Surgical Dressings

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

Surgical dressings above the allowable limits or for use other than what is specified in this policy require precertification.

National Coverage Determination Policy	CMS Publication 100-3 Medicare National Coverage Determinations Manual, Chapter 1, Section 270.5
Local Coverage Determination Policy	J- B/C
Effective Date	For service performed on or after 10/08/14
Revision/Review Date	01/19**,** 12/18, 06/07/18, 10/01/17, 04/01/17, 09/01/16, 10/31/13
The Health Plan	Will follow Oversight Region B-C Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreement, or benefit plan document.

DESCRIPTION

Surgical dressings are divided into two types, primary and secondary. Primary dressings are therapeutic or protective coverings that are applied directly to wounds or lesions on the skin. Secondary dressings are materials that serve a therapeutic or protective function and that are needed to secure a primary dressing. Examples of secondary dressings include tape, roll gauze bandages, and disposable compression material.

COVERAGE GUIDELINES

Surgical dressings are covered when either of the following criteria are met:

1. They are required for the treatment of a wound caused by, or treated by, a surgical procedure; or
2. They are required after debridement of a wound.

The surgical procedure or debridement must be performed by a physician or other health care professional to the extent permissible under state law. Debridement of a wound may be any type of debridement (examples given are not all-inclusive): surgical (e.g., sharp instrument or laser), mechanical (e.g., irrigation or wet-to-dry dressings), chemical (e.g., topical application of enzymes), or autolytic (e.g., application of occlusive dressings to an open wound). Dressings used for mechanical debridement, to cover chemical debriding agents, or to cover wounds to allow for autolytic debridement are covered, although the agents themselves are non -covered.

Dressings over a percutaneous catheter or tube (e.g., intravascular, epidural, nephrostomy, etc.) are covered as long as the catheter or tube remains in place and after removal, until the wound heals.

Surgical dressings used in conjunction with investigational wound healing therapy (e.g., platelet derived wound healing formula) may be covered if all applicable coverage criteria are met, based on the number and type of surgical dressings that are appropriate to treat the wound, if the investigational therapy was not being used.

When a wound cover with an adhesive border is being used, no other dressing is needed on top of it and additional tape is usually not required. Reasons for use of additional tape must be well documented. An adhesive border is usually more binding than that obtained with separate taping and is therefore indicated for use with wounds requiring less frequent dressing changes.

Use of more than one type of wound filler or more than one type of wound cover in a single wound is rarely medically necessary and the reasons must be well documented. An exception is 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.

It may not be appropriate to use some combinations of a hydrating dressing on the same wound at the same time as an absorptive dressing (e.g., hydrogel and alginate).

Because composite dressings, foam, and hydrocolloid wound covers, and transparent film, when used as secondary dressings, are meant to be changed at frequencies less than daily, appropriate clinical judgment should be used to avoid their use with primary dressings which require more frequent dressing changes. When claims are submitted for these dressings for changes greater than once every other day, the quantity in excess of that amount will be denied. While a highly exudative wound might require such a combination initially, with continued proper management the wound usually progresses to a point where the appropriate selection of these products result in the less frequent dressing changes which they are designed to allow. An example of an inappropriate combination is the use of a specialty absorptive dressing on top of non-impregnated gauze being used as a primary dressing.

Dressing size must be based on and appropriate to the size of the wound. For wound covers, the pad size is usually about two inches greater than the dimensions of the wound. For example, a 5 cm. x 5 cm. (2 in. x 2 in.) wound requires a 4 in. x 4 in. pad size.

The quantity and type of dressings dispensed at any one time must take into account the current status of the wound(s), the likelihood of change, and the recent use of dressings.

Dressing needs may change frequently (e.g., weekly) in the early phases of wound treatment and/or with heavily draining wounds. Suppliers are also expected to have a mechanism for determining the quantity of dressings that is being used and to adjust their provision of dressings accordingly. No more than a one 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. An even smaller quantity may be appropriate in the situations described above.

Surgical dressings must be tailored to the specific needs of an individual. When surgical dressings are provided in kits, only those components of the kit that meet the definition of a surgical dressing, that are ordered by the physician and that are medically necessary, are covered.

The following are some specific coverage guidelines for individual products. The medical necessity for more frequent change of dressing must be documented in the medical record and submitted with the claim (see documentation section).

ALGINATE OR OTHER FIBER GELLING DRESSING (A6196 - A6199)

Alginate or other fiber gelling dressing covers are covered for moderately to highly exudative full thickness wounds (e.g., Stage III or IV ulcers); and alginate or other fiber gelling dressing fillers for moderately to highly exudative full thickness wound cavities (e.g., Stage III or IV ulcers). They are not medically necessary on dry wounds or wounds covered with eschar. A usual dressing change is up to once per day. One wound cover sheet of the approximate size of the wound or up to two units of wound filler (1 unit = 6 in. of alginate or other fiber gelling dressing rope) is usually used at each dressing change. It is usually inappropriate to use alginates or other fiber gelling dressings in combination with hydrogels.

COMPOSITE DRESSING (A6200 - A6205)

Usual composite dressing change is up to three times per week, one wound cover per dressing change.

CONTACT LAYER (A6206 - A6208)

Contact layer dressings are used to line the entire wound; they are not intended to be changed with each dressing change. Usual dressing change is up to once per week.

FOAM DRESSING (A6209 - A6215)

Foam dressings are covered when used on full thickness wounds (e.g., Stage III or IV ulcers) with moderate to heavy exudate. Usual dressing change for a foam wound cover, used as a primary dressing, is up to three times per week. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, a dressing change may be up to three times per week. Usual dressing change for foam wound fillers is up to once per day.

GAUZE, NON-IMPREGNATED (A6216-A6221, A6402-A6404, AND A6407)

Usual non-impregnated gauze dressing change is up to three times per day for a dressing without a border, and once per day for a dressing with a border. It is usually not necessary to stack more than two gauze pads on top of each other in any one area.

GAUZE, IMPREGNATED, WITH OTHER THAN WATER, NORMAL SALINE, HYDROGEL, OR ZINC PASTE (A6222 - A6224, A6266)

Usual dressing change for gauze dressings impregnated with other than water, normal saline, or hydrogel is up to once per day.

GAUZE, IMPREGNATED, WATER OR NORMAL SALINE (A6228 - A6230)

There is no medical necessity for these dressings, compared to non-impregnated gauze, which is moistened with bulk saline or sterile water. When these dressings are billed, they will be denied as non covered.

HYDROCOLLOID DRESSING (A6234 - A6241)

Hydrocolloid dressings are covered for use on wounds with light to moderate exudate. Usual dressing change for hydrocolloid wound covers or hydrocolloid wound fillers, is up to three times per week.

Zinc Paste Impregnated Bandage (A6456)

A zinc paste impregnated bandage is covered for the treatment of venous leg ulcers that meet the statutory requirements for a qualifying wound (surgically created or modified, or debrided). Dressing change frequency for A6456 is weekly.

Claims for A6456 used for treatment of venous insufficiency without a qualifying wound or when used for other non-qualifying conditions will be denied.

HYDROGEL DRESSING (A6231 - A6233, A6242 - A6248)

Hydrogel dressings are covered when used on full thickness wounds with minimal or no exudate (e.g., Stage III or IV ulcers). Hydrogel dressings are not usually medically necessary for Stage II ulcers. Documentation must substantiate the medical necessity for use of hydrogel dressings for Stage II ulcers (e.g., location of ulcer is sacro-coccygeal area). Usual dressing change for hydrogel wound covers without, adhesive border or hydrogel wound fillers is up to once per day. Usual dressing change, for hydrogel wound covers with an adhesive border, is up to three times per week.

The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not medically necessary. Documentation must substantiate the medical necessity for code A6248 billed in excess of three units (fluid ounces) per wound in 30 days.

Use of more than one type of hydrogel dressing (filler, cover, or impregnated gauze) on the same wound at the same time is not medically necessary.

SPECIALTY ABSORPTIVE DRESSING (A6251 - A6256)

Specialty absorptive dressings are covered when used for moderately or highly exudative wounds (e.g., Stage III or IV ulcers). Usual specialty absorptive dressing change is up to once per day for a dressing without an adhesive border and up to every other day for a dressing with a border.

TRANSPARENT FILM (A6257 - A6259)

Transparent film dressings are covered when used on open partial thickness wounds with minimal exudate or closed wounds. Usual dressing change is up to three times per week.

Wound Filler, Collagen (A6410-A6424) is covered for the following

1.Full-thickness wounds

2.Wounds with light to moderate exudate

3.Wounds that have stalled or not progressed toward a healing goal.

Although a collagen dressing can stay in place up to seven days depending on what type of dressing is being used, this will not impose a one dressing per week limitation on all scenarios or circumstances. A collagen dressing can be changed as frequently as needed based on the condition being treated as well as the clinical judgement of the treating physician. Documentation must be present to support a more than once a week dressing change.

WOUND FILLER, NOT ELSEWHERE CLASSIFIED (A6261 - A6262)

Usual dressing change is up to once per day.

WOUND POUCH (A6154)

Usual dressing change is up to three times per week.

TAPE (A4450, and A4452)

Tape is covered when needed to hold on a wound cover, elastic roll gauze, or non-elastic roll gauze. Additional tape is usually not required when a wound cover with an adhesive border is used. The medical necessity for tape in these situations must be documented. Tape change is determined by the frequency of change of the wound cover. Quantities of tape submitted must reasonably reflect the size of the wound cover being secured. Usual use for wound covers measuring 16 sq. in. or less is up to two units per dressing change; for wound covers measuring 16 to 48 sq. in., up to three units per dressing change; for wound covers measuring greater than 48 sq. in., up to four units per dressing change.

LIGHT COMPRESSION BANDAGE (A6448 - A6450), MODERATE/HIGH COMPRESSION BANDAGE (A6451, A6452), SELF-ADHERENT BANDAGE (A6453 - A6455), CONFORMING BANDAGE (A6442 - A6447), PADDING BANDAGE (A6441)

Most compression bandages are reusable. Usual frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.

Conforming bandage dressing change is determined by the frequency of change of the selected underlying dressing.

Light compression bandages (A6448 - A6450) are covered only when they are used to hold wound cover dressings in place over any type of wound, i.e., used as part of a surgical dressing. (Ace bandages).

Moderate to high compression bandages (A6451 and A6452) are covered when they are part of a multi–layer compression bandage system used in the treatment of an open venous stasis ulcer. They usually remain in place to a secure dressing for about a week.

GRADIENT COMPRESSION WRAP (A6545)

Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each

A non-elastic gradient compression wrap described by code A6545 is covered when it is used in the treatment of an open venous stasis ulcer that required debridement and member cannot be treated by A6531 and or A6532.

Coverage of a non-elastic gradient compression wrap (A6545) is limited to one per six months per leg. Quantities exceeding this amount will be denied as not medically necessary. Refer to non-coverage statement concerning non- coverage if the ulcer has healed.

LIGHT COMPRESSION BANDAGE (A6448 - A6450), MODERATE/HIGH COMPRESSION BANDAGE (A6451, A6452), SELF-ADHERENT BANDAGE (A6453 - A6455), CONFORMING BANDAGE (A6442 - A6447), PADDING BANDAGE (A6441)

Light compression bandages, self-adherent bandages, and conforming bandages are covered when they are used to hold wound cover dressings in place over any wound type.

Moderate or high compression bandages, conforming bandages, self-adherent bandages, and padding bandages are covered when they are part of a multi-layer compression bandage system used in the treatment of a venous stasis ulcer.

All of these bandages are **noncovered** when used for strains, sprains, edema, or situations other than as a dressing for a wound.

GRADIENT COMPRESSION STOCKINGS/WRAPS (A6531, A6532)

Covered when used in the treatment of an open venous stasis ulcer, requiring medically necessary debridement. The codes A6531 and A6532 represent one unit of service. If the manufacturer has a product consisting of two components designed to be worn simultaneously on the same leg, the two components are billed as one unit of service. For example, the product consists of unzippered lines and a zippered stocking.

Modifiers A1 - A9 are not used with codes A6531 and A6532.

For information in regards to coverage for codes A6531, A6532 in other circumstances please refer to the following policies: compression garments for the legs.

COMPRESSION BURN GARMENTS (A6501 - A6513)

Compression burn garments are covered under the surgical dressings benefit when they are used to reduce hypertrophic scarring and joint contractures following a burn injury.

NONCOVERAGE STATEMENT

Code A6545 is non -covered for the following conditions: venous insufficiency without stasis ulcers, prevention of stasis ulcers, and prevention of the reoccurrence of stasis ulcers that have healed treatment of lymphedema in the absence of ulcers. In these situations, since there is no ulcer, the stockings/wraps do not meet the definition of a surgical dressing

Compression stockings described by codes A6530, A6533 - A6544, A6549 and surgical stockings described by codes A4490 - A4510 are noncovered for all indications because they do not meet the definition of a surgical dressing.

Please refer to compression bandage and compression stockings for legs, for coverage of the above codes A6530, A6533 - A6544

A non- elastic binder for an extremity (A4465) is noncovered for all indications because it does not meet the definition of a surgical dressing.

The following are examples of wound care items which are noncovered under the surgical dressing benefit: skin sealants or barriers (A6250), wound cleansers (A6260) or irrigating solutions, solutions used to moisten gauze (e.g., saline), silicone gel sheets, topical antiseptics, topical antibiotics, enzymatic debriding agents, gauze or other dressings used to cleanse or debride a wound but not left on the wound. Also, any item listed in the latest edition of the Orange Book (e.g., an antibiotic-impregnated dressing which requires a prescription) is considered a drug and is noncovered under the surgical dressings benefit.

Examples of situations in which dressings are non- covered under the surgical dressings benefit are:

a. Drainage from a cutaneous fistula which has not been caused by or treated by a surgical procedure; or
b. A Stage I pressure ulcer; or
c. A first degree burn; or
d. Wounds caused by trauma which do not require surgical closure or debridement - e.g., skin tear or abrasion; or
e. A venipuncture or arterial puncture site (e.g., blood sample) other than the site of an indwelling catheter or needle.

Iodosorb Cadexomer Iodine Ointment is categorized as a wound cleanser and not as a wound filler.

Surgical dressing codes billed without modifiers A1 - A9 below in the coding information table are noncovered under the surgical dressings benefit.

Small adhesive bandages (e.g., Band-Aid or similar product) are not primarily used for the treatment of wounds addressed in the surgical dressing's policy. Therefore, these dressings are noncovered under the surgical dressing benefit.

A silicone gel sheet (A6025) used for the treatment of keloids or other scars does not meet the definition of the surgical dressing benefit and will be denied as noncovered.

A first-aid type adhesive bandage (A6413) does not meet the definition of the surgical dressing benefit and will be denied as noncovered.

Codes for composite dressings without adhesive border (A6200, A6201, and A6202) are invalid for claim submission.

Resorbable Wound Dressings (A6460-A6461)

Facilitates primary wound closure. May not be covered for dental surgery- please review members coverage. Falls under bandages in CMS. Not on RBRVS 2019. Not on WV Medicaid fee schedule or

Internet Manual. Resorbable bandages that are not primarily used for the treatment of wounds addressed in the surgical dressing's policy are noncovered under the surgical dressing benefit. Will not be separately payable as DME post -surgical treatment or physician office treatment or during home health visit.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

A1	DRESSING FOR ONE WOUND
A2	DRESSING FOR TWO WOUNDS
A3	DRESSING FOR THREE WOUNDS
A4	DRESSING FOR FOUR WOUNDS
A5	DRESSING FOR FIVE WOUNDS
A6	DRESSING FOR SIX WOUNDS
A7	DRESSING FOR SEVEN WOUNDS
A8	DRESSING FOR EIGHT WOUNDS
A9	DRESSING FOR NINE WOUNDS
AW	ITEM FURNISHED IN CONJUNCTION WITH A SURGICAL DRESSING
EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GY	ITEM OR SERVICE STATUTORILY NONCOVERED OR DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT
LT	LEFT SIDE
RT	RIGHT SIDE

HCPCS CODES

A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH
A4465	NON-ELASTIC BINDER FOR EXTREMITY
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH

A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH
A4649	SURGICAL SUPPLY; MISCELLANEOUS
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, STERILE, PER GRAM OF COLLAGEN
A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH
A6154	WOUND POUCH, EACH
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING

A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING

A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, STERILE, PER FLUID OUNCE

A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING
A6260	WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE
A6261	WOUND FILLER, GEL/PASTE, STERILE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED
A6262	WOUND FILLER, DRY FORM, STERILE, PER GRAM, NOT OTHERWISE SPECIFIED
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD
A6410	EYE PAD, STERILE, EACH
A6411	EYE PAD, NON-STERILE, EACH

A6412	EYE PATCH, OCCLUSIVE, EACH
A6413	ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN / NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED / WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED / WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED / WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED / WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED / WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED / WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED / WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED / WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED / WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED / WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED / NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED / NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED / NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD

A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD
A6460	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6461	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH

A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH
A6549	GRADIENT COMPRESSION STOCKING, NOT OTHERWISE SPECIFIED
A9270	NON-COVERED ITEM OR SERVICE

There are no specific diagnoses or ICD-10 codes that necessitate medical necessity.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
    a. Member's name
    b. Date
    c. Description of item. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required. The order must specify (a) the type of dressing (i.e., hydrocolloid wound cover, hydrogel would filler, etc.), (b) the size of the dressing (if appropriate), (c) the number/amount to be used at one time (if more than one), (d) the frequency of dressing change, and (e) the expected duration of need
    d. Order must include diagnosis code
    e. Physician signature with date. Date stamps are not appropriate
    f. Quantity of items required and duration. A new order is required if these is an increase in the quantity of the supply used per month and/or the type of supply used. A new order is needed if a new dressing is added or if the quantity of an existing dressing to be used is increased. A new order is not routinely needed if the quantity of dressings used is decreased. However, a new order is required at least every three months for each dressing being used even if the quantity used has remained the same or decreased

       The supplier is to contact The Health Plan in this instance to update referral.

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information but must be available upon request usually with precertification per The Health Plan policy.
3. Proof of delivery to be kept on file by the provider of the item.

Information defining the number of surgical/debrided wounds being treated with a dressing, the reason for dressing use (e.g., surgical wound, debrided wound, etc.), and whether the dressing is being used as a primary or secondary dressing or for some noncovered use (e.g., wound cleansing) must be obtained from the physician, nursing home, or home care nurse. The source of that information and date obtained must be documented in the supplier's records.

Current clinical information which supports the reasonableness and necessity of the type and quantity of surgical dressings provided must be present in the medical records. Evaluation of the wound(s) must be performed at least on a monthly basis unless there is documentation in the medical record which justifies why an evaluation could not be done within this timeframe and what other monitoring methods were used to evaluate the need for dressings. Evaluation is expected on a more frequent basis (e.g., weekly) for member's in a nursing facility or where there is a heavily draining or infected wounds. The evaluation may be performed by a nurse, physician, or other health care professional. This evaluation must include the type of each wound (e.g., surgical wound, pressure ulcer, burn, etc.), its location, its size (length x width in centimeters) and depth, the amount of drainage, and any other relevant information. This information must be available upon request.

Note: If templates or forms are submitted, (i.e., A Medicare Certificate of Medical Necessity, and/or a provider created form), and all of the required information is not included, The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, home health records.

Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

COVERAGE OF SURGICAL DRESSING SUPPLIES WHILE MEMBER IN A PART A FACILITY

Reimbursement for dressing supplies provided to a member while the member is covered in a Part A facility is based on specific contract information with the individual facility. Surgical dressing supplies are usually included in the per diem for Part A facilities.

BILLING GUIDELINES

Medi-Honey is not considered a separate component of a surgical dressing and is not separately payable from the surgical dressing.

Claims for tape (A4450 and A4452) which are billed without an AW modifier or another modifier indicating coverage under a different policy will be denied as noncovered.

When dressings are covered under other benefits, there is no separate payment using surgical dressing codes. Payment for any type of dressing in these situations is included in the allowance for other codes. Examples, not all-inclusive, are:

a. Dressings used with infusion pumps (which are covered under the DME benefit) are included in the allowance for code A4221.
b. Dressings used with parenteral nutrition (covered under the prosthetic device benefit) are included in the allowance for code B4224.
c. Dressings used with gastrostomy tubes for enteral nutrition (covered under the prosthetic device benefit) are included in the allowance for codes B4034 - B4036.
d. Dressings used with tracheostomies (covered under the prosthetic device benefit) are included in the allowance for code A4625 and A4629.
e. Dressings used with dialysis access catheters (covered under the end stage renal disease benefit) are included in the composite rate (outpatient facility dialysis) or payment cap (method 1 home dialysis) paid to the dialysis provider.

Note: That the allowance for items referred to using the term "kit" (e.g., in HCPCS codes A4625, A4629, B4224, B4034, B4035, B4036) includes not only the individual major supply items, but also any gauze, tape, other dressing supplies, etc. necessary for their use.

If a physician applies surgical dressings as part of a professional service the dressings are incidental to the professional service and are not separately payable. Please use a contracted supplier for dressing supplies to be done in the home.

Code A6025 should only be used for gel sheets used for the treatment of keloids or other scars. Hydrogel sheets used in the treatment of wounds are billed with codes A6242 - A6247.

The units of service for wound fillers are 1 gr., 1 fl. oz., 6 in. length, or 1 yd. depending on the product. If the individual product is packaged as a fraction of a unit (e.g., 1/2 fl. oz.), determine the units billed by multiplying the number dispensed times the individual product size and rounding to the nearest whole number. For example, if 11 1/2 oz. tubes of a wound filler are dispensed, bill six units (11 x 1/2 = 5.5; round to 6).

For some wound fillers, the units on the package do not correspond to the units of the code. For example, some pastes or gels are labeled as grams (instead of fl. oz.), some wound fillers are labeled as cc or ml (instead of fl. oz. or gr.), some supplies are described by linear dimensions (instead of gr). In these situations, the supplier must contact the manufacturer to determine the appropriate conversion factor or unit of service which corresponds to the code.

A first-aid type adhesive bandage (e.g., Band-Aid or similar product) is a wound cover with a pad size of less than 4 sq. in. It must be billed with code A6413.

Products containing multiple materials are categorized according to the clinically predominant component (e.g., alginate, collagen, foam, gauze, hydrocolloid, hydrogel). Other multi-component wound dressings not containing these specified components may be classified as composite or specialty absorptive dressings if the definition of these categories has been met. Multi-component products may not be unbundled and billed as the separate components of the dressing.

Dressings containing silver are coded based on the other components of the dressing. For example, foam dressings that contain silver are billed using the foam dressing codes. Gauze dressings that contain silver are billed with the non-impregnated gauze dressing codes.

For products with features that go beyond the usual scope of surgical dressings (e.g., a large wound cover with a slit in the middle and a plastic pouch which covers the dressing and is intended to protect an indwelling venous catheter), the coding determination will be based on the **dominant component** that falls under the surgical dressings benefit category and that is appropriate for the management of the wound itself.

Products where a single material comprises > 50% of the material (by weight) of the products composition are coded based upon the applicable HCPCS code for that material. Products where no single material comprises 50 % (by weight) of the composition are coded A4649 (Surgical Supply, miscellaneous).

Gauze or gauze-like products are typically manufactured as a single piece of material folded into a several ply gauze pad. Coding must be based on the functional size of the pad as it is commonly used in clinical practice.

For all dressings, if a single dressing is divided into multiple portion/pieces, the code and quantity billed must represent the originally manufactured size and quantity.

Impregnated dressings that are listed in the FDA Orange Book must be billed using code A9270 and must not be billed using codes A6222 - A6224, A6231 - A6233, or A6266.

When multi-layer compression bandage systems are used for the treatment of a venous stasis ulcer, each component is billed using a specific code for the component - e.g., moderate or high compression bandages (A6451, A6452), conforming bandages (A6443, A6444), self-adherent bandages (A6454), padding bandages (A6441), zinc paste impregnated bandage (A6456).

For the compression stocking codes A6531 and A6532, one unit of service is generally for one stocking. However, if a manufacturer has a product consisting of two components which are designed to be worn simultaneously on the same leg, the two components must be billed as one claim line with one unit of service, e.g., a product which consists of an unzippered liner and a zippered stocking.

When surgical dressings are billed, the appropriate modifier (A1 – A9, AW, EY, or GY) must be added to the code when applicable. If A9 is used, information must be submitted with the claim indicating the number of wounds. If GY is used, a brief description of the reason for non coverage (e.g., A6216GY - used for wound cleansing) must be entered in the narrative field of the electronic claim.

If the dressing is not being used as a primary or secondary dressing on a surgical or debrided wound, do not use modifiers A1 - A9. When dressings are provided in noncovered situations (e.g., use of gauze in the cleansing of a wound or intact skin), a GY modifier must be added to the code and a brief description of the reason for non coverage included - e.g., A6216GY - used for wound cleansing.

When tape codes A4450 and A4452 are used with surgical dressings, they must be billed with the AW modifier (in addition to the appropriate A1 - A9 modifier). When gradient compression stocking codes A6531 and A6532 are used for an open venous stasis ulcer, they must be billed with the AW modifier (but not an A1 - A9 modifier). For this policy, codes A4450, A4452, A6531, and A6532 are the only codes for which the AW modifier may be used.

The right (RT) and/or left (LT) modifiers must be used with codes A6531 and A6532 for gradient compression stockings. When the same code for bilateral items (left and right) is billed on the same date of service, bill both items on the same claim line using LTRT modifiers and two units of service.

When codes A4649, A6261 or A6262 are billed, the claim must include a narrative description of the item (including size of the product provided), the manufacturer, the brand name or number, and information justifying the medical necessity for the item. This information must be entered in the narrative field of the electronic claim.

DISPENSING SUPPLIES

The Health Plan is following Medicare's guidelines for supplies provided on a reoccurring basis.

Authorization of surgical dressing supplies should be limited to a one month supply for a member in a nursing facility. For home use it will be based on information submitted above in the documentation requirement section of this policy

Providers are not to automatically dispense supplies according to allowable limits. Providers are required to reorder supplies based on actual usage of each member. There must be a specific request for the supplies from the member, caregiver, or physician prior to dispensing the supplies. Supplies should not be shipped/delivered no sooner than 10 days prior to end of usage. *Please refer to CMS Program Integrity Manual for more information.* (CMS Program Integrity Manual, Internet-Only Manual, CMS Pub. 100-8, Chapter 5, Section 5.2.6).

The DME supplier is responsible to monitor utilization of covered frequently purchased supplies for members.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If the coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/

The only products that may be billed with code A6545 (non-elastic compression wrap) are those which have received a written coding verification review from the PDAC contractor and that are posted in the product classification list on the PDAC website.

For questions concerning proper coding of items, providers should contact the PDAC contractor for guidance on the correct coding of these items.

MEDICARE DEFINITIONS AND DESCRIPTION

The staging of pressure ulcers used in this policy is as follows:

Suspected Deep Tissue Injury - Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer, or cooler as compared to adjacent tissue.

Stage I	Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area
Stage II	Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister
Stage III	Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling
Stage IV	Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling

Unstageable: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown, or black) in the wound bed.

Source of Information for Staging: National Pressure Ulcer Advisory Panel (NPUAP) Revised Staging Definitions for Pressure Ulcers accessed at npuap.org on August 28, 2008.

Composite dressings (A6203 - A6205) are products combining physically distinct components into a single dressing that provides multiple functions. These functions must include, but are not limited to: (a) a physical (not chemical) bacterial barrier that is present over the entire dressing pad and extends out into the adhesive border, (b) an absorptive layer other than an alginate or other fiber gelling dressing, foam, hydrocolloid, or hydrogel, and (c) either a semi-adherent or non-adherent property over the wound site.

Contact layers (A6206 - A6208) are thin non-adherent sheets placed directly on an open wound bed to protect the wound tissue from direct contact with other agents or dressings applied to the wound. They are not absorptive. They are porous to allow wound fluid to pass through for absorption by a separate overlying dressing. They remain on the wound for an extended time while the absorptive dressings are changed.

A foam dressing (A6209 - A6215) is a sterile, non-linting, absorptive dressing which is made of open cell, medical grade expanded polymer. It has a non-adherent property over the wound site.

Impregnated gauze dressings (A6222 - A6233, A6266, and A6456) are woven or non-woven materials into which substances such as iodinated agents, petrolatum, zinc paste, crystalline sodium chloride, chlorhexadine gluconate (CHG), bismuth tribromophenate (BTP), water, aqueous saline, hydrogel, or

other agents have been incorporated into the dressing material by the manufacturer. These codes are not used for gauze dressings containing silver.

Specialty absorptive dressings (A6251 - A6256) are unitized multi-layer dressings which provide (a) either a semi-adherent quality or non-adherent layer, and (b) highly absorptive layers of fibers such as absorbent cellulose, cotton, or rayon. These may or may not have an adhesive border.

A wound pouch (A6154) is a waterproof collection device with a drainable port that adheres to the skin around a wound.

Wound fillers are dressing materials which are placed into open wounds to eliminate dead space, absorb exudate, or maintain a moist wound surface.

Wound fillers come in hydrated forms (e.g., pastes, gels), dry forms (e.g., powder, granules, beads), or other forms such as rope, spiral, pillows, etc. For certain materials, unique codes have been established, i.e., collagen wound filler (A6010, A6011, A6024), alginate or other fiber gelling wound filler (A6199), foam wound filler (A6215), hydrocolloid wound filler (A6240, A6241), hydrogel wound filler (A6248), and non-impregnated packing strips (A6407). Wound fillers not falling into any of these categories are coded as A6261 or A6262.

Wound covers are flat dressing pads. A wound cover with adhesive border is one which has an integrated cover and distinct adhesive border designed to adhere tightly to the skin. In order to be billed using a “with adhesive border” code, the adhesive border must be present along all sides of the dressing and must be proportionate to the size of the dressing pad and at least ½ inch wide.

Some wound covers are available both without and with an adhesive border. For wound covers with an adhesive border, the code to be used is determined by the pad size, not by the outside adhesive border dimensions. For example, a hydrocolloid dressing with outside dimensions of 6 in. x 6 in. which has a 4 in. x 4 in. pad surrounded by a 1 in. border on each side is coded as A6237, "pad size 16 sq. inch or less."

Elastic bandages are those that contain fibers of rubber (latex, neoprene), spandex, or elastane. Roll bandages that do not contain these fibers are considered non-elastic bandages even though many of them (e.g., gauze bandages) are stretchable. Codes A6442 - A6447 describe roll gauze-type bandages made either of cotton or of synthetic materials such as nylon, viscose, polyester, rayon, or polyamide. These bandages are stretchable, but do not contain elastic fibers. These codes include short-stretch bandages.

Codes A6448 - 6450 describe ACE type elastic bandages. Codes A6451 and A6452 describe elastic bandages that produce moderate or high compression that is sustained typically for one week. They are commonly included in multi-layer compression bandage systems. Suppliers billing these new codes must be able to provide, upon request, documentation from the manufacturer verifying that the performance characteristics specified in the code narratives have been met.

Modifiers A1 – A9 have been established to indicate that a particular item is being used as a primary or secondary dressing on a surgical or debrided wound and also to indicate the number of wounds on which that dressing is being used. The modifier number must correspond to the number of wounds on which the dressing is being used, not the total number of wounds treated. For example, if the member has four wounds but a particular dressing is only used on two of them, the A2 modifier must be used with that HCPCS code.

AMA CPT/ADA CDT COPYRIGHT STATEMENT

INTERNET LINKS AND SOURCES

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