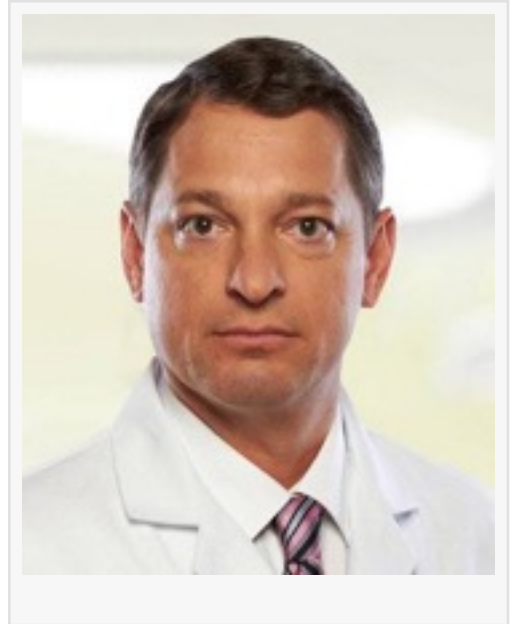


# Medicare Beneficiaries with Stage 3 and Stage 4 Decubitus Ulcers

*Some Centers for Medicare and Medicaid are denying coverage for seriously injured patients at LTACHs*

SANTA BARBARA , CALIFORNIA , UNITED STATES , April 23, 2024 /EINPresswire.com/ -- "Inappropriate transfers (to Long-Term Acute Care Hospitals (LTACHs) most commonly were for wound care (28%), intravenous medication infusions (28%" ...  
Ross C. Schumacher, MD.

[Greg Vigna, MD, JD](#), national decubitus ulcer attorney, retired Physical Medicine and Rehabilitation physician states, "I doubt Dr. Schumacher is saying that the two or three hundred patients we admitted with deep Stage 3 and Stage 4 decubitus ulcer over ten years at a LTACH in Ruston, Louisiana that were saved from a terrible death by providing myocutaneous flaps coverage for cure are inappropriate. I hope Dr. Schumacher is simply referring to a law on the books in Washington that is killing Medicare beneficiaries because the patients don't 'technically' meet medical necessity because they did not have a three-day ICU admission during their acute hospitalization."



“

The Centers for Medicare and Medicaid are denying coverage for seriously injured patients who have not had a three-day stay in an ICU admission.”

*Greg Vigna, MD, JD*

Code of Federal Regulations 42 U.S.C. § 1395ww(m)(6)(A):

“Under this dual-rate structure, generally a LTCH is no longer reimbursed at the standard Federal rate if the patient did not spend at least three days in a hospital's intensive care unit immediately preceding the LTCH care, or did not receive at least 96 hours of respiratory ventilation services during the LTCH stay.”

Read about the law that denies access to LTACHs for Medicare beneficiaries who suffer Stage 3 and Stage 4 bedsores: <https://law.justia.com/cases/federal/district-courts/district-of-columbia/dcdce/1:2019cv00705/205172/30/>

Dr. Vigna adds, "In the past, when you provide state-of-the-art wound care for patients with

hospital and nursing home-acquired [decubitus ulcers](#) and have a plastic surgeon available to assist with reconstruction, patients will come. In tiny Ruston, Louisiana, we had patients coming to our hospital from as far as New Orleans, Arkansas, Texas, and Mississippi. Dr. Damioli's article explains why wound care centers at LTACHs that have a plastic surgeon save lives."

Dr. Laura Damioli, MD, describes outcomes for Stage 3 and Stage 4 decubitus ulcers who are not provided flap closure from Therapeutic Advance in Infectious Disease. Volume 10, pg. 1-9. 2023.

What did Dr. Damioli's study say?

- 1) "We describe treatments and outcomes of hospitalized patients with decubitus ulcer-related osteomyelitis who did not undergo surgical reconstruction or coverage.
- 2) Within 1 year, 56 (63%) patients were readmitted, 38 (44%) patients were readmitted due to complications from osteomyelitis, and 15 (17%) died.
- 3) Among patients with decubitus-related osteomyelitis who did not undergo myocutaneous flapping, outcomes were generally poor regardless of treatment, and not significantly improved with prolonged antibiotics."

Read Dr. Damioli's study: <https://journals.sagepub.com/doi/full/10.1177/20499361231196664>

Dr. Vigna concludes, "The Centers for Medicare and Medicaid are denying coverage for seriously injured patients at LTACHs such as the one I practiced at in Ruston, Louisiana for those with deep Stage 3 and Stage 4 decubitus ulcers, and they are requiring these patients to have a near-death experience and a three-day stay in an ICU admission."

Greg Vigna, MD, JD, is a national malpractice attorney and an expert in wound care. He is available for legal consultation for families and patients who have suffered decubitus ulcers due to poor nursing care at hospitals, nursing homes, or assisted living facilities. [The Vigna Law Group](#) along with Ben C. Martin, Esq., of the Martin Law Group, a Dallas, Texas national pharmaceutical injury law firm, jointly prosecute hospital and nursing home neglect cases that result in bedsores nationwide.

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