

When Numbers Don't Add Up: How Inconsistent Wound Measurements Compromise Reimbursement and Negative Pressure Wound Therapy Eligibility.

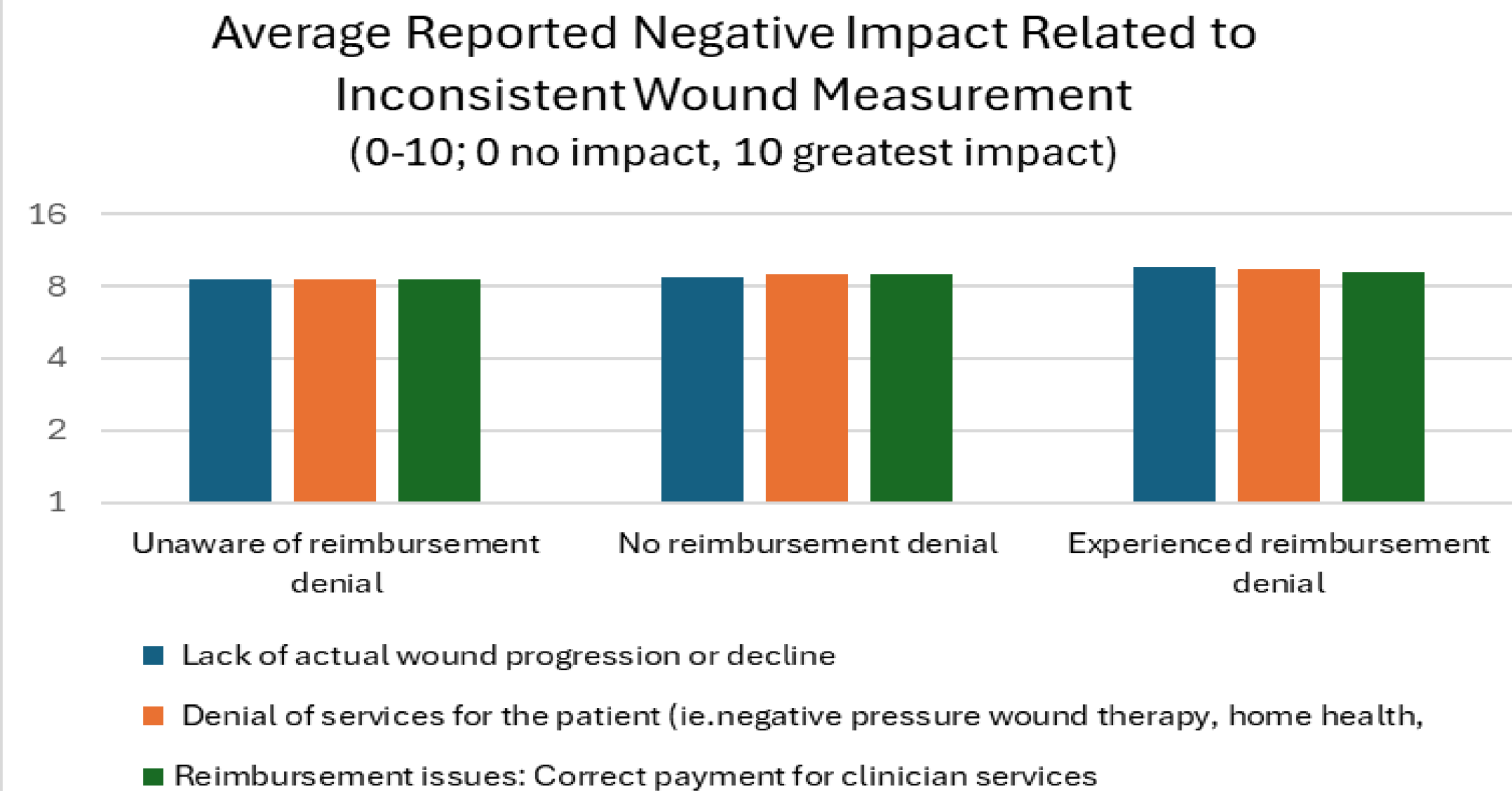
Lisa Rancer PT, DPT, CWS, Rebecca A. Helms PT, DPT, WCC, Nicole V. Hodges PT, DPT, Ph.D, ATC

Introduction:

- Accurate wound measurements are essential for clinical documentation¹ directly influencing reimbursement, patient eligibility, and continuation of Negative Pressure Wound Therapy (NPWT).
- Inconsistent wound measurement documentation presents challenges in meeting payor requirements, as NPWT eligibility depends on documented wound progression measurements over time.
- Perceived lack of wound improvement due to inconsistent measurements may result in insurance coverage denial or premature discontinuation of therapy².

Methods:

- Researchers conducted a convenience sample of wound care providers (n=94).
- Participants completed a content-validated anonymous survey via Qualtrics.
- Survey content included assessment of inter-rater reliability measuring length and width on four standardized two-dimensional wound images and experience with reimbursement and denials of services, including NPWT.
- Participants selected their preferred method for measuring and applied that technique to each image.
- Analyses were completed using Excel and Jamovi³.
- Agreement between selected and applied techniques was evaluated using Cohen's kappa and McNemar's test, while true inter-rater reliability was assessed using Krippendorff's alpha.



Results:

- A total of 94 participants responded with an average of 14 years of wound care experience (Nurses 70%, Physical Therapists 23%, Occupational Therapists 3%, Physicians 1%)
- 26% of participants reported reimbursement denial, while 70% of clinicians who measure wounds are unsure if their organization received reimbursement for service rendered.
- Clinicians with advanced certifications reported greater recognition of the importance of accurate wound measurements, its impact on reimbursement (U=681, p=.001) and denial of services, including NPWT (U=724, p=.003).
- Agreement between selected and applied techniques was poor (k= 0.00-0.16), with random variability in technique use (McNemar's $p = 1.00$).
- 90% of participants reported that inconsistent wound measurements negatively impacted reimbursement.

Clinical Implications:

- Clinicians apply different wound measurement methods when evaluating identical wounds.
- Clinicians frequently change wound measurement technique based on wound.
- Wound assessment training and standardized protocols that are clearly defined need to be implemented to protect reimbursement and NPWT eligibility for patients.
- Educating clinicians on reimbursement rate and denial frequency may increase adherence to consistent wound measurement technique.
- This study highlights the need for education on reimbursement requirements and on accurate, consistent wound measurement practices to support coverage for wound care services.

Conclusion:

- Standardized measurement technique, improved clinician training and communication are needed to address the gaps in wound measurement accuracy and reduce reimbursement denials, including loss of negative pressure eligibility for patients.

Acknowledgements:

This study was approved as exempt by the Methodist University IRB.

References:

