

Documentation Requirements as it Pertains to Wound Care

*HANDI MEDICAL SUPPLY 25TH ANNUAL EDUCATION & EQUIPMENT CONFERENCE.
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Learning Objectives:

- Identify documentation requirements to meet coverage for wound dressings and negative pressure wound therapy
- Describe best practices for obtaining valid and complete documentation
- Discuss options for the patient when coverage is not met



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Audit Results by Local Contractor CGS Medicare

Surgical Dressings Post-Pay Review Quarterly Status Report

Analysis of claim denials for surgical dressings HCPCS codes A6196, A6212, and A6010 reviewed between July 1, 2021 and September 30, 2021 revealed a denial rate of 76.55%. The top 10 reasons for claim denials are as follows:

Rank	Reason	Percent
1.	Medical records do not support that the surgical dressings are required for either the treatment of a wound caused by, or treated by, a surgical procedure; or when required after debridement of a wound.	20.41%
2.	The monthly evaluation of the wound by the healthcare professional did not include the type of each wound, its location, its size and depth, the amount of drainage, and any other relevant information.	15.12%
3.	The medical records do not establish that the dressing is being used as a primary or secondary dressing or for some non-covered use (such as wound cleansing).	12.04%
4.	The medical records do not show that the foam dressing is being used on a full thickness wound with moderate to heavy exudate (stage III or stage IV ulcer).	11.27%
5.	Frequency of use or frequency of change is not supported by the medical records.	8.97%
6.	The medical records do not show that the Alginate or other fiber gelling dressing or filler is being used to cover or fill a moderately to highly exudative full thickness wound (stage III or stage IV ulcer).	7.00%
7.	The size of the wound in the medical records does not support the HCPCS code being billed.	4.70%
8.	The documentation does not contain a valid detailed written order. Refer to Medicare Program Integrity Manual 5.2.3.	3.16%
9.	The medical records do not include an evaluation of the wounds performed on a monthly basis or justification for why they could not be evaluated monthly and what other methods were used to evaluate the need for the dressings.	3.16%
10.	More than a one-month supply of dressings were provided at one time, and there was not documentation to support the necessity of greater quantities in the home setting in an individual case.	3.07%



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Audits Currently Happening by RAC contractor:

ISSUE NAME: Surgical Dressings: Medical Necessity and Documentation Requirements

ISSUE NUMBER: _0173

REVIEW TYPE: Complex

PROVIDER TYPE: DME by Supplier/ DME by Physician

REGION: Region-5

STATE: 5 - Nationwide

DATE APPROVED: 01/01/2020

DATES SERVICE: Claims having a "claim paid date" that is more than 3 years prior to the ADR date will be excluded

DESCRIPTION: This review will determine if the Surgical Dressing is reasonable and necessary for the patient's condition based on the documentation in the medical record. Claims that do not meet the indications of coverage and/or medical necessity will be denied. Affected codes: A6010, A6021, A6196, A6197, A6210, A6211, A6212



The RAC detects and corrects past improper payments so that CMS and Carriers, and MACs can implement actions that will prevent future improper payments.

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Audits Currently Happening by Supplemental Medical Review Contractor

SMRC performs and/or provides support for a variety of tasks aimed at lowering the improper payment rates and increasing efficiencies of the medical review functions of the Medicare and Medicaid programs.

01-303 Surgical Dressings Notification of Medical Review

Nordian Healthcare Solutions, LLC, as the Supplemental Medical Review Contractor (SMRC) for the CMS, is conducting post-payment review of claims for Medicare Surgical Dressings billed on dates of service from January 1, 2019 through December 31, 2019. This notification includes the reasons for the review, documentation that will be requested in the Additional Documentation Request (ADR) letter, and resources providers/suppliers may wish to consult when submitting claims.

Background

Medicare provides reimbursement for surgical dressings under the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Benefit. This benefit only provides coverage for primary and secondary surgical dressings used on the skin on specified wound types. Types of surgical dressings include but are not limited to, alginate or other fiber gelling dressing, collagen or wound filling dressing and foam filling dressing. Surgical dressings are ranked in the top four categories of the 2019 Comprehensive Error Rate Testing (CERT) Improper Payment Report with an associated improper payment rate of 62.80%.

Reason for Review

The SMRC is tasked with performing claim review on a sample of surgical dressing claims from January 1, 2019 through December 31, 2019. The SMRC will conduct medical record reviews in accordance with applicable statutory, regulatory, and sub-regulatory guidance.

Claim Sample Detail

HCPCS

All Surgical Dressing HCPCS as found in L33831: Surgical Dressings

A4649, A6010, A6011, A6021, A6022, A6023, A6024, A6154, A6196, A6197, A6198, A6199, A6203, A6204, A6205, A6206, A6207, A6208, A6209, A6210, A6211, A6212, A6213, A6214, A6215, A6217, A6218, A6219, A6220, A6221, A6222, A6223, A6224, A6228, A6229, A6230, A6231, A6232, A6233, A6234, A6235, A6236, A6237, A6238, A6239, A6240, A6241, A6242, A6243, A6244, A6245, A6246, A6247, A6248, A6251, A6252, A6253, A6254, A6255, A6256, A6257, A6258, A6259, A6261, A6262, A6265, A6402, A6403, A6404, A6441, A6442, A6443, A6444, A6445, A6446, A6447, A6448, A6449, A6450, A6451, A6452, A6453, A6454, A6455, A6456, A6457

Documentation Requirements

Below is a list of specific documentation requirements that will be included in each ADR to obtain the necessary documentation to perform the review. Documentation requested has been made specific to assist the provider in collection and submitting pertinent information to decrease provider burden.

Providers/suppliers are requested to submit each of the Documentation Requirements outlined below, if and as applicable to the claim on review.

1. Detailed Written Order
2. Dispensing Order, if applicable
3. DME Documentation of continued need and use
4. Beneficiary's medical records (which may include; practitioner medical records, hospital records, nursing home records, home care nursing notes, physical/occupational therapy notes) that support the item(s) provided is/are reasonable and necessary
5. Operative/procedure report
6. History and Physical reports (include medical history and current list of medications)
7. Documentation to support National Coverage Determination (NCD), Local Coverage Determination (LCD), Policy Article, and Standard Documentation Requirement Article (A55426) requirements
8. Wound care assessment and supporting documentation
9. Wound care notes
10. Beneficiary's compliance, and response to treatment
11. Documentation of the request for refill
12. Supplier beneficiary information forms
13. Proof of Delivery
14. If 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
15. Signature log or signature attestation for any missing or illegible signatures within the medical record (all personnel providing services)
16. List of all non-standard abbreviations or acronyms used, including definitions
17. Advance Beneficiary Notice
18. If medical record documentation is submitted via esMD; Beneficiary identification, date of service, and provider of the service should be clearly identified on each page of the submitted documentation
19. Any other supporting documentation

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Basic Coverage Criteria

❖ Surgical Dressings covered when one of the following are met:

1. Required for treatment of a wound caused by, or treated by, a surgical procedure, OR
2. Required after debridement of a wound (surgical, mechanical, chemical, or autolytic)

❖ Includes both primary dressings and secondary dressings

- Primary= coverings applied directly to wounds/lesions
- Secondary= materials that serve as a protective function to secure primary dressing

❖ Dressings need to serve as a therapeutic or protective function, if it does not then statutorily not covered as a benefit

❖ Can only deliver 1 month supply at a time

- Because dressing requirements may change



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Coverage Information

- Surgical dressings are tailored to specific needs of the individual
- **Dressings need to be appropriate for the size of the wound**
- Quantity and type depend on:
 - Current wound status, changes, recent dressing use
- Dressing needs may change frequently in early phases, especially with heavily draining wounds, it's the supplier's responsibility to monitor the patient's usage and adjust accordingly



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Non-Covered Situations:

1. Drainage from a cutaneous fistula which has not been caused by or treated by a surgical procedure, *or*
 2. Stage I pressure ulcer, *or*
 3. First degree burn, *or*
 4. Wounds caused by trauma which do not require surgical closure or debridement, *or*
 5. Venipuncture or arterial puncture site other than the indwelling catheter or needle
- ❖ **Patient can choose to pay out of pocket (cash)**



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What needs to be documented in the initial evaluation?

- Number of wounds
- Type of wound
- Location of wound
- Wound depth
- Size of wound
- Frequency of dressing change
- Type of dressing
- Quantity to be used at one time
- Presence or amount of drainage
- Presence or extent of tunneling or undermining
- Presence or extent of eschar or granulation tissue
- Presence of infection or other complications
- Dressing being used as primary or secondary dressing
- Any other relevant clinical information

Everything about the wound needs to be documented!



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Standard/Detailed Written Order

- ✓ Patient's name
- ✓ Date of order
- ✓ Each item to be dispensed type & size of dressing
- ✓ Frequency of change
- ✓ Amount to be used at one time, if more than one
- ✓ Duration of need
- ✓ Number of refills
- ✓ Signature

- A new order is needed every 3 months for each dressing being used
- A new order is needed when a new dressing is added or if quantity needs increase
- Remember---DME Supplier can complete the written order

Claim cannot be submitted for payment until this is completed!
DME Supplier cannot receive reimbursement until this is completed!



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Get And Use the Supporting Documentation

- In ADDITION to treating practitioners' notes ---Get Supporting Documentation
- Who else is involved in the care of the patient:
 - PT/OT evaluations,
 - Prosthetist/Orthotist,
 - Nursing notes
 - Home health notes
 - Hospital discharge notes
 - SNF notes
 - Any other clinical notes, lab tests, dietician



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Types of Wound Care Products & Dressings

- | | |
|---------------------|--------------------|
| • Skin Barriers | • Super Absorbents |
| • Transparent Films | • Composite |
| • Hydrogels | • Collagens |
| • Hydrocolloids | • Antimicrobials |
| • Foams | • Compression |
| • Alginates | • Gauze |
| • Wound Filler | • Tape |



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How to Choose the Correct Dressing

Select based on supporting a moist healing environment and manages exudate effectively

- For wounds with low to no exudate: Hydrogels or Transparent films
- For wounds with low to moderate exudate: Hydrocolloids
- For wounds with Moderate to Heavy drainage: Foams, alginates, gelling fibers or super absorbent



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Transparent Dressing

- HCPCS Codes: A6257-A6259
- Open, partial thickness wounds
 - For minimally draining or closed wounds
- Protects
- Can be worn up to 7 days – use barrier wipe
- Changes: 3 times/week



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Hydrogel Dressing

- HCPCS Codes: A6231-A6233, A6242-A6248
- Creates optimal moisture in dry to moist wounds
- Change necessary to maintain an optimally moist wound bed
- Stage III or IV Ulcers (full thickness wounds) with minimal or no exudate
- Not necessary for stage II ulcers
- No adhesive border – once per day
- Adhesive border – 3 times/week
- A6248 is 3 units (fluid ounces) per/wound, per/30 days



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Hydrocolloids



- HCPCS Codes: A6234-A6241
- For dry to moderately draining wounds
- Need to be careful in shear/friction situations
- Come in all shapes and sizes
- Great for blisters
- Changes: Up to 3x/week



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Foam Dressing

- HCPCS Codes: A6209-A6215
- Comes in many forms/shapes/sizes
- Wear time up to 7 days – drainage dictates
- Full thickness wounds (stage III or IV ulcers)
 - With moderate to heavy exudate
- Primary dressing: Change 3 times/week
- Secondary dressing: Change 3 times/week
 - For wounds with heavy exudate
- Foam fillers up to 1 time/day



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Alginate

- HCPCS Codes: A6196-A6199
- Moderately to highly exudative full thickness wounds (stage III or IV ulcers)
 - Promotes moist wound environment
- Requires a secondary dressing
- Not medically necessary on dry wounds or wounds covered with eschar
- Not used with hydrogels
- Changes Up to 1 per/day – can be used to fill the open wounds
- 1 unit = 6 in. of alginate/fiber gelling dressing rope
- Dressing size = wound size



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Specialty Absorptive Dressing

- HCPCS Codes: A6251-A6256
- Super Absorbents bind fluid and convert it to a gel
- Stage III or IV ulcers
 - With moderate to heavy drainage
- Can be used as primary or secondary dressing
- Without adhesive border-once per day
- With adhesive border-every other day



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Composite Dressing

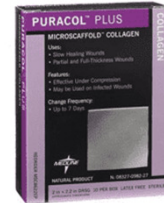
- HCPCS Codes: A6203-A6205
- Provide multiple functions:
 - Physical bacterial barrier
 - Absorptive layer
 - Semi-adherent or non-adherent property
- For wounds with:
 - Minimal to heavy exudate
 - Healthy granulation tissue
 - Necrotic tissue (moist eschar)
 - Mixture of granulation and necrotic tissue
- 3 times/week
 - One wound cover per dressing change



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Collagen Dressings or Wound Filler

- HCPCS Codes: A6010, A6011, A6021-A6024*
- Full thickness wounds
 - Stage III or IV ulcers,
 - Light to moderate exudate, or
 - Wounds that have stalled or not progressed towards healing
- Effective 6/1/2013- *Must be PDAC approved and verified
 - Applicable to just these codes: A6021, A6022, A6023 and A6024
- Can stay in place up to 7 days
- Not covered for wounds with heavy exudate, third-degree burns, or active vasculitis



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Tape

- HCPCS Codes: A4450, A4452
- Covered when needed to hold on a wound cover, elastic roll gauze, or non-elastic roll gauze
 - Wounds 16 sq. in. or less = 2 units per change
 - Wounds 16-48 sq. in. = 3 units per change
 - Wounds 48 sq. in. or more = 4 units per change
- AW modifier applies



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Wound Pouch

A6154

- Waterproof collection device with drainable port that adheres to skin around the wound
- Dressing change is up to 3 times/week



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Gauze Non-Impregnated

A6216-A6221, A6402-A6404, A6407

- 3 times/day – without border
- 1 time/day – with border
- Not necessary to stack more than 2 in any one area



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Gauze Impregnated

A6222-A6224, A6266

- Not used for gauze dressings containing silver
- Once per day
- Coverage based on characteristics of underlying material

A6228-A6230

- Water, bulk saline
- Not medically necessary



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Gradient Compression Wrap/Stockings

- HCPCS Codes: A6531, A6532 & A6545
- For treatment of open venous stasis ulcer to help healing by reducing dependent edema and facilitating venous return
- 1 per 6 months, per leg
- Excess quantities not medically necessary
- Non-covered for lymphedema without ulcers and noncovered to prevent ulcers
- A6530, A6533-A6544, A6549, A4490-A4510
 - Non-covered as surgical dressings
- A6501 - A6513
 - Compression burn garments covered for reducing hypertrophic scarring and joint contractures following a burn injury



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Compression Bandages

- Light compression bandage
- Self-adherent bandage
- Conforming bandage – Change based on change of underlying dressing
- Used to hold wound cover dressings in place
- Most are reusable
- 1 per week
- Remember—not covered when used for strains, sprains, edema, or for uses other than dressing a wound



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Zinc Paste Impregnated Bandage

A6456

- Covered for treatment of venous leg ulcers that meet statutory requirements for qualifying wound
- Dressing change is weekly
- Non-covered for treatment of venous insufficiency without qualifying wound or non-qualifying conditions



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Antimicrobial and Bacteriostatic Components

- Silver
- Gentian Violet and Methylene Blue
- Medical grade honey
- Hypochlorous Acid
- Cadexomer Iodine
 - Change dressing when product has turned beige
 - Iodine is absorbed systemically, especially when large wounds are treated
- PHMB (Polyhexamethylene Biguanide)
 - bacteria-killing polymer with no known resistance



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Dressing With Materials Not Recognized as Effective

Medicare recognizes the surgical dressing materials described by the product types listed above to be effective. They are considered reasonable and necessary when used as described by this policy. Medicare limits reimbursement to items that have sufficient clinical evidence to demonstrate that use of the item is safe and effective (see Medicare Program Integrity Manual, Chapter 13). Materials that lack sufficient clinical evidence are not recognized as effective and are not considered reasonable and necessary. The safety and effectiveness of the following materials have not been established:

- Balsam of Peru in castor oil
- Iodine – other than iodoform gauze packing
- Carbon Fiber
- Charcoal
- Copper
- Honey
- Silver

The above list is not exhaustive. Any material other than the materials explicitly listed among the reimbursable dressing types discussed above (i.e., alginate, collagen, foam, gauze, hydrocolloid, hydrogel, etc.) is not considered reasonable and necessary until sufficient credible clinical evidence is available to justify inclusion of the material into this policy as a reimbursable surgical dressing component.

Dressings containing multiple components are classified based upon the clinically predominant component. Multi-component dressings predominantly comprised of materials not recognized as effective are not considered reasonable and necessary even if there is some minor proportion of effective materials included in the composition of the complete product. Claims for surgical dressings composed predominantly of materials not listed as reimbursable in the policy will be denied as not reasonable and necessary.

Multi-component dressings that are not classified as composite dressings are categorized according to the clinically predominant component. The clinically predominant component is defined based on the proportion of material(s) in the dressing. For example, a dressing that is 60 percent hydrocolloid and 40 percent alginates would be categorized as a hydrocolloid 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, HCPCS code A4649 is used.
- Products where no single material comprises greater than 50% (by weight) of the composition are coded as A4649.

Composite and multi-component products may not be unbundled and billed as the separate components of the dressing.

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Misc. Codes

When using miscellaneous codes:

- A4649-Surgical supply, miscellaneous
- A6261-Wound filler, gel/paste, per fl. oz, not otherwise specified
- A6262-Wound filler, dry form, per gram, not otherwise specified

Claim needs:

- ✓ Narrative description of item including size of product provided
- ✓ Manufacturer
- ✓ Brand name or number
- ✓ Supplier price list amount
- ✓ Get information justifying medical necessity of item



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The Modifiers

- RT and LT (single or bilateral)
 - Applicable to gradient compression stockings and wraps (A6531, A6532, A6545)
 - For bilateral uses- separate claim lines (1 UOS RT, 1 UOS LT)
- A1-A9
 - Only to be used for primary and secondary wounds
 - Number of wounds on which the dressing is being used, not total number of wounds treated
 - Codes A6531 and A6532 (gradient compression) do not require this modifier
 - Multiple wounds, require same type of dressing
 - Example: 2 wounds require same type of dressing such as A6196
 - Bill: A6196 A2 with 2 units of service
 - Example: 4 wounds with A6196 only used on 2 of wounds, use A6196 A2 modifier (not A4)
- AW
 - Item furnished in conjunction with surgical dressing
 - Tape: A4450 & A4452 = must be billed with AW and A1-A9
 - A6531, A6532, A6545 = billed only with AW, not A1-A9



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Not Covered

- First aid type bandages
- Small adhesive bandages (band-aid type)
- Skin sealants or barriers
- Wound cleansers or irrigating solutions
- Solutions to moisten gauze (i.e. saline)
- Topical antiseptics or topical antibiotics
- Enzymatic debriding agents, gauze or other dressings used to clean or debride a wound
- Silicone Gel Sheets
- Non-elastic binder for extremity

❖ Patient can opt to pay out of pocket (cash)



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TYPE	COVERAGE	USUAL CHANGE
ALGINATE OR OTHER FIBER-GELLING DRESSING A6196-A6199	Moderately- to highly-exudative full thickness wounds and cavities (e.g., Stage III or IV ulcers)	Up to 1x/day 1 unit = 6 in. A hydrogel and alginate dressing used at the same time is not appropriate
COLLAGEN DRESSING OR WOUND FILLER A6010, A6011, A6021-A6024	Full thickness wounds (e.g., stage III or IV ulcers) with light to moderate exudate, or wounds that have stalled or have not progressed toward a healing goal.	Up to 7 days depending on the product
COMPOSITE DRESSING A6203-A6205	Moderately- to highly-exudative wounds	Up to 3x/week; one wound cover per dressing change
CONTACT LAYER A6206-A6208	Use to line entire wound	Up to 1x/week; not intended to be changed with each dressing change
FOAM DRESSING A6209-A6215	Moderately- to highly-exudative full thickness wounds (e.g., Stage III or IV ulcers)	Primary dressing: up to 3x/week Secondary dressing for highly exudative: up to 3x/week; Foam fillers: up to 1x/day

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TYPE	COVERAGE	USUAL CHANGE	COMMENTS
GAUZE, NON-IMPREGNATED A6216-A6221, A6402-A6404, A6407		Up to 3x/day for dressing w/out border, 1x/day with border.	Usually not necessary to stack 2 pads
GAUZE, IMPREGNATED WITH OTHER THAN WATER, SALINE, HYDROGEL OR ZINC A6222-A6224, A6266		Up to 1x/day	
GAUZE, IMPREGNATED w/WATER OR NORMAL SALINE A6228-A6230	Not reasonable and necessary compared to non-impregnated gauze moistened with saline or water		
IMPREGNATED DRESSINGS LISTED IN FDA ORANGE BOOK	Not covered as surgical dressing, but as a prescribed drug. Bill ONLY using code A9270		

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TYPE	COVERAGE	USUAL CHANGE	COMMENTS
HYDROCOLLOID DRESSING A6234 – A6241	Light to moderate exudate	Up to 3x/week	Wound covers or fillers
HYDROGEL DRESSING A6231-A6233, A6242-A6248	Full thickness wounds with minimal to no exudate	Covers w/out adhesive or fillers: up to 1x/day Covers with adhesive: up to 3x week	Not reasonable and necessary for Stage II ulcers Use of more than one type of hydrogel dressing (filler, cover, or impregnated gauze) on the same wound at the same time is not reasonable and necessary.
HYDROGEL DRESSING A6231-A6233, A6242-A6248	Full thickness wounds with minimal to no exudate	Filler: must not exceed amount needed to line surface; additional amounts to fill cavity not reasonable and necessary	Not reasonable and necessary for Stage II ulcers Use of more than one type of hydrogel dressing (filler, cover, or impregnated gauze) on the same wound at the same time is not reasonable and necessary.
HYDROGEL DRESSING A6231-A6233, A6242-A6248	Full thickness wounds with minimal to no exudate	A6248: 3 units (fluid ounces) per wound in 30 days.	Not reasonable and necessary for Stage II ulcers Use of more than one type of hydrogel dressing (filler, cover, or impregnated gauze) on the same wound at the same time is not reasonable and necessary.

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TYPE	COVERAGE	USUAL CHANGE
SPECIALTY ABSORPTIVE DRESSING (A6251-A6256)	Moderately or highly exudative wounds (e.g., stage III or IV ulcers).	W/out adhesive border: up to 1x/day OR With adhesive: up to every other day
TRANSPARENT FILM (A6257-A6259)	Open partial thickness wounds with minimal exudate or closed wounds	Up to 3x/week
WOUND FILLER, NOT ELSEWHERE CLASSIFIED (A6261-A6262)	Based upon the characteristics of the underlying material(s)	Up to 1x/day
WOUND POUCH (A6154)	N/A	Up to 3x/week

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Bandage Type Coverage	Zinc Paste Impregnated A6456	Light Compression A6448-A6450	Moderate/ High Compression A6451, A6452	Self-Adherent A6453-A6455	Conforming Bandage A6442-A6447	Padding Bandage A6441
When used to hold wound cover dressings in place over any wound type		X		X	X	
When part of multi-layer compression bandage system in the treatment of venous stasis ulcer			X	X	X	X
Used for the treatment of venous leg ulcers	X					
For strains, sprains, edema, or other than as dressing for wound	NON-COVERED	NON-COVERED	NON-COVERED	NON-COVERED	NON-COVERED	NON-COVERED
Replacement frequency	Weekly	MOST ARE REUSABLE USUAL REPLACEMENT ≤ ONE PER WEEK UNLESS PART OF MULTI-LAYER COMPRESSION SYSTEM	MOST ARE REUSABLE USUAL REPLACEMENT ≤ ONE PER WEEK UNLESS PART OF MULTI-LAYER COMPRESSION SYSTEM		CHANGE DETERMINED BY FREQUENCY OF CHANGE OF UNDERLYING DRESSING	

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Managing Wounds

- Control or Eliminate the Causative Factors
- **Collaborate with multidisciplinary team**
- Provide support for existing cofactors (edema, nutrition, diabetes, circulatory)
- Education on life-style and/or health habits - include the patient (quit smoking, diabetic education, etc.)
- Maintain an appropriate wound environment



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Continued Coverage

- ❖ Monthly or weekly wound assessments that include:
 - Length, Width, Depth, Drainage of each wound
 - Type and location of each wound
 - Progression of wound
 - Any other relevant wound status information
- ❖ Weekly assessments are for the following situations:
 - Heavy drainage, or
 - Infected wounds, or
 - For patients in a nursing facility
- ❖ Evaluation performed by a nurse, physician, or other health care professional



Key is in Documentation

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Proof of Delivery – Direct Delivery to Patient at Home or Pick Up In Store

Signed POD required to verify beneficiary received item.

Method 1 Requirements:

- Beneficiary's name
- Delivery address
 - If beneficiary picks up at store, this is the delivery address
- Detailed description to identify the item(s) being delivered
- Quantity delivered
- Date delivered - this can be done by supplier
- Beneficiary signature
- Supplier signature

Can be signed by:

- Beneficiary's designee – also need relationship to beneficiary must be noted on delivery slip



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Proof of Delivery (POD) For Shipping

Delivery via shipping service directly to beneficiary



Method 2 Requirements:

- Beneficiary's name
- Delivery address
- Description of each item delivered
- Quantity delivered
- Date delivered
- 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
- Evidence of delivery
- Save Confirmation of Delivery = these are **not** stored with shipping service; the supplier is responsible for keeping in the patient file
- All the dots need to connect between shipping, delivery, and billing!

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What is the Date of Service for Method 2? What Should Be Used?

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.

Suppliers may also utilize a return postage-paid delivery invoice from the beneficiary or designee as POD. This type of POD document must contain the information specified above.



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For Direct Delivery or Using Shipping Service

REFILL DOCUMENTATION REQUIREMENTS

This section contains general refill requirements that pertain to all policies. Refer to the applicable LCD for policy specific refill requirements.

A routine prescription for refills is not needed.

For items that the beneficiary obtains in-person at a retail store, the signed delivery slip or a copy of the itemized sales receipt is sufficient documentation of a request for refill.

For items that are delivered to the beneficiary, documentation of a request for refill must be either a written document received from the beneficiary or a contemporaneous written record of a phone conversation/contact between the supplier and beneficiary. The refill request must occur and be documented before shipment. A retrospective attestation statement by the supplier or beneficiary is not sufficient.

The refill record must include:

- Beneficiary's name or authorized representative if different from the beneficiary
- A description of each item that is being requested
- Date of refill request
- For consumable supplies i.e., those that are used up (e.g., ostomy or urological supplies, surgical dressings, etc.) the supplier must assess the quantity of each item that the beneficiary still has remaining to document that the amount remaining will be nearly exhausted on or about the supply anniversary date.
- For non-consumable supplies i.e., those more durable items that are not used up but may need periodic replacement (e.g., PAP and RAD supplies) the supplier must assess whether the supplies remain functional, providing replacement (a refill) only when the supply item(s) is no longer able to function. The supplier must document the functional condition of the item(s) being refilled in sufficient detail to demonstrate the cause of the dysfunction that necessitates replacement (refill).



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Delivery to Hospital/SNF

- Delivery can be up to two days prior to discharge if it is for the *benefit of* fitting or training, date of discharge is the date of service
- Hospital/SNF/Rehab discharge date is date of service
- The date of service can not be earlier than date of delivery
- Recommend a narrative in the NTE section of claim with discharge date
- ***Check to be sure discharge occurred when expected! If discharge date changes, this affects the supplier's documentation!***



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This Tool “Speaks to the DME Supplier”

Consolidated Billing Tool

Enter a valid HCPCS code in the space below and click the search button. The tool will provide

- Details on if the HCPCS is included in Consolidated Billing during a Part A stay in a Skilled Nursing Facility (SNF) (typically the first 100 days)
- If the item is payable in an SNF once the Part A stay has ended
- If the HCPCS is included in Home Health Consolidated Billing
- If the HCPCS is separately payable while enrolled in Hospice

HCPCS: [Search the Consolidated Billing Tool >>](#)

HCPCS: A6196

SNF - During the Part A Stay Not Separately Payable	SNF - Outside the Part A Stay Separately Payable	During a Home Health Episode Not Separately Payable	Enrolled in Hospice Separately Payable if Unrelated to the Hospice Diagnosis
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Disclaimer: The tool is specific to items covered under the DME MAC contractor and will not include items payable under the AB MAC contractor. The information provided in the tool is current as of February 26, 2019 and includes any updates to the official consolidated billing lists published by CMS. CMS is the official source of the consolidated billing lists which have been incorporated into this tool for your convenience. The official CMS lists are available at the following links:

- Skilled Nursing Facility Consolidated Billing [\[PDF\]](#)
- Home Health Consolidated Billing [\[PDF\]](#)

https://www.cgsmedicare.com/medicare_dynamic/jb/consbill/consbill/index.aspx



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Questions are the path to learning

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Thank you!

