

# Coding, Compliance, and Documentation for Surgical Dressings

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Editorial Advisory Board, *WOUNDS*

Board of Directors, American Society of Podiatric Surgeons

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## **Surgical Dressings covered by Medicare Part B if:**

- ▶ They are Medically Necessary
- ▶ When debridement of an ulcer is medically necessary and it was debrided
- ▶ They are used in the treatment of a ulcer caused by or treated by a surgical procedure
- ▶ Drainage is documented

# Dressing Types

- ▶ **Primary Dressing**

Therapeutic or protective covering applied directly to wounds or lesions either on the skin or caused by an opening to the skin

- ▶ **Secondary Dressing**

Materials that serve a therapeutic or protective function and that are needed to secure a primary dressing.

# Collagens

- ▶ Enhances wound contracture
- ▶ Enhances cellular migration
- ▶ Lacking in chronic wounds
- ▶ Helps recruit fibroblasts
- ▶ Attracts monocytes
- ▶ Acts as a sacrificial substrate to MMPs



# Collagens



- ▶ Absorbent, conformable and non-adherent
- ▶ **Document mild or moderate drainage**
- ▶ Available in pads, particles, powders, paste and ribbons/strips
- ▶ Can use in different types of wounds
- ▶ Provide matrix for tissue and vessel growth
- ▶ Primary Dressing - Requires a Secondary Dressing

# Collagens



Covered when Medically Necessary and have one of:

- ▶ Full thickness wounds
  - OR -
- ▶ Wounds with light to moderate exudate
  - OR -
- ▶ Wounds that have stalled or have not progressed toward a healing goal

# Collagens

## Not covered for:

- ▶ Ulcers with heavy exudate
- ▶ Third degree burns
- ▶ Active vasculitis





# Collagen Pad Codes



- ▶ **A6021**  
Collagen dressing <16 sq. cm., per pad
- ▶ **A6022**  
Collagen dressing >16 square inches and less than or equal to 48 square inches per pad dispensed

**Max Allowable  
30 Pads per Month per Ulcer**



# Collagen Powder Code

## ► A6010

Collagen powder, per gram



Max Allowable  
30 Grams per Month per Ulcer

# Foams



- ▶ Highly absorbent
- ▶ **Must document moderate to heavy drainage**
- ▶ **Must document full thickness (Stage III or IV)**
- ▶ Bordered and non-bordered
- ▶ Can be a filler in dead space
- ▶ Do not combine with hydrogels
- ▶ Primary or secondary dressing

# Bordered Foam Pad Codes



- ▶ **A6212**  
Foam pads *with* adhesive borders  
16 square inches or less
- ▶ **A6213**  
Foam pads *with* adhesive borders  
>16 sq. in. but less than or equal to  
48 sq. in.

Max Allowable  
12 Pads per Month per Ulcer

# Non-Bordered Foam Pad Codes



## ► A6209

Foam pads *without* adhesive borders 16 square inches or less

## ► A6210

Foam pads *without* adhesive borders >16 sq. in. but less than or equal to 48 sq. in.

Max Allowable  
12 Pads per Month per Ulcer

# Calcium Alginates



- ▶ Brown seaweed
- ▶ Highly absorbent
- ▶ **Must document moderate to heavy drainage**
- ▶ **Must document full thickness (Stage III or IV)**
- ▶ Do not combine with hydrogels
- ▶ Available in different shapes / sizes
- ▶ Interacts with wound exudate to form a moist gel
- ▶ May use in infected wounds
- ▶ Primary dressing - Requires a Secondary Dressing



# Calcium Alginate Codes

- ▶ **A6196**  
< 16 sq. in., each dressing
- ▶ **A6197**  
> 16 sq. in. and < 48 sq. in., each dressing



Max Allowable  
30 Dressings per Month per Ulcer

# Bordered Gauze

## ► Secondary dressing





# Bordered Gauze Codes



- ▶ **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

**Max Allowable  
30 Dressings per Month per Ulcer**

# Hydrogels

- ▶ Must document zero to light drainage
- ▶ Must document full thickness (Stage III or IV)
- ▶ Available in different forms
- ▶ Helps maintain a moist healing environment



# Hydrogel Codes



## ► A6248

Hydrogel dressing, wound filler, gel,  
per fluid ounce

Max Allowable  
3 oz. per Month per Ulcer

# Hydrocolloid

- ▶ Must document light to moderate exudate.

- ▶ **A6234**

Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. In. Or less, without adhesive border, each dressing.

**Max Allowable  
12 Units per Month per Ulcer**



# WOUND CARE PRODUCT GUIDE



	Minimal Drainage Stage III, IV/Full Thickness	Moderate Drainage Stage III, IV/Full Thickness	Heavy Drainage Stage III, IV/Full Thickness
<b>ALGINATES</b> Up to 30/wound/month HCPCS Codes: A6196-A6199		MODERATE & HEAVY DRAINAGE ONLY	
<b>COLLAGENS*</b> Up to 30 pads or grams/wound/month HCPCS Codes: A6010-A6011, A6021-A6024	PAD/POWDER/PARTICLE		
	GEL		
<b>FOAMS</b> Up to 12/wound/month HCPCS Codes: A6209-A6215		MODERATE & HEAVY DRAINAGE ONLY	
<b>HYDROCOLLOIDS</b> Up to 12 sheets/wound/month HCPCS Codes: A6234-A6241	MINIMAL & MODERATE DRAINAGE ONLY		
<b>HYDROGELS</b> Up to 30 pads or 3oz./wound/month HCPCS Codes: A6231-A6233, A6242-A6248	SHEETS AND GAUZE		
	GEL		



## WRAP/GAUZE/TAPE

Gauze - HCPCS Codes: A6216-A6221  
Tape - HCPCS Codes: A4450, A4452

Secondary dressings hold the primary dressing in place and provide a physical barrier to reduce the incidence of contamination and infection. Options vary based on wound type, location and primary dressing requirements.



## COMPRESSION GARMENTS

HCPCS Code: A6545

Compression garments are used in the treatment of an open venous stasis ulcer. These garments are applied directly over the secondary dressing to reduce edema associated with venous insufficiency.

## **Do Not Conflict Dressing Types**

- ▶ Different change frequencies
- ▶ Different indications



## Size Appropriate

- ▶ Size of dressing dispensed should be appropriate based on size of the ulcer being treated



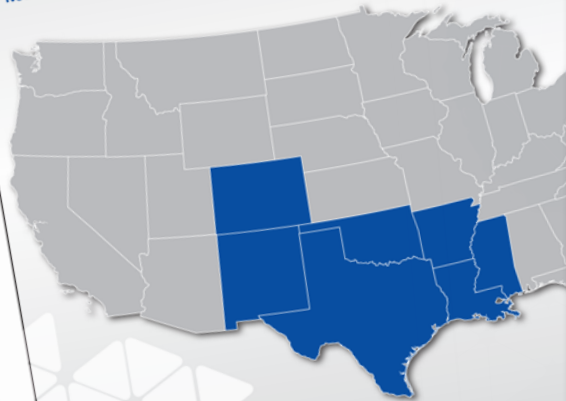


## Quantity

- ▶ Medically necessary
- ▶ Based on size and change frequency
- ▶ Not always the max
- ▶ Need may change throughout care

## SUGGESTED DOCUMENTATION FOR ULCER DEBRIDEMENT (CPT 97597 & CPT 11042 – 11047)

INFORMATION OBTAINED FROM:  
Novitas Solutions LCD L35125 (Wound Care services performed on or after 09/23/2017)



Reference Novitas Solutions LCD L35125 (Wound Care) For: Alabama, Delaware, District of Columbia, Louisiana, Maryland, Mississippi, Oklahoma, Pennsylvania, Texas

## UMENTATION

ENT (CPT 97597 & CPT 11042 – 11047)

## CUMENTATION

MENT (CPT 97597 & CPT 11042 – 11047)

## SUGGESTED DOCUMENTATION

FOR ULCER DEBRIDEMENT (CPT 97597 & CPT 11042 – 11047)

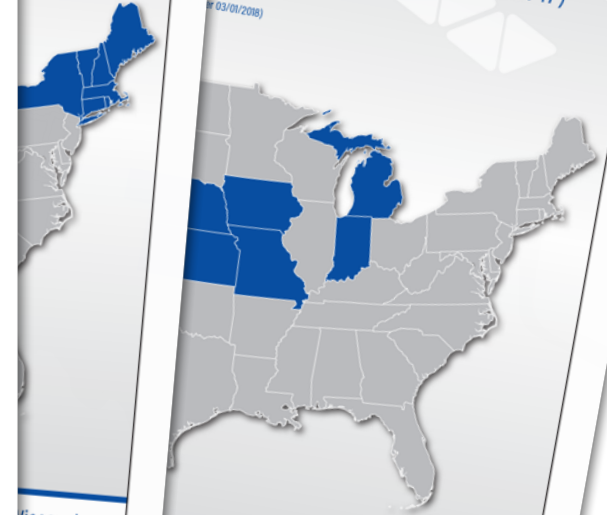
INFORMATION OBTAINED FROM:  
FCS0 LCD L37166 (Wound Care services performed on or after 10/19/2017)



Reference FCS0 LCD L37166 (Wound Care) For: Florida, Puerto Rico, U.S. Virgin Islands

## UMENTATION

ENT (CPT 97597 & CPT 11042 – 11047)



Wisconsin,  
mont

r: Indiana, Iowa, Kansas, Michigan,

# Documentation

- ▶ Type of ulcer
- ▶ Presence/absence of necrotic tissue
- ▶ Ulcer location, Size, and Depth
- ▶ Amount of Drainage
- ▶ Has the ulcer been debrided
- ▶ Instrument for debridement
- ▶ Anesthesia used. If not, why not?
- ▶ Depth of debridement
- ▶ Depth of debridement – pre and post debridement measurements
- ▶ Dressings applied in office
- ▶ Treatment Plan

## Documentation (Cont.)

- ▶ Type of dressing dispensed
- ▶ Dressing size
- ▶ Number of dressings dispensed
- ▶ Number of wounds being treated
- ▶ Frequency of dressing changes
- ▶ Anticipated duration of dressing requirement

# Documentation for Debridement (Example)

Attention was directed to the ulcer on the \_\_\_\_\_.

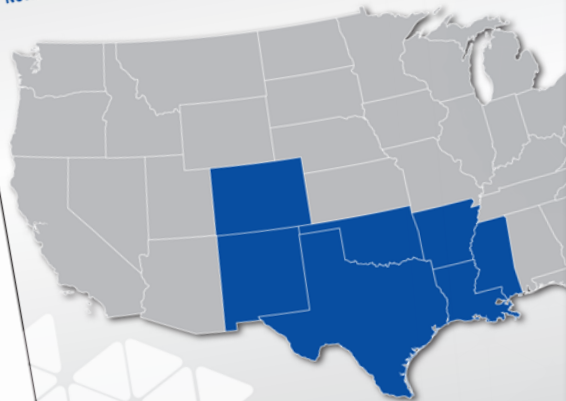
A sterile prep of the area (**was** | **was not**) performed. A (**scalpel** | **scissors** | **curette**) was utilized for sharp debridement to remove the (**hyperkeratotic rim**) and (**necrotic tissue** | **devitalized tissue** | **fibrotic tissue**) from the wound bed. Debridement was carried out to the depth of (**dermis** | **subcutaneous tissue** | **muscle/fascia** | **bone**). A total of \_\_\_\_\_ sq cm of tissue was removed from the deepest depth of the wound debrided. Hemostasis was obtained with (**pressure** | **electric cautery** | **chemical cautery**). Upon completion, the wound was dressed with \_\_\_\_\_.

The indication for this debridement was \_\_\_\_\_.

*Above template based on FCSO LCD L37166 (Wound Care) for Florida, Puerto Rico, and US Virgin Islands. Practices outside this area should consult the guidelines for the DME MAC in their area. This template does not suggest that only this information should be documented. All pertinent patient information should be documented. The information on this slide does not reflect or guarantee coverage or payment.*

## SUGGESTED DOCUMENTATION FOR ULCER DEBRIDEMENT (CPT 97597 & CPT 11042 – 11047)

INFORMATION OBTAINED FROM:  
Novitas Solutions LCD L35125 (Wound Care services performed on or after 09/23/2017)



Reference Novitas Solutions LCD L35125 (Wound Care) For: Alabama, Delaware, District of Columbia, Louisiana, Maryland, Mississippi, Oklahoma, Pennsylvania, Texas

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## SUGGESTED DOCUMENTATION

FOR ULCER DEBRIDEMENT (CPT 97597 & CPT 11042 – 11047)

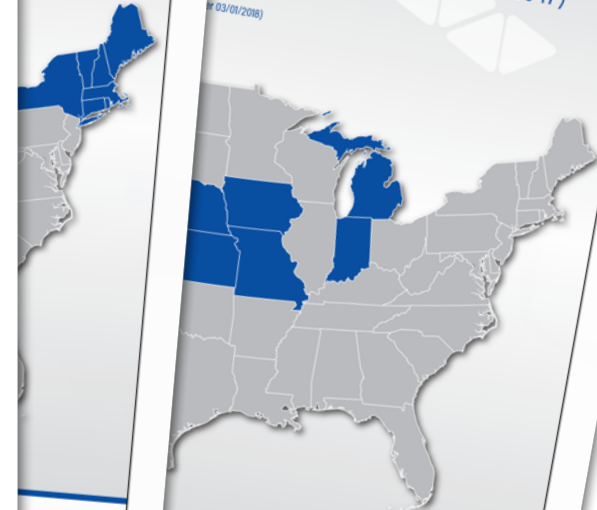
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## UMENTATION

ENT (CPT 97597 & CPT 11042 – 11047)



Wisconsin,  
Mont

r: Indiana, Iowa, Kansas, Michigan,

## Always Have...

- ▶ Proof of Delivery (POD)
- ▶ Supplier Standards
- ▶ Warranty
- ▶ Instructions
- ▶  $R_x$  in Chart\*\* (SWO)
- ▶ Place of Service – Home (12)



# Proof of Delivery

## Maintain in Dr. Records

- ▶ Patient name
- ▶ Address where item was delivered (i.e., Practice Address)
- ▶ Description of the item
- ▶ Quantity delivered
- ▶ Patient or designee signature
- ▶ Date delivered

**PROOF OF DELIVERY (COMPRESSION GARMENT)**

**PROOF OF DELIVERY (RECEIPT OF DME KIT SUPPLIES)**

DELIVERY ADDRESS\*: \_\_\_\_\_

**PROOF OF DELIVERY (RECEIPT OF INDIVIDUAL DME SUPPLIES)**

DELIVERY ADDRESS\*: \_\_\_\_\_

\*Where the product was handed/delivered to the patient (i.e. Practice Address)

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

QTY	ITEM SIZE	PRESCRIBED ITEM AND DESCRIPTION	HCPCS CODE
		- Hydrogel (1oz., 3oz.) - Hydrogel, Wound Filler, Gel, Per Fluid Ounce	A6248
		- Calcium Alginate Dressing (2x2, 4x4) - Alginate or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, Each Dressing	A6196
		- Foam Dressing (2x2, 4x4) - Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, W/Out Adhesive Border, Each Dressing	A6209
		- Bordered Foam Dressing (1x3.5) - Adhesive bandage, first-aid type, any size, each	A6413
		- Bordered Foam Dressing (3x4, 4x4, 6x6) - Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, W/ Any Size Adhesive Border, Each Dressing	A6212
		- Bordered Gauze Dressing (2x2, 4x4) - Gauze, Non-impregnated, Sterile, Pad Size 16 Sq. In. or Less, W/ Any Size Adhesive Border, Each Dressing	A6219
		- Bordered Gauze Dressing (6x6) - Gauze, Non-impregnated, Sterile, Pad Size More Than 16 Sq. In. But Less Than or Equal to 48 Sq. In., W/ Any Size Adhesive Border, Each Dressing	A6220
		- Hydrocolloid Dressing THIN (2x2, 4x4) - Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, W/Out Adhesive Border	A6234
		- Hydrocolloid Dressing (2x2, 4x4) - Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, W/Out Adhesive Border	A6234
		Collagen Powder (1g.) - Collagen Based Wound Filler, Dry Form, Sterile, Per Gram of Collagen	A6010
		Collagen Matrix (2x2, 3x4) - Collagen Dressing, Sterile, Size 16 Sq. In. or Less, Each	A6021
		Collagen Matrix (4x5.25) - Collagen Dressing, Sterile, Size More Than 16 Sq. In. But Less Than or Equal to 48 Sq. In., Each	A6022
		Collagen Matrix (7x7) - Collagen Dressing, Sterile, Size More Than 48 sq. in., each	A6023
		Collagen Gel (30g) - Collagen Based Wound Filler, Gel/Paste, Per Gram of Collagen	A6011

BRAND NAME: \_\_\_\_\_ SERIAL/LOT NUMBER: \_\_\_\_\_

**SUPPLY WARRANTY INFORMATION:** By signing below, I am certifying that I have received the above designated item and that the item is satisfactory, fit for use and not substandard in any way. Due to the medical nature of these devices, they cannot be returned. The products and/or services provided to you are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

☒ I have received a copy of the Privacy Policy on this visit or on a previous visit as noted in my medical record.  
☒ I received instructions on proper use of the prescribed devices.  
☒ I received my DMEPOS items.

By signing below, I acknowledge and understand all of the above.

PATIENT/GUARDIAN SIGNATURE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## Always Have...

- ▶ Proof of Delivery (POD)
- ▶ Supplier Standards
- ▶ Warranty
- ▶ Instructions
- ▶ Place of Service – Home (12)
- ▶  $R_x$  in Chart\*\* (SWO)

# Standard Written Order – Effective 1-1-20

## ► Must Contain:

- Beneficiary's name or MBI
- Order Date
- Description of the item:
  - Can be general description, a HCPCS code, a HCPCS code narrative, or a brand name/model number
- Quantity to be dispensed
- Treating Practitioner Name or NPI
- Treating practitioner's signature



## ► **EFFECTIVE NOVEMBER 13, 2018**

When the prescribing practitioner is also the supplier, and is permitted to furnish specific items of DMEPOS, a separate order is not required, provided the medical record contains all of the required order elements.

## **New Order Needed If:**

- ▶ New Dressing is Added
- ▶ Quantity is Increased
- ▶ Three Months

# KX Modifier?

## ▶ DMEPOS

- ✓ YES

## ▶ Surgical Dressings:

- Medicare – ✗ NO
- Some privates – ✓ YES

# HCFA 1500



## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

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1. MEDICARE <input checked="" type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLX (UNG) <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare) (Medicaid) (DAD/DOD) (Member ID) (ID#) (ID#) (ID#)																																																																																																																																											
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5. PATIENT'S ADDRESS (No., Street) 123 Any Street						6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 123 Any Street		4. INSURED'S NAME (Last Name, First Name, Middle Initial) Doe, Jane A.																																																																																																																																	
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9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER																																																																																																																																			
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READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																																																																																																																																											
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14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 09 01 18						15. OTHER DATE QUAL 17a. _____ 17b. NPI		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 09 01 18 12 17 40																																																																																																																																			
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19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																																																																																																																																											
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								NPI																																																																																																																																			
25. FEDERAL TAX I.D. NUMBER 00-0000000						26. PATIENT'S ACCOUNT NO. AAA000000		27. ACCEPT ASSIGNMENT? (For group claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Paid for NUCC Use																																																																																																																													
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on this reverse apply to this bill and are made a part thereof.)  John Doe 09/01/18 DATE						32. SERVICE FACILITY LOCATION INFORMATION FOOT & ANKLE CLINIC 1000 TOE WAY CLEARWATER, FL 33756 a. OFFICE, NPI# b.						33. BILLING PROVIDER INFO & PH# (345) 678-9012 JOHN DOE 1000 TOE WAY CLEARWATER, FL 33756 a. PHYSICIAN NPI# b.																																																																																																																															

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED CMB-0538-1197 FORM 1500 (02-12)



# HCFA 1500

- ▶ Box 24A - Date patient receives Surgical Dressing
- ▶ Box 24B – Place of Service – Home (12)
- ▶ Box 24D - HCPCS code
- ▶ Box 24F - \$ CHARGES for supplies dispensed.
- ▶ Box 24G – Number of units dispensed to the patient.

[illegible]

# Indicate # of Wounds Being Treated

"A\_"

- In Box 24D Modifier of the HCFA 1500 form
  - If one wound being treated: **A1**
  - If two wounds being treated: **A2**
  - If three wounds being treated: **A3**
  - If four wounds being treated.....

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		0		22. RESUBMISSION CODE		CR					
A.		I83.012				B.		L97.212				C.		D.		23. PRIOR AUTHORIZATION NUMBER					
E.						F.						G.		H.							
I.						J.						K.		L.							
24. A.		DATE(S) OF SERVICE				B.		C.		D. PROCEDURES, SERVICES, OR SUPPLIES				E.		F.		G.		H.	
		From To				PLACE OF SERVICE		EMG		(Explain Unusual Circumstances)				DIAGNOSIS		\$ CHARGES		DAYS OR UNITS		EPSDT Family Plan	
		MM DD YY MM DD YY				SERVICE				CPT/HCPCS MODIFIER				PCINTER							
1		09 01 18				12				A6010 A1				A, B		1500.00		30			
2		09 01 18				12				A6545 AW RT				A, B		250.00		1			
3																					

# Indicate # of Wounds Being Treated

"A\_"

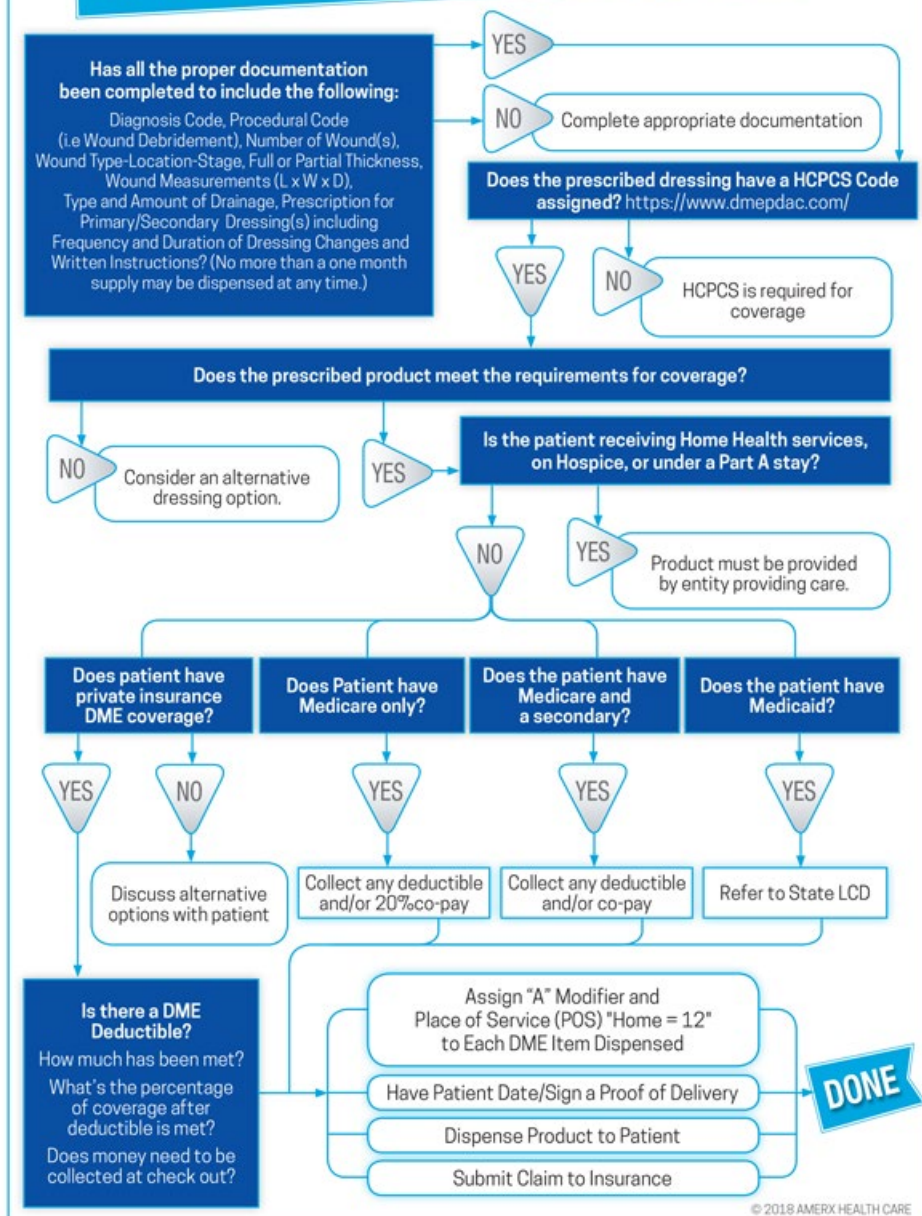
- ▶ Do not use "A#" with A6531, A6532, A6545
- ▶ Use "AW" with A6531, A6532, A6545

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		0		22. RESUBMISSION CODE		CR					
A.		I83.012				B.		L97.212				C.		D.		23. PRIOR AUTHORIZATION NUMBER					
E.						F.						G.		H.							
I.						J.						K.		L.							
24. A.		DATE(S) OF SERVICE				B.		C.		D. PROCEDURES, SERVICES, OR SUPPLIES				E.		F.		G.		H.	
		From To				PLACE OF		EMG		(Explain Unusual Circumstances)				DIAGNOSIS		\$ CHARGES		DAYS OR		EPSO	
		MM DD YY MM DD YY				SERVICE				CPT/HCPCS MODIFIER				POUNTER				UNITS		Fami Plan	
1		09 01 18				12				A6010 A1				A, B		1500.00		30			
2		09 01 18				12				A6545 AW RT				A, B		250.00		1			
3																					

## Not Covered if...

- ▶ Part A stay (SNF)
- ▶ Hospice
- ▶ Home Health Care
- ▶ Applied in Office

## BILLING FOR WOUND CARE PRODUCTS



# 2020

## HCPC CODING GUIDANCE UPDATE

### SURGICAL DRESSINGS

(800) 448-9599

# Compression

## ► A6545

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









# A6545

- |   |    |                     |    |          |    |  |           |                      |  |               |      |                       |    |                                |  |
|---|----|---------------------|----|----------|----|--|-----------|----------------------|--|---------------|------|-----------------------|----|--------------------------------|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) |    |                     |    |          |    |  |           |                      |  | ICD Ind. 0    |      | 22. RESUBMISSION CODE |    | 23. PRIOR AUTHORIZATION NUMBER |  |
| A. I83.012  |    | B. L97.212          |    | C. _____ |    | D. _____   |           | E. _____             |  | F. _____      |      | G. _____              |    | H. _____                       |  |
| I. _____  |    | J. _____            |    | K. _____ |    | L. _____   |           | M. _____             |  | N. _____      |      | O. _____              |    | P. _____                       |  |
| 24. A. DATE(S) OF SERVICE   |    | B. PLACE OF SERVICE |    | C. EMG   |    | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) |           | E. DIAGNOSIS POINTER |  | F. \$ CHARGES |      | G. DAYS OR UNITS      |    | H. EPSO Family Plan            |  |
| MM  | DD | YY                  | MM | DD       | YY |  | CPT/HCPCS | MODIFIER             |  |               |      |                       |    |                                |  |
| 09  | 01 | 18                  |    |          |    | 12   | A6010     | A1                   |  |               | A, B | 1300.00               | 30 |                                |  |
| 09  | 01 | 18                  |    |          |    | 12   | A6545     | AW RT                |  |               | A, B | 230.00                | 1  |                                |  |

# Use Laterality Modifiers for Compression Garment!

Effective 3-1-19

- ▶ Two of the same item on the same date of service and the items are being used bilaterally

## **Before**

- One line
- RTLT modifier
- Total units one line

## **After 3-1-19**

- Each item on its own line
- RT mod and LT mod only
- Each line respective units

# Compression Code

## ► A6545

One per 6 months per leg



# Why Dispense DME?

## Increased Quality

### NON-DISPENSING PHYSICIAN

- ▶ Was R<sub>x</sub> Filled?
- ▶ Did Patient receive the prescribed high-quality wound care supplies or generic products of unknown quality?
- ▶ Was the patient compliant?

### DISPENSING PHYSICIAN

- ▶ R<sub>x</sub> Filled the Same Day.
- ▶ Patient receives the high-quality wound care supplies prescribed by the doctor at the office.
- ▶ Studies show 60-70% increase in compliance rates when patients leave doctor's office with products in-hand.

**Thank  
You!!**



# Coding, Compliance, and Documentation for Surgical Dressings

**Jeffrey D. Lehrman, DPM, FASPS, MAPWCA, CPC**

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Expert Panelist, Codingline

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