CMS Wound Care and "Incident To" Guidelines

As more and more baby-boomers enter Medicare age and are living longer, the incidence of diabetes and vascular disease is growing, which in turn raises the chance of developing chronic wounds; including pressure, diabetic and non-healing surgical (just to name a few).

CMS has developed National Coverage Determinations (NCD) regarding the following wound care treatments:

- Blood Derived Products for Non-Healing Wounds (clinical study only)
- Hyperbaric Oxygen Therapy
- Infrared Therapy Devices (non-covered)
- Pneumatic Compression Devices
- Porcine Skin and Gradient Pressure Devices
- Treatment of Decubitus Ulcers

The CMS guidelines for these wound care services can be found in the Internet Only Manual (IOM), 100-3 (NCD Manual), chapter 1 part 4:


In conjunction with the CMS NCDs, the Medicare Administrative Contractor (MAC) for IHS, Novitas-Solutions also has the following Limited Coverage Determinations (LCD) for wound care treatments:

- Bioengineered Skin Substitutes (Apligraf, Oasis, Dermagraft, GraftJacket, PriMatrix)
- Hyperbaric Oxygen Therapy
- Therapy Services (whirlpool, hydrotherapy for wounds)
- Wound Care

The Novitas LCDs for these wound care services can be under the Medical Policy, list of active LCDs, located on the Novitas web site for Jurisdiction H (JH):

http://www.novitas-solutions.com

Wound care services can be provided by many different specialty providers, including, but not limited to:

- Physicians (i.e. Internist, DPM, Surgeon, Infectious Disease)
- Nurses

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Wound care normally begins when a patient contacts a physician because a skin lesion (i.e. wound, burn, ulcer) is not healing normally. Based upon the physician's examination, they may develop a plan of care that requires the patient to return for additional treatment (i.e. debridement). Under the plan of care, the patient may receive treatment by someone other than the physician. For IHS outpatient hospitals and provider-based clinics, these are considered therapeutic services (services that aid the physician in treatment of the patient - "incident to").

To be covered as "incident to" physicians’ services, the services and supplies must be furnished as an integral, although incidental, part of the physician’s professional service in the course of diagnosis or treatment of an illness or injury. The services and supplies must be furnished on a physician’s order by hospital personnel and under a physician’s supervision. This does not mean that each occasion of service by a non-physician need also be the occasion of the actual rendering of a personal professional service by the physician. However, during any course of treatment rendered by auxiliary personnel, the physician must personally see the patient periodically and sufficiently often to assess the course of treatment and the patient’s progress and, when necessary, to change the treatment regimen.

A hospital service or supply would not be considered incident to a physician’s service if the attending physician merely wrote an order for the services or supplies and referred the patient to the hospital without being involved in the management of that course of treatment. The physician supervision requirement is generally assumed to be met when the services are performed on hospital premises; the hospital medical staff that supervises the services need not be in the same department as the ordering physician. However, if the services are furnished outside the hospital, they must be rendered under the direct personal supervision of a physician who is treating the patient.

For CY 2014, CMS amended the Medicare regulations to state that “incident to” services and supplies must be furnished in accordance with applicable State law, and auxiliary personnel must “meet any applicable requirements to provide the services, including licensure, imposed by the State in which the services are being furnished.”

With wound care being under different coverage policies and provided by multispecialty personnel, it is imperative that medical documentation and personnel meet CMS guidelines

Resources:

CMS NCD Manual

CMS MLN Article MM8533 - CY 2014 changes (including "incident to")