Updated Billing Accuracy Checklist for Compression Therapy (Wound Care)

MedStates 2026 Resource

Clinical & Medical Necessity

- ■ Confirmed diagnosis supporting compression therapy
- ■ Wound measurements documented at each visit
- ■ Clinical indication for compression therapy recorded
- ■ Arterial sufficiency (ABI or equivalent) verified
- ■ Progress notes demonstrate ongoing medical necessity

Documentation Requirements

- ■ Signed provider treatment plan
- ■ Type of compression therapy documented
- ■ Compression level documented when applicable
- ■ Frequency and duration of therapy recorded
- ■ Patient education and compliance documented

Coding Accuracy

- ■ Correct CPT / HCPCS codes selected
- ■ Diagnosis codes support medical necessity
- ■ Appropriate modifiers applied
- ■ No unbundling of global wound care services
- ■ Coding aligns with payer LCD/NCD requirements

Place of Service & Provider Requirements

- ■ Correct Place of Service (POS) code used
- ■ Rendering provider credentialed with payer
- ■ Scope of practice validated
- ■ Incident-to rules followed when applicable

Payer-Specific Verification

- ■ Medicare coverage criteria met
- ■ Medicaid state-specific rules reviewed
- ■ Commercial payer authorization obtained if required
- ■ Visit limits and coverage caps verified
- ■ Supply billing rules confirmed

Denial Prevention & Audit Readiness

- ■ Medical necessity language consistent across records
- ■ Documentation supports active treatment

- ■ Duplicate or overlapping services avoided
- ■ Records retained for audit defense
- ■ Internal billing review completed

Payment Optimization

- ■ Claims submitted within timely filing limits
- ■ Documentation ready for payer requests
- ■ Denial trends tracked
- ■ Corrected claims submitted promptly

Final Pre-Submission Check

- ■ Diagnosis, procedure, and documentation aligned
- ■ Payer rules confirmed
- ■ All signatures and dates present
- ■ Claim approved for submission