

# Disclaimer

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The A/B and DME MAC Provider Outreach and Education (POE) staff have produced this material as an informational reference for providers furnishing services in our contract jurisdictions to Medicare beneficiaries.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the Centers for Medicare & Medicaid Services (CMS) website at <http://www.cms.gov>.

As a reminder, CMS does not allow recording of education opportunities such as this.

# Surgical Dressings and Supplies

A Collaboration Webinar  
presented by the  
A/B and DME Medicare  
Administrative Contractors

August 23, 2023



# Participants

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- **CGS Administrators, LLC**
- **First Coast Service Options, Inc.**
- **National Government Services**
- **Noridian Healthcare Solutions, LLC**
- **Novitas Solutions**
- **Palmetto GBA**
- **WPS Government Health Administrators**

# Agenda

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- Coverage Criteria
- Documentation Requirements
- Policy Specific Documentation Requirements
- Examples
- Dressing Types and HCPCS
- Resources
- Questions



# Coverage Criteria

# Qualifying Wound

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- **Surgical Procedure**

- Caused or treated by surgical procedure

- **Debridement**

- **Surgical** (e.g., sharp instrument or laser)

- **Mechanical** (e.g., irrigation or wet-to-dry dressings)

- Covering chemical debriding agents, or to cover wounds to allow for autolytic debridement, are covered although the agents themselves are non-covered

- **Chemical** (e.g., topical application of enzymes)

- **Autolytic** (e.g., application of occlusive dressings to an open wound)

- In either case, treatment must be performed by treating practitioner or other healthcare professional.

# Coverage Criteria

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- **Dressings should be appropriate for size of wound**

- Pad size usually 2 in. greater than wound size
  - Except alginate – should be closer to wound size
- Convert cm to inches (2.54 cm = 1 inch)



- **Quantity and type dependent on:**

- Current wound status, likelihood of change, recent dressing use

- **Kits**

- Components must meet definition of a surgical dressing for coverage

# Qualifying Dressing Requirements

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## Primary Dressings

Therapeutic or protective coverings applied directly to wounds or lesions on the skin or caused by an opening under skin.

## Secondary Dressings

Materials that serve therapeutic or protective function that are needed to secure primary dressings.

- Determine quantity actually used and adjust quantity accordingly.
- Tailor to the specific needs of an individual beneficiary.
- No more than a month's supply may be provided at one time.
- More than usual utilization must be supported by medical record as reasonable and necessary.



# Multiple Types Filler or Cover

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- Use of more than one type of wound filler or more than one type of wound cover in a single wound is not reasonable and necessary.
  - **Exception:** an alginate or other fiber-gelling dressing wound cover or a saline, water, or hydrogel impregnated gauze dressing which might need an additional wound cover.
  - The frequency of recommended dressing changes depends on the type and use of the surgical dressing.
    - When combinations of primary dressings, secondary dressings, and wound filler are used, the change frequencies of the individual products should be similar.
    - The product in contact with the wound determines the change frequency. It is not reasonable and necessary to use a combination of products with differing change intervals.



# Documentation Requirements

# Standard Documentation Requirements

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- Standard Written Order (SWO)
- Medical Records
- Proof of Delivery
- Beneficiary Authorization
- Continued Use
- Continued Need
- Refill Requirements
  - Items dispensed on a periodic basis

# Documentation Responsibilities

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## Clinician and Supplier

SWO: Must be signed/dated by Clinician  
Can be supplier generated

### Clinician

- Medical Record Documentation
  - Clinical justification of choice of dressing
  - Wound description (exudate, size, debridement type, etc.)
  - Continued Need
  - Continued Use

### Supplier

- Continued Use
- Refill Requirements
- Proof of Delivery

# Standard Written Order (SWO) Elements

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- **SWO elements**

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order Date
- General description of the item
- Quantity to be dispensed, if applicable
- Treating practitioner name or National Provider Identifier (NPI)
- Treating practitioner's signature

When the prescribing practitioner is also the supplier, and is permitted to furnish specific items, a separate order is not required; however, the medical record must still contain all of the required order elements.

# When is a New Order Required?

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- For all claims for purchase or initial rentals
- Change in order
- When indicated in the medical policy (surgical dressings = every 3 months)
- Replacement
- Change in supplier
  - If new supplier is unable to obtain valid order and documentation from original supplier



# **Policy Specific Documentation Requirements**

# Order

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- New order needed when
  - New dressing is added
  - Quantity increased
  - Every 3 months for each dressing being used



# Medical Records

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- Practitioner, nursing home, or home care records
  - Source of information and date obtained
- Define number of wounds, reason for dressing, and if primary/secondary
- Demonstrate reasonable and necessary requirements
- Kept on file for 7 years (after date of service)

# Medical Record Documentation: Initial Wound Evaluation


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- The treating practitioner's medical record, nursing home, or home care nursing records must specify:
  - The type of qualifying wound
  - Location, number, and size of qualifying wounds being treated with a dressing
  - Whether the dressing is being used as a primary or secondary dressing or for some non-covered use (e.g., wound cleansing)
  - Amount of drainage
  - Type of dressing (e.g., hydrocolloid wound cover, hydrogel wound filler, etc.)
  - Size of the dressing (if appropriate)
  - Number/amount to be used at one time (if more than one)
  - Frequency of dressing change
  - Any other relevant clinical information

# Medical Record Documentation: Weekly or Monthly Wound Evaluations

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- Must be updated by the treating practitioner (or their designee) monthly.
- Evaluation required unless the medical record justifies why an evaluation could not be done within this timeframe and what other monitoring methods were used to evaluate the beneficiary's need for ongoing use.
- Expected on a weekly basis for beneficiaries in a nursing facility or for beneficiaries with heavily draining or infected wounds.
- May be performed by a nurse, treating practitioner or other health care professional involved in the regular care of the beneficiary. This evaluation must include:
  - The type of each wound (e.g., surgical wound, pressure ulcer, burn, etc.),
  - Wound(s) location,
  - Wound size (length x width) and depth,
  - Amount of drainage, and
  - Any other relevant wound status information.
  - This information must be available upon request



# Documentation Examples

# Example #1



Wound 2 (CRV9988853)		Order Date	1/10/2018	Drainage	Bioburden	1. Collagen Powder (1g)(Medline)	x1	QD
L. lower extremity posterior		Etiology/ICD	187.352 - I67.221	Moderate	N	2. Petrolatum Gauze (3x9)(Medline)	x1	QD
Thickness	Full Thickness	Venous Leg Ulcer	Size (L x W cm.)	9.00 x 7.30	Depth	3. Gauze Pad ABD (5x9)(Medline)	x1	QD
					2.0	4. Gauze Roll - Bulkee (4.5")(Medline)	x1	SHR
Unslung (cm)	Undermining (cm)	Debridement	Whirlpool	Frequency		5.		
None	None	Autolytic	N			6.		
Prescribed topical medication ordered by the doctor					Frequency	7.		
None						8.		
Justification Item 1: Qty shipped - 30; Item 2: Qty shipped - 30; Item 3: Qty shipped - 30; Item 4: Qty shipped - 6;								

The order indicates that there is “moderate” drainage, however the notes on the next slide do not agree.

# Example #1 (cont.)

Medical record from office visit on 2/7/2018 – contradicting drainage compared to evaluation

“There is scant amount of SS drainage noted...”

Mid shin: There is 1 open area measuring 0.9x1.0x<0.2cm. Wound bed is 100% epithelial tissue. There is a scant amount of SS drainage noted.

Lateral calf: 6 areas are noted which all have 100% epithelial tissue in the wound beds.

Posterior Calf: 6 open areas within a 9.5X3.5cm area. 5 areas with 100% epithelial tissue in the wound bed. 1 area with 70% slough, 30% epithelial tissue. There is scant SS drainage noted.

Skin to buttocks is intact.

Neurological: Awake, alert.

Psychiatric: Pleasant, calm and cooperative with exam.

“There is scant SS drainage noted...”

# Example #1 (cont.)

Medical record from office visit on 1/31/2018

“There is scant amount of SS drainage noted...”

chronic joint/muscle pain.

Skin:

Mid shin: There are 15 scattered areas on the mid shin, 4 wounds are open while the rest are scabbed. The largest open wound measures 2.5x2.0x0.2cm. All visible wound beds are healthy in appearance, 100% epithelial tissue. **There is a small amount of SS drainage noted.**

Posterior Calf: 9.5x9cm with 9 scattered areas. All wound beds are healthy in appearance, 100% epithelial tissue. **There is scant SS drainage noted this AM.** Peri wound tissue is pink and tender with no increased warmth. 1 area of 80% slough in the

“There is scant SS drainage noted...”

# Example #2

“Exudate: Dry”

Current Clinical Information						Products			Qty	FOC
Wound 1 (CRM9791315)	Order Date	Exudate	Bioburden			1.	SAdc Brd Adh 4x4 (Sorblon)	x1	QD	
R. outer foot	10/18/2017	Dry	N			2.	Collagen Powder (1g)	x1	QD	
Thickness	Etiology/ICD	L89.890	Size (L x W cm.)	Depth		3.				
Full Thickness	Pressure Ulcer - Unstageable		0.20 x 0.50	0.2		4.				
Tunneling (cm)	Undermining (cm)	Debridement	Whirlpool	Frequency		5.				
None	None	Autolytic	N			6.				
Prescribed topical medication ordered by the doctor					Frequency	7.				
silvadene					QD					
Justification Item 1: Qty shipped - 30; Item 2: Qty shipped - 30; fac. to provide silvadene										

Not reasonable and necessary on dry or minimally exudative wounds

Also, medical notes call for Silvasorb gel and bordered gauze w/no mention of alginate or collagen powder; and, practitioner called for M/W/F change, not daily.



# Example #3

<b>Wound 1</b> R. buttock		<b>Date Onset</b> 9/14/2017	<b>Assesment Date</b> 11/30/2017	<b>Exudate</b> Moderate	
<b>Thickness</b> Full Thickness	<b>Etiology/ICD</b> Pressure Ulcer - Stage III		<b>Size (L x W cm.)</b> 1.40 x 1.00	<b>Depth</b> 0.1	<b>Push Score</b> 7.00
<b>Tunneling (cm)</b> None	<b>Undermining (cm)</b> None	<b>Drainage Consistency</b> Serosanguinous		<b>Acquisition</b> Unknown	
<p><b>Wound Bed:</b> Red 50%, Pink/Red, Healthy Granulation; Yellow 50%, Adherent Fibrinous Slough  <b>Periwound/Wound Edges:</b> Periwound Tissues: Macerated; Wound Edges/Margins: Epiboly/Rolled  <b>Infection/Critical Colonization:</b> Localized s/s: Exudate Increase  <b>Wound Pain:</b> : None  <b>Clinical Rationale/Wound Comments:</b> Collagen to donate collagen to strengthen dermal tissue to enhance healing and wound closure. Adhesive composite for low adherence to wound bed and occlusive cover. Daily change due to soiling within 24h.  <b>Treatment Intervention:</b> cleanse, apply collagen powder then adhesive composite change BID</p>					

Skin integrity form says “collagen powder then adhesive composite”

## Example #3 (cont.)

Facility Name	Physician	Allergies				
D		NKA				
Resident/Patient/Client	D/O/B	Med. Rec. No.	Station	Room No.		
			100	1102		
ORDER RECEIVED:	Date	Time	<input type="checkbox"/> * Indicates Order Read Back	BY	Signature of Receiving Nurse	Ordering Prescriber
	11-28-17	1415				
cleanse and on (R) buttocks & NIS apply collagen powder, apply skin prep around edges then covered with bordered gauze change QX/day.						

However, the practitioner says "apply collagen powder... then cover with bordered gauze"

Adhesive composite is not mentioned.

# Example #4

Documentation clearly states: "Tissue injury due to trauma" and no mention of debridement.

Thickness	Etiology/CD9	Size (L x W cm.)	Depth	Push Score
Full Thickness	Tissue Injury due to trauma - Full Thickne:	2.20 x 2.70	<0.2	0
Tunneling (cm)	Undermining (cm)	Drainage Consistency	Acquisition	
None	None	Serous	Facility Acquired	

**Wound Bed:** 100% pink granulation tissue. **Periwound:** Erythema and maceration. **Clinical Rationale/Wound**  
**Comments:** Three wounds open on 7-28-15; today one wound closed, other two coalesced. COLLAGEN to attract fibroblasts, neutrophils and macrophages to promote granulation tissue and angiogenesis; facilitating wound edge contraction and closure. NONBORDERED FOAM to promote thermoregulation; to wick/manage exudate; to provide nontraumatic dressing removal due to fragile skin. DAILY DRESSINGS indicated to ensure dressing integrity, repel contaminants secondary to frequent episodes of incontinence, at least daily; to ensure dressing integrity due to unable to secure with tape, due to fragile skin. **Treatment**  
**Intervention:** Clenase Lt mid-buttock wound with NS or WC, pat dry. Apply skin prep to periwound as tolerated. **Apply collagen, cut to size of wound; may double layer. Cover with nonbordered foam, secure with incontinent brief, no tape.**

Calls for use of 2 specialty dressings but no medical notes to explain need.



# Dressing Types and HCPCS

# Recommended Frequency

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- Depends on type of dressing
- Intervals should be similar for combinations of:
  - Primary dressings
  - Secondary dressings
  - Wound filler
- Product in contact with wound determines frequency
- Needs may change in early phases of treatment
  - Heavily draining wounds
- Normal refill requirements apply (see next slide)

# Refill Requirements

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- For all DMEPOS items provided on a recurring basis, suppliers are required to have contact with the beneficiary or caregiver/designee prior to dispensing a new supply of items. Suppliers must not deliver refills without a refill request from a beneficiary.
- Contact with the beneficiary or designee regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date.
- Supplier must deliver the DMEPOS product no sooner than 10 calendar days prior to the end of usage for the current product.
- Suppliers must not dispense a quantity of supplies exceeding a beneficiary's expected utilization. Suppliers must stay attuned to changed or atypical utilization patterns on the part of their clients. Suppliers must verify with the treating practitioner that any changed or atypical utilization is warranted.
- Regardless of utilization, no more than a month's supply of dressings may be provided at one time, unless there is documentation to support the necessity of greater quantities in the home setting in an individual case.

# Alginate (or other fiber gelling dressing)

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- **HCPCS Codes A6196 – A6199**

- Moderately to highly exudative full thickness wounds and wound cavities (stage III or IV ulcers)
- Up to 1 per/day
- Not reasonable and necessary on dry wounds or wounds covered with eschar
- 1 unit = 6 in. of alginate/fiber gelling dressing rope
- Dressing size = wound size
- Not for use with hydrogels

# Foam Dressing

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- **HCPCS Codes A6209 – A6215**
  - Full thickness wounds (stage III or IV ulcers)
  - Moderate to heavy exudate
  - Primary dressing: Change up to 3 times/week
  - Secondary dressing: Change up to 3 times/week
    - Wounds with very heavy exudate



# Collagen Dressings

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- **HCPCS Codes A6010, A6011, A6021-A6024**
  - Full thickness wound w/light to moderate exudate
  - Wounds that have stalled in healing process
  - Stay in place for up to 7 days

# Composite Dressing

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- **HCPCS Codes A6203 – A6205**
  - Moderately to highly exudative wounds.
  - Provide multiple functions:
    - Physical bacterial barrier
    - Absorptive layer
    - Semi-adherent or nonadherent property
  - Up to 3 times/week
    - One wound cover per dressing change

# Contact Layer

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- **HCPCS Codes A6206 – A6208**
  - Thin, non-absorptive, porous sheet
  - Used to line the entire wound
  - Not intended to be changed with each dressing change
  - Up to 1 per/week

# Gauze

## Non-Impregnated

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- **HCPCS Codes A6216 – A6221, A6402 – A6404, A6407**
  - Up to 3 times/day
    - Without border
  - Up to 1 time/day
    - With border
  - Not usually reasonable and necessary to stack more than 2 in any one area

# Gauze-Impregnated

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- **HCPCS Codes A6222 – A6224, A6266**
  - Based underlying material
  - Up to once per day
- **HCPCS Codes A6228 – A6230**
  - Water, bulk saline
  - Not reasonable and necessary
- **HCPCS Codes A9270**
  - Impregnated gauze listed in FDA Orange Book
  - Approved drug products with therapeutic evaluations

# Zinc Paste Impregnated Bandage

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- **HCPCS Codes A6456**
  - Covered for venous leg ulcers (surgically created or modified, or debrided)
  - 1 time/week
  - Billed separate when part of multi-layer system

# Hydrocolloid Dressing

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- **HCPCS Codes A6234 – A6241**
  - Up to 3 times/week
  - Light to moderate exudate

# Hydrogel Dressing

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- **HCPCS Codes A6231 – A6233, A6242 – A6248**
  - Full thickness wounds with minimal or no exudate
  - Stage III or IV Ulcers
  - No adhesive border
    - Up to once per day
  - Adhesive border
    - Up to 3 times/week
  - A6248 - filler
    - Maximum 3 units per/wound, per/30 days



# Specialty Absorptive Dressing

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- **HCPCS Codes A6251 – A6256**
  - Unitized multi-layer
    - Semi-adherent or non adherent layer
    - Highly absorptive
  - Stage III or IV ulcers
    - Moderate to heavy drainage
  - Without adhesive border – up to once per day
  - With adhesive border – up to every other day

# Transparent Film

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- **HCPCS Codes A6257 – A6259**
  - Open, partial thickness wounds
    - Minimal exudate or closed wounds
  - Up to 3 times/week

# Wound Pouch

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- **HCPCS Codes A6154**
  - Waterproof collection device
    - With drainable port
    - Adheres to the skin
  - Up to 3 times/week

# Wound Covers

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- Flat dressing pads
  - With or without an adhesive border
    - Wound cover with adhesive border
      - » Must be present on all sides
      - » Coding determined by pad size (not including adhesive border)
      - » Additional dressings not needed
      - » Additional tape not required

# Wound Fillers

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- Primary dressings placed into open wound to eliminate dead space, absorb exudate, or maintain moist wound surface
- Units of service = 1 gram, 1 fluid ounce, 6-inch length or 1 yard
- Use of more than one type of filler in a single wound is not reasonable and necessary.

Type of Wound Filler	Frequency of Change
Collagen	Can stay in place for up to 7 days
Foam	Up to once per day
Hydrocolloid	Up to three times per week
Hydrogel	Must not exceed amount needed to line surface of wound; max utilization A6248 is 3 units (fluid ounces) per wound in 30 days
Wound filler, Not Otherwise Classified	Up to once per day

# Wound Fillers

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## Forms/Types

- Dry
- Other
- **A6261 & A6262**  
(NOC): Narrative on claim required

## Unique Codes

- Collagen (**A6010, A6011, A6024**)
- Alginate/Fiber gelling (**A6199**)
- Foam (**A6215**)
- Hydrocolloid (**A6240, A6241**)
- Hydrogel (**A6248**)
- Non-impregnated packing strips (**A6407**)

# Included in Other Benefits

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Dressings used with:

- Infusion Pumps-included with **A4221**
- Parenteral Nutrition-included with **B4224**
- Gastrostomy tubes for Enteral nutrition-included with **B4034-B4036**
- Tracheostomies-included with **A4625** and **A4629**
- Dialysis Access Catheters-included composite rate/payment cap paid to dialysis provider

Cannot be billed separately when covered under another category

# Tape

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- **HCPCS A4450, A4452**
  - Wounds 16 sq. in. or less = up to 2 units per change
  - Wounds 16-48 sq. in. = up to 3 units per change
  - Wounds 48 sq. in. or more = up to 4 units per change
- Change is determined by frequency of dressing change
- Not required when wound cover has adhesive border



# Surgical Dressing Materials

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## Effective

- Alginate
- Collagen
- Foam
- Gauze
- Hydrocolloid
- Hydrogel

## Not Reasonable & Necessary

- Silver
- Honey
- Copper
- Charcoal/Carbon Fiber
- Iodine (other than iodoform gauze packing)
- Balsam of Peru in Castor oil
- Rolled impregnated gauze (secondary dressing)

# Multi-Component Dressings

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## When not classified as composite dressings

- Categorized based on predominant component
- Predominance determined by weight of material
- Single material greater than 50%

## A4649 Miscellaneous

- If no HCPC for predominant component
- No single material is greater than 50%
- Entered in narrative field on claim

# Noncovered

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- Drainage from a cutaneous fistula
  - Has not been caused/treated by a surgical procedure
- Stage I pressure ulcer
- First degree burn
- Wounds caused by trauma
  - Do not require surgical closure or debridement
  - Bullous Pemphigoid, skin tears, shear, picked or scratched wounds
- Venipuncture or arterial puncture site
  - Other than the site of an indwelling catheter or needle

# Noncovered

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- Small adhesive or first aid type bandages (A6413)
- Silicone gel sheet (A6025)
- Skin sealants or barriers (A6250)
- Wound cleansers/solutions (A6260)
- Gradient compression stockings (A6530, A6533-A6544, A6549)
- Surgical stockings (A4490-A4510)
- Solutions used to moisten gauze (saline)
- Topical antiseptics/antibiotics
- Enzymatic debriding agents
- Gauze/dressings
  - Used to clean/debride but not left on the wound
- Non-elastic binder for an extremity (A4465)

# Incident to Professional Services

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- If a treating practitioner applies surgical dressings as part of a professional service billed to Medicare, the surgical dressings are considered incident to the professional services and are **not** separately payable.
- Claims for the professional service, which includes the dressings, must be submitted to the local carrier or intermediary.
- If dressing changes are sent home with the beneficiary, claims for these dressings may be submitted.
  - Use the place of service corresponding to the beneficiary's residence; Place of Service Office (POS=11) must not be used.



# Questions?

Thank you for attending this A/B and  
DME MAC collaborative education.