



SERENAGROUP NEWSLETTER

BUILDING THE NATION'S LEADING WOUND CARE TEAM

ISSUE 67 • SEPTEMBER 2023

CELLULAR TISSUE PRODUCT REVISION

MATT SCHWEYER,
Chief Compliance Officer



Change, a constant in Health Care! And, for August 2023, that is exactly what three Centers for Medicare/Medicaid Services (CMS) Medicare Administrative Contractors (MAC) did. Novitas, CGS, and First Coast changed/revised their LCD (Medical Policy): "Application of Cellular Tissue Products to Venous Leg and Diabetic Foot Ulcers." These changes take effect September 17, 2023, in these regions, and currently this change impacts only those regions. All other regions, wait and see.

So, these revisions, what's in it? The obvious ones, mainly, prior to September 17th a DFU and or VLU qualified for ten applications in a twelve-week period. After September 17th, the same ulcers now qualify for four applications during that Episode of Care, consisting of twelve weeks. Additionally, a list of products that meet Medical Necessity and a list that doesn't meet Medical Necessity. There is clarification on the timeline of Standard of Care prior to application. For DFU, four weeks and VLU, twelve weeks of Standard of Care prior to application. Then, the not so obvious. Mainly documentation elements to meet Medical Necessity. You know, the ones your Chief Compliance Officer harps on. Yes, those elements are now required in the LCD! Luck has it, if you have been following the SG Best Practice for Clinical Documentation (templates), you're ahead of the game. If not, here is your chance to catch up.

Appropriate diagnosis and response to treatment, no longer an option. It is now a necessity. What should and does this look like? There is a requirement: you must have a description of the ulcer at baseline." Hmm, simply stated, you must clearly document what the ulcer state is prior to establishment of Standard of Care (SOC).

Continued on page 2

SERENA GROUP
MONTHLY NEWSLETTER

TABLE OF CONTENTS

Cellular Tissue Product
Revision • P. 1 & 2

ABI and PAD
Education Update • P. 3

Blue Star Winner • P. 4

www.serenagroupinc.com

CELLULAR TISSUE REVISION CONTINUED

The author reads this as the first visit to your wound center or practice. Elements include location, duration, size, Wagner scale for DFU, and partial, full thickness or other for VLU.

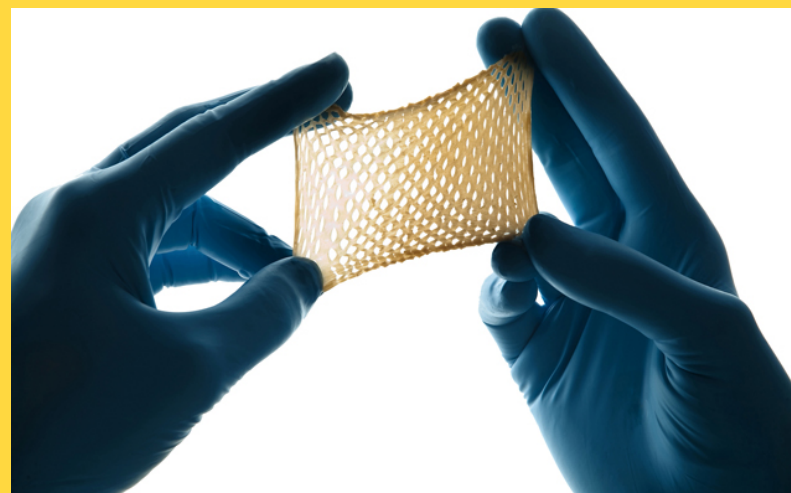
Doing this at the initial visit will set you up for success. At the initial visit, if you are thinking, I bet this patient is going to need CTP, get those elements and Standard of Care completed and documented.

As a refresher, in SG our Standard of Care for advanced wound care our SOC includes nutrition, smoking and diabetes. If diabetic, definitive vascular assessment including ABI, judicious debridement's, appropriate off-loading, and or compression, control of infection and either four weeks (DFU) or twelve weeks (VLU) of good wound care. Have to have it, got to document it. Having all of this at consultation, and you get down to the Medical Decision-making process of decision to apply the CTP, you will document subjectively what you see at the first ulcer preparation and application and move on. And, hopefully, your patient is compliant with your plan of care and your four applications gets them healed.

So, the key takeaways:

- Episode of Care consists of twelve weeks.
- Four applications during the Episode of Care.
- Impacts Venous Leg and Diabetic Foot Ulcers at this time.
- Other anatomical positions and placement are not included in this LCD. The Medical Necessity Decision model will continue to be utilized.
- List of Approved products, the list has approximately fifty approved products.
- List of Unapproved products, list, likewise, has greater than fifty products. There are products on this list that some providers use. This will need to be monitored.

In closing, abiding by these revisions of the road map will keep you on the highway, and not in the ditch when it comes to audit time. Or worse, having to give money back to CMS.



ANKLE-BRACHIAL INDEX IMPORTANCE FOR PERIPHERAL ARTERY DISEASE

The ankle-brachial index (ABI) is an important diagnostic tool used to assess peripheral artery disease (PAD), a condition characterized by reduced blood flow to the limbs, typically the legs. The ABI is a simple, non-invasive test that compares the blood pressure measured at the ankle with the blood pressure measured at the arm (brachial artery). The ratio of ankle systolic pressure to brachial systolic pressure provides a valuable indication of the degree of arterial blockage and the severity of PAD. Here's why ABI is important for peripheral artery disease:

Early Detection and Diagnosis: PAD often develops gradually and may not cause noticeable symptoms in its early stages. ABI helps detect PAD early by identifying reduced blood flow to the limbs before symptoms like leg pain (claudication) or complications like tissue damage or non-healing ulcers occur.

Assessment of Disease Severity: The ABI value indicates the extent of arterial narrowing or blockage. A lower ABI value indicates more severe PAD. This information helps healthcare professionals classify the severity of the disease and guide treatment decisions.

Risk Prediction: PAD is associated with an increased risk of cardiovascular events, such as heart attacks and strokes. Individuals with PAD are at a higher risk of these complications. ABI can help assess the overall cardiovascular risk profile of a patient and guide preventive measures.

Treatment Planning: The severity of PAD determined by the ABI can guide treatment decisions. Mild cases might be managed with lifestyle modifications and medication, while more severe cases may require interventions like angioplasty, stenting, or even bypass surgery. ABI helps tailor treatment plans based on the individual's condition.

Patient Management: ABI results can help healthcare providers educate patients about their condition, its severity, and the importance of adherence to treatment plans. This empowers patients to actively participate in managing their health.

In summary, the ankle-brachial index is a valuable tool in diagnosing, assessing the severity, predicting risks, and guiding treatment strategies for peripheral artery disease. Its non-invasive nature, simplicity, and effectiveness make it an essential component of PAD management and overall cardiovascular health evaluation.

Monthly Education Topic

Offloading

HBO Safety Topic

Clean Chambers are Safe Chambers

Community Education Area of Focus

Urology/GI

Healthy Aging Month

Gynecological Cancer Awareness Month

Peripheral Artery Disease Awareness Month

Fall Prevention Awareness Week

September 18-22

THIS MONTH'S EDUCATION TOPICS & IMPORTANT DATES



SerenaGroup Blue Star Winner



Lindsay Mims
Clinical Coordinator
Dell Seton

Lindsay is an excellent leader for her staff and her patients. Our clinic can count on her to provide the best care possible to our patients and support her staff in their work.



UPCOMING

40hr Intro to HBO Courses

Nov 9-12, 2023 | West Palm Beach FL

To register for an upcoming course please go to serenagroupinc.com and click on courses.

SerenaGroup
Building the Nation's Leading Wound Care Team

888-960-1343
125 Cambridge Park Drive
Suite 301
Cambridge MA 02140

Facebook: SerenaGroupWC
Twitter: SerenaGroup4
LinkedIn: SerenaGroup Advanced
Wound Care & Hyperbaric Medicine
Instagram: serenagroup1