

Medipyxis CEO Releases Free 20-Chapter Playbook for Wound Care Practice Start-Ups

Comprehensive guide covers business strategy, operations, billing, compliance, and scaling — built for a tighter-margin Medicare environment.

DOVER, DE, UNITED STATES, July 8, 2026 /EINPresswire.com/ -- Damon Ebanks, CEO and Founder

“

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Damon Ebanks, CEO & Founder, Medipyxis

of Medipyxis, today announced the free release of a comprehensive 20-chapter playbook designed to guide healthcare professionals through every stage of starting, operating, and scaling a wound care practice. The playbook is available immediately at no cost with no registration required.

The guide arrives at a pivotal moment for wound care. Medicare has changed the math. Under tighter reimbursement, a new wound care practice cannot afford to learn by trial and error — absorbing denied claims, tolerating documentation gaps, and treating operational

efficiency as something to figure out later. The margin for inefficiency has narrowed to the point where how a practice is built in its first six months can determine whether it survives its first two years.

"Starting a wound care practice is one of the most rewarding things a clinician can do — and one of the most operationally complex," said Ebanks. "This playbook is the guide I wish existed when I first started studying this market. We are giving it away because stronger operators mean better patient outcomes, and this industry needs more strong operators."

Why a Playbook, and Why Now

The wound care services market continues to grow, driven by an aging population, rising diabetes prevalence, and the expansion of mobile and home-based treatment models. These tailwinds attract new entrants — nurse practitioners seeking autonomy, clinicians leaving hospital employment, home health agencies adding wound care specialization, and entrepreneurs identifying underserved markets.

But the operational complexity of wound care is not obvious from the outside. Wound care sits

at an intersection of clinical judgment, regulatory scrutiny, coding specificity, and supply chain management that catches new operators off guard. Medicare Local Coverage Determinations vary by jurisdiction. Coding hierarchies for debridement, skin substitutes, and evaluation and management overlap in ways that create both revenue opportunity and compliance risk. Graft inventory requires active management. Credentialing and licensing requirements vary by state and practice model.

This complexity is operational drag. Every hour a founder spends decoding a regulatory question or rebuilding a compliance framework from scratch is an hour not spent seeing patients. The playbook was written to flatten this learning curve — to give founders the operational knowledge that typically takes years of experience or thousands of dollars in consulting fees to assemble.

What the 20 Chapters Cover

The playbook is structured to mirror the actual sequence of decisions a wound care practice founder faces:

Chapters 1-4: Market Evaluation and Business Strategy — Assessing wound care demand in a geographic market, analyzing MAC jurisdictions and LCD policies, evaluating practice models, and building financial models grounded in realistic reimbursement rates. These chapters help founders avoid the most expensive mistake in wound care: entering a market without understanding the payer landscape.

Chapters 5-7: Entity Formation, Legal Structure, and Compliance Foundations — Choosing the right business entity, navigating corporate practice of medicine restrictions, structuring referral relationships that comply with anti-kickback and Stark Law requirements, and building a compliance program from day one.

Chapters 8-10: Credentialing, Licensing, and Payer Enrollment — Credentialing timelines, state licensing requirements, NP scope-of-practice considerations, Medicare and Medicaid enrollment, and commercial payer contracting. These chapters address credentialing delays — one of the most common reasons new practices run short on operating capital before first reimbursement.

Chapters 11-13: Clinical Operations and Documentation Design — Workflow design, documentation standards, wound assessment protocols, and documentation-first clinical operations — building workflows that produce billable, compliant notes as a natural byproduct of good clinical care. In a tighter-margin environment, the clinician's note must be billable before the car leaves the driveway. These chapters make that the default outcome, not the exception.

Chapters 14-16: Billing, Revenue Cycle, and Financial Management — CPT and HCPCS coding, modifier usage, incident-to billing, LCD compliance, denial management, and revenue cycle

optimization. The playbook addresses wound care's specific billing challenges — skin substitute coding, debridement hierarchies, real-time billing code capture — and explains how operational drag in the billing cycle translates directly to lost revenue. When payouts tighten, a slow revenue cycle is a survival threat.

Chapters 17-18: Staffing, Supply Chain, and Inventory — Building a team, understanding scope-of-practice variations, managing graft inventory and vendor relationships, and controlling the supply-chain costs that quietly erode margins. The playbook introduces PAR-level management, vendor portal workflows, and the discipline required to keep supply costs aligned with revenue.

Chapters 19-20: Growth, Scaling, and Technology — Strategies for adding clinicians, expanding geographically, building referral networks, and selecting technology that removes operational drag rather than adding it. The final chapters make the case that software is not an expense line — it is the difference between shrinking and scaling — and introduce the concept of a unified Business Operating System that replaces the patchwork of disconnected tools most wound care practices accumulate as they grow.

Not Just for Startups

While the playbook is structured for founders, its operational frameworks are relevant to any wound care organization reassessing operations under tighter margins. Clinical directors, CFOs, and practice administrators will find applicable guidance throughout. Home health agencies adding wound care, hospital systems evaluating outpatient wound centers, and skilled nursing facilities building wound care programs face many of the same decisions.

"The patients who need wound care do not benefit from knowledge being locked behind paywalls," Ebanks said. "Every practitioner who enters this space better prepared is a practitioner who will deliver better outcomes. That is worth more to us than a gated download."

The playbook is available at [medipyxis.com/resources/ebook](https://www.medipyxis.com/resources/ebook). It joins a library of free resources including a 750-article wound care knowledge base and a 50-state practice guide.

Fernanda Da Silva

Medipyxis

[email us here](#)

+1 888 775 4995

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