

Surgical Dressings

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

May 06, 2025



Disclaimer

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.

Participants

- **CGS Administrators, LLC:** <http://www.cgsmedicare.com>
- **First Coast Service Options, Inc.:** <http://www.fcso.com/>
- **National Government Services:** <http://ngsmedicare.com/>
- **Noridian Healthcare Solutions, LLC:** <http://www.noridianmedicare.com/>
- **Novitas Solutions:** <https://www.novitas-solutions.com/>
- **Palmetto GBA:** <http://www.palmettogba.com/>
- **WPS Government Health Administrators:** <https://www.wpsgha.com/>

Virtual Webinar

Instructions

How to Download a PDF of the Presentation

- On the CVENT website, click on the session title.
- Click on the highlighted RESOURCES icon in the upper right corner.
 - Be aware that you will not see the RESOURCES icon unless you are registered for the session.
- A sidebar will open to show the PDFs of the presentation and the CGS DMEPOS News packet, available for download.

← Back to My Schedule

Glucose Monitors and Supplies
03/06/2024

Wednesday, March 6, 2024 - 9:30 AM-11:00 AM CST (in 50m)
Add to calendar

Denise Winsock
Provider Outreach & Education
Senior Analyst
CGS Administrators, LLC

This webinar will review the coverage criteria and documentation requirements for glucose monitors and diabetic testing supplies.

Resources

promo packet_2.5.24_Revised_508.pdf • 777 KB

glucose_monitors_508 03.06.24.pdf • 2 MB

Speakers (1)

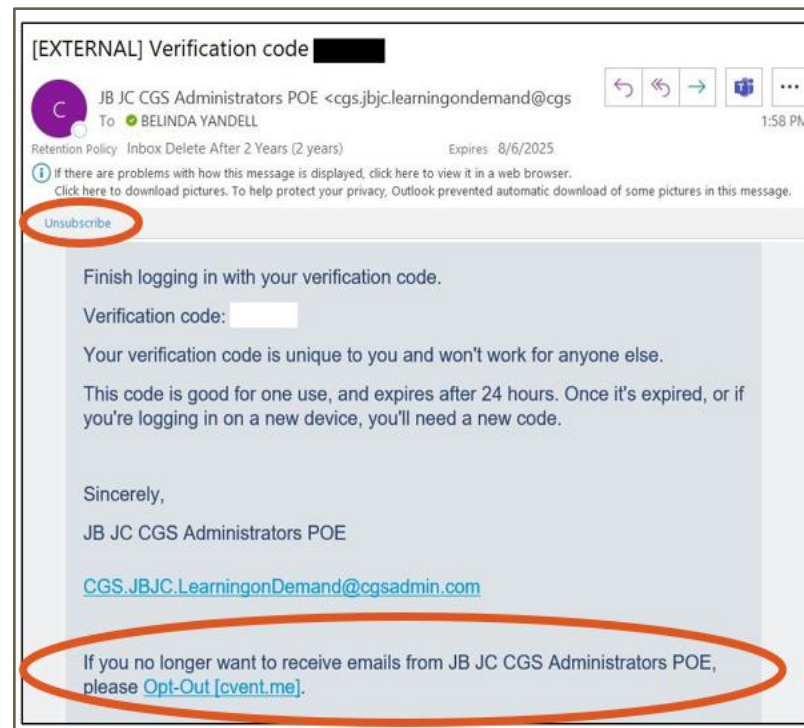
Denise Winsock
Provider Outreach & Education
Senior Analyst
CGS Administrators, LLC

Virtual Webinar

Instructions

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Virtual Webinar

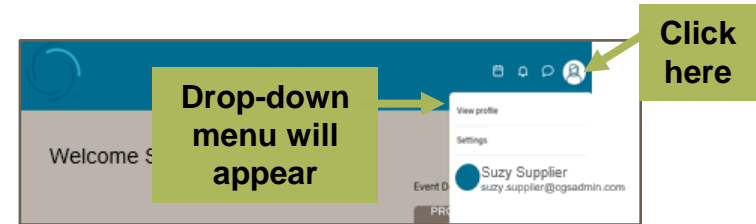
Instructions

Not Receiving a Verification Code?

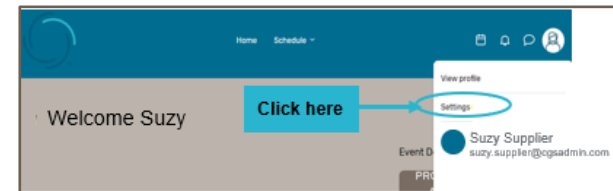
- You will need to update your “Settings” by logging into CVENT:

<https://web.cvent.com/hub/events/fbd6579b-4908-466e-a153-c6939fc961c3>

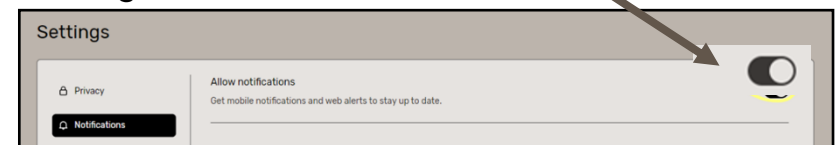
1. Click on the person icon in upper right corner.



2. Click on “Settings.”



3. Select “Notifications” and select “Allow Notifications.” The button should be pushed to the right.



Agenda

- Coverage Criteria
- Billing and Modifiers
- Documentation Requirements
- Comprehensive Error Rate Testing (CERT)
- Resources



Coverage Criteria

Coverage of Surgical Dressings

- Surgical dressings are covered when a qualifying wound is present. A qualifying wound is defined as either of the following:
 - Wounds caused by, or treated by, a surgical procedure; or
 - After debridement of a wound
- Who can perform?
 - Practitioner
 - Other healthcare professional as permitted under state law

Coverage of Surgical Dressings: Adhesive Border Covering

- Adhesive border covering:
 - Requires no additional cover or (usually) tape
 - Reasons for any use of additional tape must be well-documented

Dressings for Types of 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)

*This list is not all-inclusive, only the most common.

Multiple Types Filler or Cover

- 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.
- Two of the same type of filler or cover in a single wound is not reasonable and necessary.
 - Exceptions:
 - Alginate filler and alginate cover: Only if documentation indicates that there is "strike-through" during use of the previous dressing.
 - Foam dressing with adhesive border covering foam dressing without adhesive border: only if documentation of heavy or very heavy exudate

Frequency of Dressing Changes

- 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.

Quantity and Utilization

- 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

Wound Fillers

- 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

Gradient Compression Stockings/Wraps

COVERED

- A6531, A6532, A6545 In treatment of open venous stasis ulcer; coverage of a non-elastic gradient compression wrap (A6545) is limited to one per 6 months per leg.

NON-COVERED

- Venous insufficiency without stasis ulcers
- Prevention of stasis ulcers
- Prevention of reoccurrence of stasis ulcers that have healed
- Treatment of lymphedema in the absence of ulcers.

- A6530, A6533-A6544, A6549 Non-covered as surgical dressing; however, they may be considered for coverage under the lymphedema compression treatment items benefit
- A4490 – A4510 Surgical Stockings: non-covered under the surgical dressing benefit because they do not meet the statutory definition of a dressing
- A6501 - A6513 Compression burn garments covered for reducing hypertrophic scarring and joint contractures following a burn injury.

Multiple Types Wound Filler or Cover

- 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
 - » Change frequencies of the individual products should be similar.
 - The product in contact with the wound determines the change frequency.
 - » Not reasonable and necessary to use a combination of products with differing change intervals

Surgical Dressings Containing Multiple Components

- Multi-component dressings that are not classified as composite dressings are categorized according to the clinically-predominant component.
 - Defined based on the proportion of material(s) in the dressing
- HCPCS coding is determined based on the following:
 - Products where a single material comprises greater than 50% (by weight) of a product's composition are coded based upon the applicable specific HCPCS code for that material.
 - If a specific HCPCS code does not exist for the predominant component, use HCPCS code A4649 (Surgical Supply, miscellaneous).
 - Products where no single material comprises greater than 50% (by weight) of the composition are coded as A4649

Surgical Dressing Materials

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)

Non-covered Dressings

- 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

Wound Care Items Not Covered Under Surgical Dressing Benefit

- Skin sealants or barriers
- Wound cleansers 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
- Gauze or other dressings used to cleanse or debride a wound but not left on the wound
- First aid type adhesive bandages
- Small adhesive bandages (Band-Aid and similar)
- Any item listed in the latest edition of the Orange Book
- Gradient compression and surgical stockings
- Non-elastic binder for an extremity
- Surgical stockings

Dressings Covered Under Other Benefits

- Dressings used with:
 - Infusion Pumps - included with A4221
 - Parenteral Nutrition - included with B4224
 - Enteral Nutrition Gastrostomy Tubes - included with B4034-B4036
 - Tracheostomies - included with A4625 and A4629
 - Dialysis Access Catheters - included composite rate/payment cap paid to dialysis provider
 - Lymphedema Compression Treatment - removed from Surgical Dressings: A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6549
- Cannot be billed separately when covered under another category

Incident to Professional Services

- 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.

Specific Coverage Criteria: Tape

- Tape (A4450, A4452):
 - Covered when needed to hold on a wound cover, elastic roll gauze or non-elastic roll gauze.
 - 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.

Wound Size	Units Per Change
16 square inches (or less)	Up to 2 units
16 to 48 square inches	Up to 3 units
Greater than 48 square inches	Up to 4 units

- AW modifier applies
- Appropriate A1 through A9 modifiers apply



Billing and Modifiers

Modifiers: A1 – A9

- 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 or more*
- Number of wounds dressing is being used for; NOT total number of wounds being treated
- Use only when dressing is used as primary or secondary dressing on a surgical or debrided wound.
- NOT used with A6531-32 and A6545
- (compression stockings below the knee)
- A6501-A6513 (compression burn garments)

*If dressing is used with A9 and there are more than 9 wounds using that particular dressing, then the narrative on the claim should include the actual number of wounds.

Other Modifiers

- AW: 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 non-covered or does not meet the definition of any Medicare benefit
- LT: Left side
- RT: Right side

AW Modifier

Only A4450, A4452, A6531, A6532, and A6545 may be used with the AW modifier.

HCPCS Code	Used With:	Modifier(s)
Tape A4450	Surgical Dressings	AW & A1-A9
Tape A4452	Surgical Dressings	AW & A1-A9
Compression Stockings A6531- A6532	Open Venous Stasis Ulcer	AW ONLY
Compression Wraps A6545	Open Venous Stasis Ulcer	AW ONLY



Documentation Requirements

Standard Written Order (SWO) Elements

The SWO must be completed and signed prior to billing Medicare and include all the following:

- 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.

SWO Description

- The description can be any of the following:
- A general description (e.g., collagen wound filler or gauze)
- HCPCS code
- HCPCS code narrative
- Brand name/model number
- For supplies
 - All concurrently ordered supplies that are separately billed (list each separately).

New Orders

A new order is required:


- For all claims for purchases or initial rentals;
- If there is a change in the DMEPOS order/prescription e.g., quantity;
 - If less than three months, then only if a new dressing added or qty. of dressings increased
- On a regular basis (even if there is no change in the order/prescription) only if it is so specified in the documentation section of a particular medical policy;
 - **Every 3 months for each dressing being used**
- When there is a change in the supplier, and the new supplier is unable to obtain a copy of a valid order/prescription for the DMEPOS item from the transferring supplier.

Entering the Correct Ordering Practitioner on Claims

To help reduce CERT errors:

- When there is more than one practitioner involved in the beneficiary's care:
 - Enter the ordering practitioner's information on the claim
 - Enter the practitioner's name & National Provider Identifier (NPI)
 - » This is the practitioner that created the order

Order		
Name: Jane Doe	Start date: 02/12/24	
Equipment: L0650		
Quantity: 1		
Referred by: Dr. John Wilson		
Ordered by: <i>Dr. Jessica Smith</i> NPI: 1234567890		



17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.	
DK	Jessica Smith	71b.	NPI 1234567890

Medical Record Documentation: Initial Wound Evaluation

The treating practitioner's medical record, nursing home, or home care nursing records must specify:

- The type of qualifying wound
- Information on the 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.)
- 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

- Must be updated by the treating practitioner (or their designee) on a monthly basis.
- Evaluation required unless 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 beneficiary's need for ongoing use of dressings.
- 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

Refill Documentation Requirements

Obtained In Person @ Retail Store	Delivered Refill Communications
Signed delivery slip or copy of itemized sales receipt	Beneficiary name and/or authorized representative <i>(Suggested: if someone other than the beneficiary include this person's relationship to the beneficiary)</i>
Delivery slip/receipt should indicate items were picked up at store front	
	Date of request
	Description of each item requested
	Documentation of affirmative response indicating a need for the refill
	Contact must occur no sooner than 30 calendar days prior to the expected end of the current supply
	Shipment/delivery occur no sooner than 10 calendar days prior to expected end of current supply

Proof of Delivery: Direct to Beneficiary by Supplier

- Date of service is date of delivery
- Delivery slip must include:
 - The beneficiary's name
 - Delivery address
 - Description of the item(s) being delivered. Can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number
 - The quantity delivered
 - Date delivered
 - Beneficiary's/Beneficiary designee's signature

Proof of Delivery: Shipping Service

Must be a complete record tracking the item(s) from the DMEPOS supplier to the beneficiary and must include:

- Beneficiary's name
- Delivery address
- Delivery service's package identification number, supplier invoice number, or alternative method that links the supplier's delivery documents with the delivery service's records
- A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number
- Quantity delivered
- Date delivered
- Evidence of delivery

Proof of Delivery: Shipping Service DOS

If a supplier utilizes a shipping service or mail order, suppliers have two options for the DOS to use on the claim:

- Suppliers may use the shipping date as the DOS.
 - The shipping date is defined as the date the delivery/shipping service label is created; or
 - The date the item is retrieved by the shipping service for delivery.
 - However, such dates should not demonstrate significant variation.
- Suppliers may use the date of delivery as the DOS on the claim



Comprehensive Error Rate Testing (CERT)

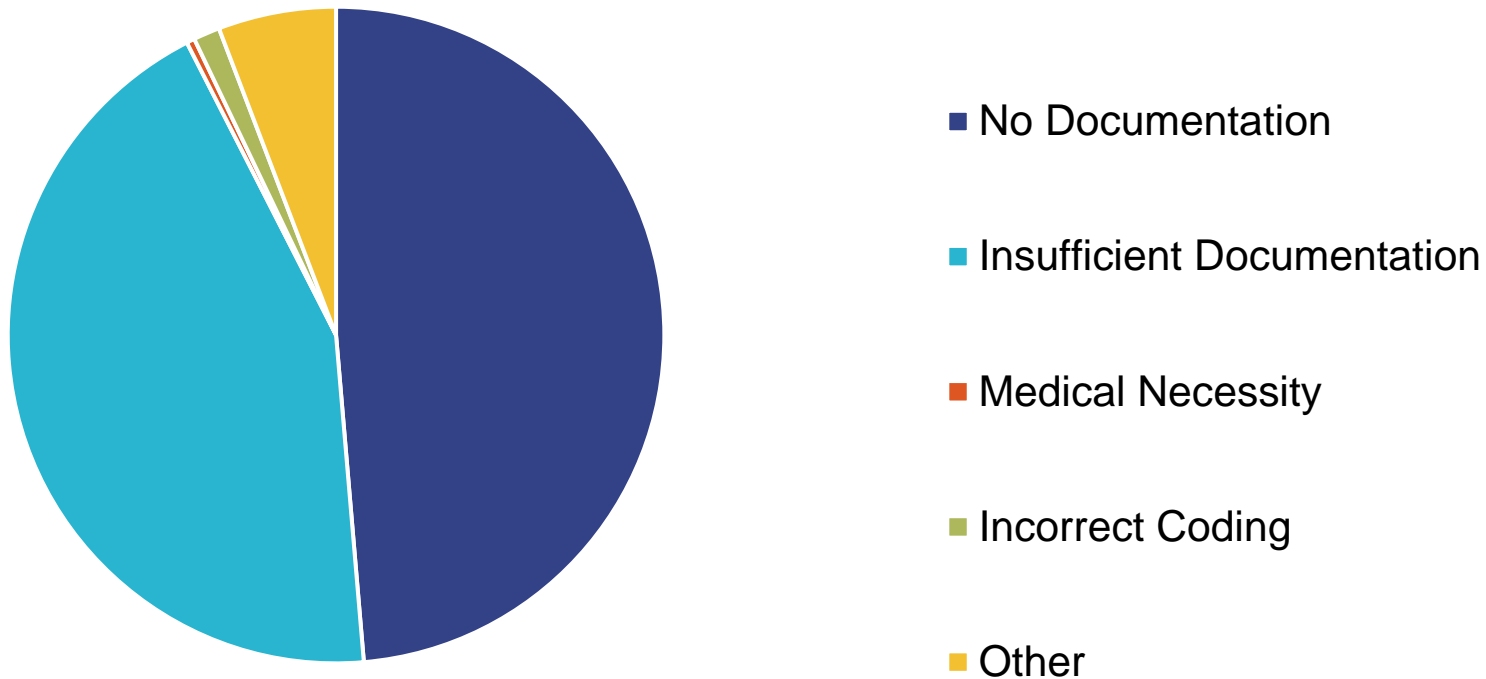
CERT: November 2024 Report Improper Payment Rates

- Claims submitted 7/1/2022 – 6/30/2023
- Surgical Dressing Errors
 - Top 20 highest improper payment service types for DMEPOS

Policy Group	Claims Reviewed	Projected Improper Payment Amount	Improper Payment Rate
All Types of DMEPOS	11,000	\$1.9 B	21.4%
Surgical Dressings	702	\$176,907,941	57.6%

2024 Improper Payment Rates and Projected Improper Payment:
<https://www.cms.gov/data-research/monitoring-programs/improper-payment-measurement-programs/comprehensive-error-rate-testing-cert/cert-reports/2024-medicare-fee-service-supplemental-improper-payment-data-1>

2024 CERT Errors - Surgical Dressings



2024 CERT Root Cause – Surgical Dressings

- Order - inadequate or missing
- Wound management documentation – inadequate or missing
- Units of service ordered does not support the units of service provided and billed
- Beneficiary was in a Medicare Part A inpatient or skilled nursing facility stay; or hospice or home health episode on the billed date of service

Valid SWO Example: Surgical Dressings

PATIENT INFORMATION							
Patient Name: [REDACTED]		Initial Date: 07/26/23		Order date			
Date of Birth: [REDACTED]		Revised Date:					
Diagnosis: L97.318,L89.893,L89.610							
Date of Procedure:		Date of Debridement: 5/31/23		Date of Occurrence:			
Dressing/Supplies ordered:							
WOUND	QTY	ITEM	FREQUENCY	HCPCS	PR/SEC		
1	28 EA	(01-20622) VITALE CALCIUM ALGINATE DRSG - 2 X 2	QD	A6196	P		
2	84 ROLL	(01-25615) BULKY GAUZE ST 4.5" X 4.1 YDS	QD	A6446	S		
2	28 EA	(01-22440) VITALE COLLAGEN DRSG - 4 X 4 (1/EA)	QD				
2	28 EA	(01-25996) ABD TYPE PAD ST 5" X 9"	QD				
3	23 EA	(01-17183) PROMOGRAN PRISMA COLLAGEN 4.34' HEXAGOMAT	QD				
3	12 EA	(01-20400) VITALE NON-ADHESIVE FOAM DRESSING - HEEL	QD				
Estimated length of need: 3 months							
Recommended course of treatment:							
Treating practitioner's signature							
Treating practitioner name or NPI							
Special needs:							
Physician's Signature							
Date: X 10/14/23							

Beneficiary's name or MBI

Quantity to be dispensed

Treating practitioner's signature

Order date

General description of each separately billable item

Treating practitioner name or NPI

Documentation Missing Coverage Criteria

Focused Wound Exam (Site 1)

UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT, LATERAL ANKLE

Etiology (quality)	Pressure	Wound Size (L x W x D):	2.5 x 3.2 x 0.1 cm
MDS 3.0 Stage	Unstageable Necrosis	Surface Area:	8.00 cm ²
Duration	> 54 days	Exudate:	Moderate Serous
Objective	Healing	Slough:	20 %
		Granulation tissue:	80 %
		This wound is in an inflammatory stage and is unable to progress to a healing phase because of the presence of a biofilm.	
		Wound progress: No Change	

DRESSING TREATMENT PLAN

Primary Dressing(s)

Alginate calcium apply once daily for 30 days; Santyl apply once daily for 30 days

Secondary Dressing(s)

Gauze island (w/bdr) apply once daily for 30 days

PLAN OF CARE REVIEWED AND ADDRESSED

Recommendations

Off-load wound; Float heels in bed; Prevalon boots

REASON FOR NO DEBRIDEMENT

Telemedicine

No documentation of a surgical procedure or debridement

Example: Good Wound Evaluation

Collagen A6021

HPI The patient is new to the wound clinic and presents today accompanied by his mother and father for evaluation of Stage 3 pressure ulcer on the sacrum. His parents noticed the ulcer on 11/04/23.

- Cleanse Wound with normal saline. You may also use sterile water or distilled water
- Apply skin prep to periwound
- Apply Prisma to the wound bed
- Cover with bordered foam
- Change dressing three times weekly

Procedures:

Procedure Date: 11/09/23

Debridement

Wound 11/09/23 Pressure Injury

Sacrum

- Includes:
 - Location
 - Full thickness
 - Size
 - Amount of exudate
 - Debridement
- Utilization:
 - Change 3x/week
 - 30-day supply
 - Qty. of 12 ordered

Packing Removed – Quantity	0	11/09/23 0832
Wound Length (cm)	3 cm	11/09/23 0832
Wound Width (cm)	2 cm	11/09/23 0832
Wound Depth (cm)	0.3 cm	11/09/23 0832
Drainage Amount	Moderate	

Responding to a CERT Request

Five ways to respond to a request from the CERT contractor:

- Fax: 1.804.261.8100
- Mail: CERT Documentation Center

8701 Park Central Drive, Suite 400-A Richmond, VA 23227

- esMD: <https://www.cms.gov/esMD>
- Encrypted CD: Must be in TIFF or PDF format
- Encrypted email: Attachment must be in TIFF or PDF format

When responding, use the bar code sheet as the cover letter

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

PROVIDER/SUPPLIER NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, STATE, ZIPCODE

Date: 4/19/2023
Reference ID: CID #: 00000000
NPI/Provider #: 0000000000
Phone: 000-000-0000
Fax: 000-000-0000

Request Type & Purpose: First Letter
Subject: Additional Documentation Required.

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS), through the Comprehensive Error Rate Testing (CERT) program, carries out the task of requesting, receiving, and reviewing medical records.¹ The CERT program reviews selected Medicare A, B and DME claims and produces annual improper payment rates. For more information regarding the CERT program, please visit www.cms.gov/CERT.

Reason for Selection
The CMS' CERT program has randomly selected one or more of your Medicare claims for review.

Action: Medical Records Required
Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. Providers/suppliers are required to send supporting medical records to the CERT program. **Providing medical records of Medicare patients to the CERT program does not violate the Health Insurance Portability and Accountability Act (HIPAA).** Patient authorization is not required to respond to this request. Providers/suppliers are responsible for obtaining and providing the documentation as identified on the attached Bar Coded Cover Sheet. The CMS is not authorized to reimburse providers/suppliers for the cost of medical record duplication or mailing. If you use a photocopy service, please ensure that the service does not invoice the CERT program.

When: 6/3/2023
Please provide the requested documentation by 6/3/2023. A response is still required by 6/3/2023 even if you are unable to locate the requested information.

Consequences
If the billing provider/supplier fails to send the requested documentation or contact CMS by 6/3/2023, the billing provider's/supplier's Medicare contractor will initiate claims adjustments or overpayment recoupment actions for these undocumented services.

¹Social Security Act Sections TR33 [42 USC §1395l(e)] and 1815 [42 USC §1395g(a)]; 42 CFR 405.980-986

CERT Contact Information

- Empower AI, Inc. is the CERT Documentation Center
- CERT Resources and Contacts
 - Customer Service: 1.888.779.7477
 - Fax: 1.804.261.8100
 - E-mail: CertProvider@empower.ai
 - Website: <https://c3hub.certrc.cms.gov/>



Resources

Noridian Healthcare Solutions Jurisdiction A Resources

- **Website:** <https://med.noridianmedicare.com/web/jadme>
- **IVR, Supplier Contact Center, and Telephone Reopenings:**
1.866.419.9458
- **Noridian Medicare Portal:**
<https://med.noridianmedicare.com/web/jadme/topics/nmp>
- **LCDs and Policy Articles:**
<https://med.noridianmedicare.com/web/jadme/policies/lcd/active>

CGS Administrators, LLC

Jurisdiction B Resources

- **Website:** <http://www.cgsmedicare.com/jb>
- **IVR Unit:** 1.877.299.7900
- **myCGS Web Portal:** <http://www.cgsmedicare.com/jb/mycgs/index.html>
- **Customer Service:** 1.866.590.6727
- **Telephone Re-openings:** 1.844.240.7490
- **LCDs and Policy Articles:**
<http://www.cgsmedicare.com/jb/coverage/lcdinfo.html>



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Jurisdiction C Resources

- **Website:** <http://www.cgsmedicare.com/jc>
- **IVR Unit:** 1.866.238.9650
- **myCGS Web Portal:** <http://www.cgsmedicare.com/jc/mycgs/index.html>
- **Customer Service:** 1.866.270.4909
- **Telephone Re-openings:** 1.866.813.7878
- **LCDs and Policy Articles:**
<http://www.cgsmedicare.com/jc/coverage/lcdinfo.html>



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1.877.320.0390
- **Noridian Medicare Portal:**
<https://med.noridianmedicare.com/web/jddme/topics/nmp>
- **LCDs and Policy Articles:**
<https://med.noridianmedicare.com/web/jddme/policies/lcd/active>

Other Contractor Resources

- Pricing, Data Analysis and Coding Contractor (PDAC)
 - 1.877.735.1326
 - <http://www.dmepdac.com>
- CEDI
 - 1.866.311.9184
 - <http://www.ngscedi.com/ngs/portal/ngscedi>
 - E-mail:
NGS.CEDIHelpdesk@anthem.com

National Provider Enrollment (NPE)

- NPE East: Novitas Solutions:
 - <https://www.novitas-solutions.com/webcenter/portal/DMEPOS>
 - 1.866.520.5193
- NPE West: Palmetto GBA:
 - <https://www.palmettogba.com/palmetto/npewest.nsf>
 - 1.866.238.9652

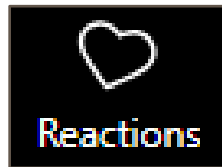


Questions?

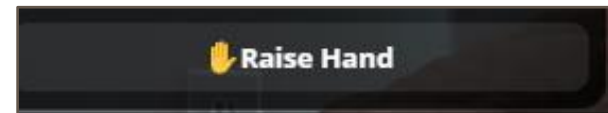
How to Participate Today

To Ask a Verbal Question

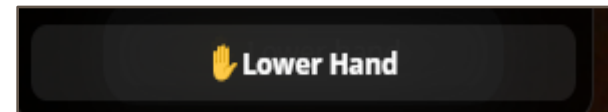
Locate & Click **Reactions** at the bottom of the screen



- Click **Raise Hand** to have your phone unmuted to ask a question



- Click **Lower Hand** if you no longer wish to ask a question





**Thank you for
attending!**