co-morbidities for that patient.

The complexity of wound care has grown over the decades. The Wound Center is no longer only seeing and treating the ulcers and wounds; it is now, simultaneously, managing comorbid conditions. And that is where the confusion becomes apparent: In an effort to clear up this confusion, the Center for Medicare and Medicaid Services (CMS) has weighed in, through the respective Medicare Administrative Contractors (MAC) Local Carrier Decision (LCD) with clarifying language. The example below is language from Wisconsin Physician Services LCD Wound Care (L37228) for services performed on or after 04/16/2018.

Use of Evaluation and Management (E/M) Codes in Conjunction with Debridement(s)
Patients who have chronic wounds may frequently have underlying medical problems that require concomitant management in order to bring about wound closure. In addition, patients may require education, other services, and coordination of care both in the preoperative and postoperative phases of the debridement procedure. An E/M service provided and documented on the same day as a debridement service may be covered by Medicare only when the documentation clearly establishes the service as a "separately identifiable service" that was reasonable and necessary, as well as distinct, from the debridement service(s) provided.

So, what to do? Let the Great Debate continue? That is an option! A better option, the Revenue Cycle Team comes up against an audit flag for utilization of Procedure and Visit HCPCS codes on the same DOS, Revenue Cycle and SG Program Directors communicate with one another to ensure the documentation for that DOS supports "Separate and Identifiable" components of care.



SerenaGroup Education

SerenaGroup recognizes that the key to continued success with positive clinical outcomes is education. Education is provided through different platforms to ensure the tools are available to our centers. Topics for August Education included (but not limited to):

- Journal Club: TBA
- HBO Safety: Meeting Medical Necessity for DFU
- Monthly Education: Infection Control Guidelines
- Roundtable Compliance Meeting
- Roundtable PD Meeting

Education is one of many key benefits to partnering with SerenaGroup.

Educational Courses

HBOT 40hr Course

August 12-15, 2021 | Monroeville, PA

November 11-14, 2021, West Palm Beach, FL

SerenaGroup Blue Star Winner



Karen Martin, PA-C

Ascension Dell Seton

Karen continues to be our patient's biggest fan! She provides exceptional care for all of her patients that she treats.

SerenaGroup

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888-960-1343

125 Cambridge Park Drive

Suite 301

Cambridge MA 02140

Facebook: SerenaGroup

Twitter: SerenaGroup4

LinkedIn: SerenaGroup Advanced
Wound Care & Hyperbaric Medicine

Instagram: serenagroup1

