

Surgical Dressings

MEDICAL REVIEW DOCUMENTATION CHECKLIST

REQUIRED DOCUMENTATION IN SUPPLIER'S FILE

Documentation of Dispensing Order (preliminary written or verbal order) That Contains:

Description of the item	Date of the order
Name of the beneficiary	Physician signature (for written order)
Name of the physician	or supplier signature (for verbal order)

Note: A dispensing order is only required if the items are dispensed prior to obtaining the detailed written order.

Detailed Written Order (original, faxed or copied) That Contains:

Beneficiary's name	List of every separately billable item
Physician's name	Type of Dressing
Physician's signature (handwritten or electronic – no stamps)	Size of the Dressing (if appropriate)
Physician's signature date (must be entered by physician) for supplier generated DWO's	The number/amount to be used at one time (if more than one)
Date of the order	The frequency of dressing change
	The expected duration of need

The physician's signature on the detailed written order meets **CMS Signature Requirements**
<http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>

WRITTEN ORDER REMINDERS

- Suppliers should not submit claims to the DME MAC prior to obtaining a detailed written order.
- Items billed to the DME MAC before a signed and dated detailed written order has been received must be submitted with modifier EY.
- A new order is required at least every 3 months for each dressing being used even if the quantity used has remained the same or decreased.
- A new order is required whenever the quantity to be used has increased.

DELIVERY DOCUMENTATION

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
Beneficiary's name Quantity delivered Detailed description of item(s) Brand Serial number Signature of person accepting delivery Relationship to beneficiary Delivery date	Shipping invoice Beneficiary's name Delivery address Detailed description of item(s) shipped Tracking slip References each individual package Delivery address Package I.D. number A common reference number links the invoice and tracking slip – may be entered by supplier	Shipping invoice Beneficiary's name Delivery address Detailed description of item(s) shipped Quantity shipped Brand Serial number Date shipped Signature of person accepting delivery Relationship to beneficiary Delivery date

All of the Following Criteria Are Met:

The medical records confirm that the surgical dressings are required for one of the following reasons:

The treatment of a wound caused by, or treated by, a surgical procedure; or
When required after debridement of a wound

The surgical dressing code was billed with modifiers A1-A9

Medical Record Documentation

Medical Records can be documentation from the physician, nursing home, or home care nurse and should include:

Information defining the number of surgical/debrided 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)

Evaluation of the patient's wound(s) 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 patient's need for dressings.

Evaluation is expected on a more frequent basis (e.g., weekly) in patients in a nursing facility or in patients with heavily draining or infected wounds.

The type of each wound (e.g., surgical wound, pressure ulcer, burn, etc), its location, its size (length x width in cm.) and depth, the amount of drainage, and any other relevant information

Basic Coverage Criteria above **plus** the following specific criteria below must be met for Alginates (A6197 or 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)

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.

Usual dressing change is up to once per day.

One wound cover sheet of the approximate size of the wound or up to 2 units of wound filler (1 unit = 6 inches 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.

Basic Coverage Criteria above **plus** the following specific criteria below must be met for foam dressings (A6210 or A6212):

Foam dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with moderate to heavy exudate.

Dressing change for a foam wound cover used as a primary dressing is up to 3 times per week. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, dressing change may be up to 3 times per week.

Dressing change for foam wound fillers is up to once per day.

Basic Coverage Criteria above plus the following specific criteria below must be met for Collagen dressings (A6010, A6011, a6021-A6024):

Collagen-based dressing or wound filler is covered for full thickness wounds (e.g., stage III or IV ulcers) wounds with light to moderate exudate, or wounds that have stalled or have not progressed toward a healing goal.

Collagen dressings can stay in place up to 7 days, depending on the specific product.

Collagen based dressings are not covered for wounds with heavy exudate, third-degree burns, or when an active vasculitis is present.

The signatures on the medical records meet CMS Signature Requirements
<http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>

Claims for Quantities above the normal allowance

Suppliers are also expected to have a mechanism for determining the quantity of dressings that the patient is actually using 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.

Billing Reminders

When surgical dressings are billed, the appropriate modifier (A1-A9, 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 of non –coverage (e.g., "A6216GY – used for wound cleansing") must be entered in the narrative field of the electronic claim.

Additional Information References on the Web

- Supplier Documentation Requirements: <http://www.cgsmedicare.com/jc/pubs/pdf/Chpt3.pdf>
- Surgical Dressing LCD <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33831&ContriD=140>
- Surgical Dressing Policy Article <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52491&ContriD=140>
- Staging of Pressure Ulcers is included in the Appendices of the LCD.

NOTE

It is expected that the beneficiary's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Jurisdiction C Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.