

CTP / Skin Substitute LCD Readiness Checklist

For Mobile Wound Care Practices (POS 12)

DFUs & VLUs | Effective January 1, 2026

This checklist helps mobile wound practices evaluate whether their CTP use, workflows, and documentation align with the updated Medicare LCDs and can withstand individual claim review.

1. Right Patient, Right Setting

- ☐ Wound clearly identified as DFU or VLU (no mixed or unclear etiology)
- ☐ Patient evaluated in home or community-based setting (POS 12)
- ☐ Wound duration and lack of healing were clearly documented prior to CTP use
- ☐ Conservative care was attempted and documented before advanced therapy

Mobile-specific risk: *Incomplete baseline data from prior providers or facilities*

2. Diagnostic & Clinical Readiness

- ☐ Vascular status documented and supports healing (ABI/vascular history as available)
- ☐ Infection was assessed and addressed prior to application
- ☐ A compression or offloading plan is documented and feasible in the home
- ☐ Barriers to healing (mobility, caregiver support, adherence) addressed

Mobile-specific risk: *Assuming facility-level supports exist when they do not*

3. Product Category Awareness

- ☐ Practice knows whether each product used is:
 - Covered
 - 12-month status quo
 - Non-covered
 - ☐ Product choice reflects evidence strength and risk level
 - ☐ Status-quo products used with heightened documentation awareness

Key reminder: *"Status quo" ≠ guaranteed payment*

4. Reasonable & Necessary: Mobile Context

- ☐ Documentation explains why this patient needs a CTP now
- ☐ Rationale includes:
 - Failure of conservative care in the home
 - Limitations of standard dressings in the mobile setting
 - Expected benefit of advanced therapy
 - ☐ No copy-forward or blanket language across patients

Mobile-specific risk: *Over-templated notes across multiple home visits*

CTP / Skin Substitute LCD Readiness Checklist

For Mobile Wound Care Practices (POS 12)

5. Frequency & Visit-Based Utilization

- ☐ CTP applications tied to documented wound response, not visit count
- ☐ Reapplications supported by objective improvement
- ☐ No automatic weekly or bi-weekly CTP scheduling
- ☐ Clear pause or stop if expected progress is not seen

Mobile-specific risk: Visit cadence driving treatment decisions

6. Documentation That Travels With the Claim

- ☐ Each application note stands alone
- ☐ Anyone reviewing the chart can understand:
 - Why the product was chosen
 - Why it was reapplied (if applicable)
 - Why did care continue or stop
 - ☐ Photos and measurements taken consistently across visits

Key reminder: Mobile claims are often reviewed one visit at a time

7. Team Alignment Across Locations

- ☐ Providers, clinicians, and billers are aligned on:
 - Indications
 - Frequency limits
 - Documentation expectations
 - ☐ Billing team understands what must be present in the clinical note
 - ☐ No reliance on vendor reps for clinical or documentation guidance

Mobile-specific risk: Clinical care and billing operating in silos

8. Supply, Ordering & Inventory Controls

- ☐ CTP ordering tied to documented clinical plan
- ☐ Inventory tracked by the patient and wound
- ☐ No stockpiling or anticipatory ordering
- ☐ Clear chain of custody from delivery to application

Mobile-specific risk: Decentralized inventory creates compliance gaps

9. Audit & Review Preparedness

- ☐ Practice can defend:
 - Product choice
 - Timing of first application
 - Number of applications
 - ☐ Documentation supports individual claim determination
 - ☐ Internal review process exists for:
 - High utilization cases
 - Status-quo products
 - Outlier patterns

Bottom Line for Mobile Wound Practices

- CTP compliance is no longer just clinical - it is operational
- POS 12 practices face higher scrutiny due to visit-based care
- Strong workflows protect both patients and practices