REQUIRED DOCUMENTATION

☐ Documentation of Dispensing Order (preliminary written or verbal order) that contains:
  ☐ Description of the item
  ☐ Name of the beneficiary
  ☐ Prescribing physician/practitioner’s name
  ☐ Date of the order
  ☐ Prescribing physician/practitioner’s signature (if a written order) or supplier signature (if 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
  ☐ Prescribing physician/practitioner’s signature (and date if applicable*)
  * Someone other than the physician/practitioner may complete the DWO of the item unless statute, manual instructions, the contractor’s LCD or policy articles specify otherwise. However, the prescribing physician/practitioner must review the content and sign and date the document.
  ☐ Date of the order
  ☐ A description of all items, options, accessories or additional features that are separately billed or require an upgraded code. The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number.
  ☐ Type of Dressing
  ☐ Size of the Dressing (if appropriate)
  ☐ The number/amount to be used at one time (if more than one)
  ☐ The frequency of dressing change
  ☐ The practitioner’s signature on the written order meets CMS Signature Requirements

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.
☐ Refill Request

<table>
<thead>
<tr>
<th>Items Were Obtained In Person at a Retail Store</th>
<th>Written Refill Request Received from the Beneficiary</th>
<th>Telephone Conversation Between Supplier and Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ Signed Delivery Slip</td>
<td>✅ Name of beneficiary or authorized rep (indicate relationship)</td>
<td>✅ Beneficiary’s name</td>
</tr>
<tr>
<td>☐ Beneficiary’s name</td>
<td>☐ Description of each item being requested</td>
<td>☐ Name of person contacted (if someone other than the beneficiary include this person’s relationship to the beneficiary)</td>
</tr>
<tr>
<td>☐ Date</td>
<td>☐ Date of request</td>
<td>☐ Description of each item being requested</td>
</tr>
<tr>
<td>☐ List of items purchased</td>
<td>☐ Quantity of each item beneficiary still has remaining</td>
<td>☐ Date of contact</td>
</tr>
<tr>
<td>☐ Quantity received</td>
<td>☐ Request was not received any sooner than 14 calendar days prior to the delivery/shipping date</td>
<td>☐ Quantity of each item beneficiary still has remaining</td>
</tr>
<tr>
<td>☐ Signature of person receiving the items</td>
<td>☐ Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product</td>
<td>☐ Contact was not made any sooner than 14 calendar days prior to the delivery/shipping date</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td>☐ Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product</td>
</tr>
<tr>
<td>☐ Itemized Sales Receipt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Beneficiary’s name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Detailed list of items purchased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Quantity received</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Delivery Documentation

<table>
<thead>
<tr>
<th>Direct Delivery</th>
<th>Shipped/Mail Order Tracking Slip</th>
<th>Shipped/Mail Order Return Post-Paid Delivery Invoice</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Beneficiary’s name</td>
<td>☐ Shipping invoice</td>
<td>☐ Beneficiary’s name</td>
</tr>
<tr>
<td>☐ Delivery address</td>
<td>☐ Beneficiary’s name</td>
<td>☐ Delivery address</td>
</tr>
<tr>
<td>☐ Quantity delivered</td>
<td>☐ Delivery address</td>
<td>☐ 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.</td>
</tr>
<tr>
<td>☐ 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.</td>
<td>☐ Tracking slip</td>
<td>☐ Quantity shipped</td>
</tr>
<tr>
<td>☐ Delivery date</td>
<td>☐ References each individual package</td>
<td>☐ Date shipped</td>
</tr>
<tr>
<td>☐ Signature of person accepting delivery</td>
<td>☐ Delivery address</td>
<td>☐ Date delivered</td>
</tr>
<tr>
<td>☐ Relationship to beneficiary</td>
<td>☐ Package I.D. #number</td>
<td>☐ A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier)</td>
</tr>
</tbody>
</table>

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

1. 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.

2. Suppliers may use the date of delivery as the DOS on the claim.

☐ 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, regardless of the debridement technique.

The surgical dressing code was billed with modifiers A1-A9

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.

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.

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.
- Items with no physician or other licensed health care provider order must be submitted with an “EY” modifier added to each affected HCPCS code.
- When gradient compression stocking codes A6531 and A6532 or the gradient compression wrap code A6545 are used for an open venous stasis ulcer, the code must be billed with the AW modifier (but not an A1-A9 modifier). For this policy, codes A4450, A4452, A6531, A6532, and A6545 are the only codes for which the AW modifier may be used.
- The RT and/or LT modifiers must be used with codes A6531, A6532, and A6545 for gradient compression stockings and wraps. Effective for claims with dates of service (DOS) on or after 3/1/2019, when the same code for bilateral items (left and right) is billed on the same date of service, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line. Do not use the RTLT modifier on the same claim line and billed with 2 UOS. Claims billed without modifiers RT and/or LT, or with RTLT on the same claim line and 2 UOS, will be rejected as incorrect coding.

ONLINE RESOURCES

- DME MAC Supplier Manual
- Surgical Dressing LCD and Policy Article
  - JB: https://www.cgsmedicare.com/jb/coverage/LCDinfo.html
  - JC: https://www.cgsmedicare.com/jc/coverage/LCDinfo.html
- Staging of Pressure Ulcers is included in the Appendices of the LCD

NOTE: It is expected that the patient’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 Supplier Manual and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.