GETTING YOUR WOUND CLINIC READY FOR BUSINESS: A COMPREHENSIVE CHECKLIST

Taking your wound clinic from concept, to construction, to completion, to compliance is an arduous process. With this checklist, Today's Wound Clinic provides to-be wound clinic directors with an overview of the many parameters that must be considered when opening a new outpatient center. From documentation coding to fire codes, we've got you covered.

Information for this guide was collected and crafted by the following authors: Caroline Fife, MD, FAAFP, CWS; Toni Turner, RCP, CHT, CWS; Kathleen D. Schaum, MS; Valerie Sullivan, PT, MS, CWS; Donna J. Cartwright, MPA, RHIA, CCS, RAC, FAHIMA; M. Darlene Carey, MBA; Susie Seaman, NP, MSN, CWOCN; Cathy Thomas Hess, BSN, RN, CWOCN; Christopher A. Morrison, MD, FACHM, FCCWS; Rex A. McCarty, MBA, CHT; and Joe Darrah, managing editor of TWC.

<table>
<thead>
<tr>
<th>Category</th>
<th>Checklist Items</th>
</tr>
</thead>
</table>
| Building Your Chargemaster | • Collaborate with clinical staff to validate supplies and procedures that will be rendered.  
• Crosswalk procedures and visits to payer-acceptable revenue codes that identify clinic services, not surgery or therapy.  
• Ensure pricing is not below Medicare allowable rates and supports commercial contract payment terms.  
• Ensure charge-entry staff is educated to unique differences between charge description master’s, if hardcoding any modifiers. |
| Are You an HOPD Wound Center? | • Is your hospital licensed?  
• Providers (eg, doctors, nurse practitioners) have privileges through the hospital and undergo the same quality monitoring as hospital providers.  
• Wound center medical records are integrated into a unified retrieval system of the main provider.  
• Financial operations of the wound center are integrated with the main provider and costs are reported in main provider’s cost center.  
• Location is designated with signage to the general public as part of the hospital.  
• "On-campus" wound center follows the same Emergency Medical Treatment & Labor Act rules as the hospital.  
• Hospital indicates "Place of Service 22" on bills and charges processed through outpatient code edits.  
• Hospital staff provides services under the direct supervision of the advanced practitioner.  
• Attestation has been provided to the Centers for Medicare & Medicaid Services, if needed. |
| Specialty Credentialing of Staff | • Consider all available wound care and healthcare-related specialty credentials.  
• Clearly communicate management’s expectations regarding credentialing and continuing education during times of interview/hiring process.  
• Encourage credentialing renewal and provide staff members with contact information for credentialing bodies.  
• Incentivize earning of credentials with monetary and other types of recognition/reward whenever possible.  
• Promote all specialty credentialed staff members to patients by communicating through clinic signage and on any promotional/marketing/advertising materials. |
| Opening a Hyperbaric (HBO) Facility | 1. Contract  
• Management company or consultant?  
• Payers identified?  

2. Space Considerations  
• Site selection.  
• Design elements.  
• Architect designated.  
• Contractor assigned.  

3. Electronic Health Record  
• Must be HBO-specific.  
• Interface capability: charges/documentation/equipment.  
• Reporting.  

4. Staff (Medical & Clerical)  
• Establish hiring preferences.  
• Orientation program.  
• Credentialing protocol.  
• Annual competencies developed.  
• Policies/procedures established.  
• Facility departmental integration.  

5. Revenue Cycle  
• Facility platform.  
• General ledger.  
• Patient registration.  
• Chargemaster.  
• Charge entry – manual or Detailed financial transaction?  
• Charge reconciliation.  
• Coding.  
• Claim generation.  
• Billing.  
• Collection.  
• Denials.  

Staff Training on Protocol, Procedures, Patient Care, Etc. | • Provide basic orientation that educates on all policies and procedures related to the clinic as well as any organizational standards that will be expected to be met at the time of hire for all staff members and clinicians.  
• Conduct orientation at the time of hire related specifically to wound care assessment, diagnosis, procedures, etc.  
• Schedule annual competency training for all staff members and clinicians.  
• Provide ongoing education as needed.  
• Devise a system that allows for unified documentation and evaluate all activity related to the process ongoing.  
• Be sure to delegate and designate staff responsibilities that adhere to the individual’s scope of practice. |

Continued on page 21

www.todayswoundclinic.com

January/February 2014
**CHECKLIST Continued from page 20**

<table>
<thead>
<tr>
<th>Category</th>
<th>Checklist Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Reports to Maintain/Track/Utilize</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Facility Design/Construction</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Facility Equipment/Supplies/Products</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Marketing</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Facility Accreditations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>HIPAA Privacy &amp; Security</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Utilize a reporting module tied to your specialty wound care electronic health record (EHR). The data collected and analyzed could:**

- Provide a clear roadmap for managing disease states
- Improve healthcare delivery
- Streamline documentation workflow
- Enable compliance to enhance quality and patient safety
- Provide valuable information for payment related to wound care services, products, supplies, and procedures
- Observe trends across wound and patient types, clinical practices, and operations from data collected within your business
- Understand the report requirements as well as the data inclusion and exclusion requirements when interpreting the report
- Understand how to manage your work to produce accurate data, thereby optimizing reports
- Compare clinical, operational and economic/financial outcomes through the data stored in the EHR system to manage your business efficiently and effectively
- Consider coordinating key reports to manage your clinical, operational, regulatory, economic/financial, and marketing business such as (this list is not all inclusive):
  - Benchmark reports (e.g., debridement, days to heal, healing percentage)
  - Comprehensive wound outcome report
  - Corporate reporting
  - Facility statistics report
  - Forms-requiring-signature report
  - Hyperbarics eligibility report
  - Out-of-date progress notes report
  - Patient list report
  - Payer mix report
  - Referring physician report
  - Volume reduction report
  - Wound type report
  - Zip code report

- Central nurses station
- Clinic offices as appropriate/space provides
- Waiting area with check-in window
- Large chairs for obese patients in all patient areas
- Supply room clearly marked
- “Dirty room” for instrument processing clearly marked
- Exam room to include: Exam table (pediatric chair with powered rise is critical to decrease staff member back injuries); exam light; Mayo stand; desk for electronic health record with stool on rollers; supply cabinet for commonly used products; sink/cast sink in at least 1 exam room for contact casting; wall-mounted gloves and sharps containers; chair for family member

- Dressings – specialty and gauze
- Compression wraps
- Contact casting supplies
- Waterproof drapes
- Sterile instruments – scissors, scalpels, curettes, pickups (reusable or one-time usage.)
- Plastic bags for patients to carry home any unused supplies from visit
- Neurological testing supplies – 10 gm monofilament, 128 Hz tuning fork, reflex hammer
- Doppler with speaker and conducting gel
- Dermal thermometer
- Trash receptacles with and without biohazard waste disposal
- Laundry and linens – sheets, blankets, towels, pillows, pillowcases
- Infection control wipes or spray for cleansing room/equipment between patient visits
- Samples of compression stockings

- Ask hospital to distribute press releases to local media announcing center’s opening and appointment of medical director
- Obtain physician list from hospital
- Develop comprehensive marketing plan
- Implement plan and tracking tool (and keep updated)
- Measure and report results of marketing/advertising efforts

- Complete and return the accreditation survey application and the requested supporting documentation with the application fee to the accreditation body
- Preparation phase: After an inspection date is chosen, begin analysis and tracking compliance of all related standards
- Compliance phase: Any identified gaps will need to be corrected to bring staff and facility into compliance
- Final preparation phase: Compile all documentation, verifying code compliance and operations in reference to outlined standards
- Survey: Assigned survey team will report on assigned date to assess facility safety, operations, and compliance of standards

- Require all employees to undergo HIPAA Privacy and Security education/training at times of orientation and at least once annually thereafter
- Establish clear policies for staff, vendors, and patients that are easily monitored and enforceable related to use of mobile devices in the facility that could be used to capture and transmit protected health information (PHI) (e.g., mobile phones and tablets)
- Refrain from posting anything related to PHI on any social media platform and ensure that policies restrict staff, vendors, and patients from doing the same
- Remind staff, vendors, and patients of any policies related to HIPAA by posting notices throughout the clinic (i.e., patient rooms, waiting rooms, common areas) that clearly communicate the information and are easily visible
- Ensure that facility’s electronic health record software and any programs that contain PHI are “secure” through password protection/employee-specific sign-in
- Implement and train staff on protocol in the event of a PHI data breach (unauthorized access and/or use) of any kind. This includes contacting those individuals whose information was accessed
- Obtain confirmation (i.e., signed and dated policy) from any business associate permitted access to any PHI that acknowledges an understanding of the restrictions to that PHI (e.g., cannot be sold or distributed to other parties)
- Establish and communicate clear standards that explain how patients can acquire electronic or hardcopy information related to PHI and advise them of how to safeguard their materials when leaving the clinic
- Ensure that all staff members are aware of where all PHI information is stored in the event of a compliance review by the US Department of Health and Human Services (HHS)
- Frequently refer to the HHS for updates related to HIPAA Privacy and Security rules

**Continued on page 22**
### Checklist Continued from page 21

**Category: Documentation/Coding/Reimbursement**

<table>
<thead>
<tr>
<th>Checklist Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Coding Process</strong></td>
</tr>
<tr>
<td>- Hire a certified coder who is skilled in coding and documentation regulations/guidelines for both the hospital-based outpatient wound care department (HOPD) and the qualified healthcare professionals (QHPs) who will provide the professional services.</td>
</tr>
<tr>
<td>- Identify services, procedures, diagnostic tests, and products that will be performed/provided.</td>
</tr>
<tr>
<td>- Identify CPT and HCPCS codes that are relevant to the services, procedures, diagnostic tests, and products that will be performed/provided.</td>
</tr>
<tr>
<td>- Learn coding regulations/guidelines for pertinent CPT and HCPCS codes.</td>
</tr>
<tr>
<td>- Implement a process to convert from ICD-9-CM to ICD-10-CM codes by Oct. 1, 2014.</td>
</tr>
<tr>
<td>- Determine if private payers require:</td>
</tr>
<tr>
<td>a) Mapping system to determine clinic visit levels for “new patient” (99201-99205) and “established patient” (99211-99215) clinic visits OR if they will use the new G0463 hospital outpatient clinic visit for assessment and management of a patient to represent all clinic visits.</td>
</tr>
<tr>
<td>b) 15271-15278 will be used to represent the application of all cellular and/or tissue based products (CTPs) for wounds (old term “skin substitutes”) OR if 15271-15278 will be used to represent the application of “high cost” CTPs and C2571-C2578 to represent the application of “low cost” CTPs.</td>
</tr>
<tr>
<td>- Separate claims reporting of HCPCS “Q” codes for CTPs.</td>
</tr>
<tr>
<td>- Separate claims reporting of add-on codes for procedures such as surgical debridement, medical debridement, and application of CTPs.</td>
</tr>
<tr>
<td><strong>2. Payment Process</strong></td>
</tr>
<tr>
<td>- Identify the major payers of the patient population that you expect to serve:</td>
</tr>
<tr>
<td>a) Review hospital contracts with major payers to verify the contract includes payment for the HOPD and that negotiated payment rates are adequate. If not, work with the contracting department to amend the contracts.</td>
</tr>
<tr>
<td>b) Request (from each non-Medicare payer) a coding and billing in-services, a copy of their coding and billing manuals, and copies of the medical policies that pertain to the services/procedures/products/tests you will perform/provide.</td>
</tr>
<tr>
<td>c) Separate claims reporting of HCPCS “Q” codes for CTPs.</td>
</tr>
<tr>
<td>- Review the current Medicare Final Rules that pertain to the Outpatient Prospective Payment System (OPPS) and to Medicare Physician Fee Schedule (MPFS).</td>
</tr>
<tr>
<td>- Identify all steps in your revenue cycle process, meet with the leader of each business unit, and test each step in the revenue cycle (from registration, to charge entry, to claims submission, to claims denials, to claims appeals, to revenue report review).</td>
</tr>
<tr>
<td>- Establish a “per clinic visit” (not monthly) registration process that includes scheduling appointments, verifying insurance benefits for top 10-20 services/procedures/products performed, obtaining prior authorization requirements, etc.</td>
</tr>
<tr>
<td>- Work with chief financial officer to establish charges for all services/procedures/products/tests that will be performed/provided.</td>
</tr>
<tr>
<td>- Create a thoroughly detailed charge description master (CDM) that complies with major payers’ coding and billing regulations. Establish a process to update the CDM as new services/procedures/products/diagnostic tests are added/deleted, as prices change, and as payment system regulations change.</td>
</tr>
<tr>
<td>- Create separate charge sheets for the HOPD and for the QHPs who will provide professional services in the facility.</td>
</tr>
<tr>
<td>- Create a policy and procedure for “direct physician supervision” and implement a QHP staffing schedule that provides “direct supervision” when required.</td>
</tr>
<tr>
<td>- Establish a process to provide advance beneficiary notices of noncoverage to patients who require services/procedures/products/tests that are normally covered but are not covered for a particular condition.</td>
</tr>
<tr>
<td>- Negotiate contracts with skilled nursing facilities, long-term care hospitals, and home health agencies that wish to send patients to your wound clinic.</td>
</tr>
<tr>
<td>- Identify whether your hospital and/or QHPs are participating in any type of risk sharing programs with governmental and/or private payers. Proactively develop programs to participate in those programs.</td>
</tr>
<tr>
<td><strong>3. Coverage Process</strong></td>
</tr>
<tr>
<td>- Establish a process to obtain all Medicare Local Coverage Determinations (LCDs) that pertain to the services/procedures/products/tests performed/used in the HOPD. The process should include educating all clinical and medical staff about LCDs, researching revised, draft, and future effective LCDs on a monthly basis; commenting on draft LCDs; and challenging clinically incorrect LCDs via the LCD Reconsideration Process:</td>
</tr>
<tr>
<td>a) Identify medical-necessity guidelines.</td>
</tr>
<tr>
<td>b) Identify covered diagnosis codes, CPT codes, and HCPCS codes.</td>
</tr>
<tr>
<td>c) Identify required modifiers.</td>
</tr>
<tr>
<td>d) Learn utilization guidelines.</td>
</tr>
<tr>
<td>- Identify whether your hospital and/or QHPs are participating in any type of risk sharing programs with governmental and/or private payers. Proactively develop programs to participate in those programs.</td>
</tr>
<tr>
<td><strong>4. Documentation Process</strong></td>
</tr>
<tr>
<td>- Purchase an electronic medical record that will meet the documentation and quality-measure reporting requirements of both the HOPD and the QHPs who will provide the professional services.</td>
</tr>
<tr>
<td>- Educate staff to document to meet the specificity requirements of diagnosis codes and to meet documentation guidelines of Medicare LCDs and private payer medical policies.</td>
</tr>
<tr>
<td>- Educate staff to document comorbidities as well as primary diagnoses.</td>
</tr>
<tr>
<td><strong>5. Audit Process</strong></td>
</tr>
<tr>
<td>- Establish a regular audit process via internal and/or external auditors.</td>
</tr>
<tr>
<td>- Review a list of concerns and audit topics from the major auditing programs (eg, Office of Inspector General, comprehensive error rate testing, and recovery audits).</td>
</tr>
<tr>
<td>- Review the current Medicare Final Rules that pertain to the Outpatient Prospective Payment System (OPPS) and to Medicare Physician Fee Schedule (MPFS).</td>
</tr>
<tr>
<td>- Differentiate claims reporting of HCPCS “Q” codes for CTPs.</td>
</tr>
<tr>
<td>- Separate claims reporting of add-on codes for procedures such as surgical debridement, medical debridement, and application of CTPs.</td>
</tr>
</tbody>
</table>

---

**Miscellaneous**

- Confirm that your wound clinic adheres to any fire safety established within your respective municipality, and schedule routine fire drills with staff in the event of an emergency.
- Refer to Title 3 of the Americans With Disabilities Act (ADA) to ensure compliance issues related to for-profit and nonprofit entities and confirm that all universal design standards set forth by the ADA are met.
- Ensure that patient rooms are private or have locking doors, as well as any equipment owned by the patient. Ensure that all equipment is labeled with the patient’s name and contact information. Ensure that all medical staff, including emergency on-call providers, have the patient’s name and contact information.
- Properly label all exit doors (including at least 1 emergency exit) and regularly inspect all doors, hallways, stairwells, etc. for potential hazards that could affect an emergency evacuation.
- Post and follow any building-related occupancy codes that must be complied with.