AMERX HEALTH CARE

HELIX 3 BIOACTIVE COLLAGEN

AMERIGEL ADVANCED SKIN AND WOUND CARE

EXTREMIT-EASE COMPRESSION GARMENT

2018 HCPCS
CODING GUIDANCE FOR:

AMERX SURGICAL DRESSINGS

AMERX HEALTH CARE | www.AMERXHC.com | (800) 448-9599

HCPCS CODE PRODUCT LISTINGS AND DESCRIPTIONS

The Pricing, Data Analysis, and Coding (PDAC) Contractor has reviewed the products listed below and has approved the listed Healthcare Common Procedure Coding System (HCPCS) codes for billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs), Region A, B, C, and D Regional DMERCs. The PDAC HCPCS code assignment letters are on file at Amerx Health Care. All HCPCS code assignments and Fee Schedules can be found on the PDAC website: www.dmePDAC.com.

PRODUCT NAME	CATALOG NUMBER	HCPCS CODE*
HELIX3® CP – COLLAGEN POWDER, 1 GRAM	H40111	A6010
HELIX3® CM COLLAGEN MATRIX DRESSING 2” X 2”	H40221	A6021
HELIX3® CM COLLAGEN MATRIX DRESSING 3” X 4”	H40222	A6021
HELIX3® CM COLLAGEN MATRIX DRESSING 4” X 5.25”	H40223	A6022
HELIX3® CM COLLAGEN MATRIX DRESSING 8” X 12”	H40224	A6023
AMERX® CALCIUM ALGINATE DRESSING 2” X 2”	180121	A6196
AMERX® CALCIUM ALGINATE DRESSING 4” X 4”	180124	A6196
AMERX® FOAM DRESSING BORDERLESS 2” X 2”	190121	A6209
AMERX® FOAM DRESSING BORDERLESS 4” X 4”	190124	A6209
AMERX® BORDERED FOAM DRESSING 1” X 3.5”	190220	A6413
AMERX® BORDERED FOAM DRESSING 4” X 4”	190221	A6212
AMERX® BORDERED FOAM DRESSING 6” X 6”	190224	A6212
AMERX® BORDERED GAUZE DRESSING 2” X 2”	1G0220	A6219
AMERX® BORDERED GAUZE DRESSING 4” X 4”	1G0221	A6219
AMERX® BORDERED GAUZE DRESSING 6” X 6”	1G0226	A6220
AMERX® BORDERED HYDROCOLLOID DRESSING 2” X 2”	170221	A6234
AMERX® BORDERED HYDROCOLLOID DRESSING 4” X 4”	170224	A6234
AMERX® THIN HYDROCOLLOID DRESSING 2” X 2”	170121	A6234
AMERX® THIN HYDROCOLLOID DRESSING 4” X 4”	170124	A6234
AMERIGEL® HYDROGEL WOUND DRESSING 1oz. TUBE	A2001	A6248
AMERIGEL® HYDROGEL WOUND DRESSING 3oz. TUBE	A20103	A6248
EXTREMIT-EASE® COMPRESSION GARMENT (REGULAR XS)	E10140	A6545
EXTREMIT-EASE® COMPRESSION GARMENT (REGULAR S)	E10141	A6545
EXTREMIT-EASE® COMPRESSION GARMENT (REGULAR M)	E10142	A6545
EXTREMIT-EASE® COMPRESSION GARMENT (REGULAR L)	E10143	A6545
EXTREMIT-EASE® COMPRESSION GARMENT (REGULAR XL)	E10144	A6545
EXTREMIT-EASE® COMPRESSION GARMENT (TALL XS)	E20140	A6545
EXTREMIT-EASE® COMPRESSION GARMENT (TALL S)	E20141	A6545
EXTREMIT-EASE® COMPRESSION GARMENT (TALL M)	E20142	A6545
EXTREMIT-EASE® COMPRESSION GARMENT (TALL L)	E20143	A6545
EXTREMIT-EASE® COMPRESSION GARMENT (TALL XL)	E20144	A6545

** Product name does not necessarily determine PDAC-assigned code.*

COVERAGE AND REIMBURSEMENT RULES

The following information summarizes the Surgical Dressings LCD (L33831) and Policy Article (A54563) detailing services performed on or after July 24, 2017. For additional information, the complete LCD and Policy Article are available at: https://med.noridianmedicare.com/web/jddme/dmepos/surgical-dressings.

For any item to be covered by Medicare, it must (1) be eligible for a defined Medicare benefit category, (2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and (3) meet all other applicable Medicare statutory and regulatory requirements.

QUALIFYING WOUND

Surgical dressings are covered when a qualifying wound is present. A qualifying wound is defined as either of the following:

- A wound caused by, or treated by, a surgical procedure; or,
- A wound that requires debridement, regardless of the debridement technique.

The surgical procedure or debridement must be performed by a physician or other healthcare professional to the extent permissible under State law. Debridement of a wound may be any type of debridement (examples given are not all-inclusive): (a) Surgical (e.g., sharp instrument or laser); (b) Mechanical (e.g., irrigation or wet-to-dry dressings); (c) Chemical (e.g., topical application of enzymes); or (d) Autolytic (e.g., application of occlusive dressings to an open wound). Dressings used for mechanical debridement, to cover chemical debriding agents, or to cover wounds to allow for autolytic debridement are covered although the debridement agents themselves are non-covered.

Ulcer debridement may be coded with CPT 97597, CPT 97598, and CPT 11042 - CPT 11047. The code you use should be based upon not the depth of the ulcer but rather the deepest depth of tissue which is debrided. Be sure to read the appropriate coverage determination for ulcer debridement for each patient to ensure complete documentation. These codes quantify the amount of tissue debrided. If multiple ulcers are debrided to the same depth, the code is based upon the total amount of tissue removed from all ulcers debrided.

Examples (not all-inclusive) of clinical situations in which dressings are non-covered under the Surgical Dressings benefit are:

- Drainage from a cutaneous fistula which has not been caused by or treated by a surgical procedure; or,
- A Stage I pressure ulcer; or
- A first degree burn; or
- Wounds caused by trauma which do not require surgical closure or debridement - e.g., skin tear or abrasion; or,
- A venipuncture or arterial puncture site (e.g., blood sample) other than the site of an indwelling catheter or needle.

GENERAL

Medicare provides reimbursement for surgical dressings under the Surgical Dressings Benefit. This benefit only provides coverage for primary and secondary surgical dressing used on the skin for specified wound types.

- **Primary Dressings** – Defined as therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin; and,
- **Secondary Dressings** – Defined as materials that serve a therapeutic or protective function and that are needed to secure a primary dressing.

When a wound cover with an adhesive border is being used, no other dressing is needed on top of it and additional tape is not required. Reasons for use of additional tape must be well documented.

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. The exception is a primary dressing composed of: (1) an alginate or other fiber gelling dressing; or, (2) a saline, water, or hydrogel impregnated gauze dressing. Either of these might need an additional wound cover.

It is not appropriate to use combinations of a hydrating dressing on the same wound at the same time as an absorptive dressing (e.g., hydrogel and alginate).

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. For purposes of the policy, 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. For example, it is not reasonable and necessary to use a secondary dressing with a weekly change frequency over a primary dressing with a daily change interval. Such claims will be denied as not reasonable and necessary.

It is not reasonable and necessary to use a secondary dressing with primary dressings that contain an impervious backing layer with or without and adhesive border.

Dressing size must be based on and appropriate to the size of the wound. For wound covers, the pad size is usually about 2 inches greater than the dimensions of the wound. For example, a 2 in. x 2 in. wound requires a 4 in. x 4 in. pad size.

The quantity and type of dressings dispensed at any one time must take into account the status of the wound(s), the likelihood of change, and the recent use of dressings.

Dressing needs may change frequently (e.g., weekly) in the early phases of wound treatment and/or with heavily draining wounds. Suppliers are required to monitor the quantity of dressings that the beneficiary is actually using and to adjust their provision of dressings accordingly.

Surgical dressings must be tailored to the specific needs of an individual beneficiary. When surgical dressings are provided in kits, only those components of the kit that meet the definition of a surgical dressing, that are ordered by the treating physician, and that are reasonable and necessary are covered.

If a physician applies surgical dressings as part of a professional service that is billed to Medicare, the surgical dressings are considered incident to the professional services of the health care practitioner and are not separately payable.

Clinical information, which demonstrates that the reasonable and necessary requirements regarding the type and quantity of surgical dressings provided, must be present in the beneficiary's medical records. This information must be updated by the treating physician (or their designee) on a monthly basis. This evaluation of the beneficiary's wound(s) is required unless there is documentation in the medical record which justifies why an evaluation could not be done within this time frame and what other monitoring methods were used to evaluate the beneficiary's need for ongoing use of dressings. Evaluation is expected on a weekly basis for beneficiaries in a nursing facility or for beneficiaries with heavily draining or infected wounds. The evaluation may be performed by a nurse, physician or other health care professional involved in the regular care of the beneficiary. This evaluation must include: (a) The type of each wound (e.g., surgical wound, pressure ulcer, burn, etc.); (b) Wound(s) location; (c) Wound size (length x width) and depth; (d) Amount of drainage; and (e) Any other relevant wound status information.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary. The POD must include the following: beneficiary's name, delivery address (your practice address if dispensed from your office), sufficiently detailed description identifying item(s) being delivered (e.g. brand names, serial/lot number, narrative description), quantity delivered, date delivered, beneficiary (or designee) signature. Date of service is the delivery date.

REFILL REQUIREMENTS

For DMEPOS items and supplies provided on a recurring basis, billing must be based on prospective, not retrospective use.

Suppliers must not dispense a quantity of supplies exceeding a beneficiary's expected utilization. Suppliers must stay attuned to changed or atypical utilization patterns on the part of their clients. Regardless of utilization, no more than a 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.

PLACE OF SERVICE

If dressing changes are sent home with the patient, claims for these dressings may be submitted to the DMERC. In this situation, **use the place of service corresponding to the patient's residence (POS=12)**; Place of Service Office (POS=11) must NOT be used.

MODIFIER USAGE

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

Modifiers A1 – A9 have been established to indicate that a particular item is being used as a primary or secondary dressing on a surgical or debrided wound and also to indicate the number of wounds on which that dressing is being used. The number that follows "A" in the modifier must correspond to the number of wounds on which the dressing is being used, not the total number of wounds treated. For example, if the patient has four (4) wounds but a particular dressing is only used on two (2) of them, the A2 modifier must be used with that HCPCS code.

Modifiers AW, RT, LT, and RTLT are used when an item is furnished in conjunction with a surgical dressing such as a gradient compression wrap. When billing code A6545, the code must include an AW modifier and the corresponding RT or LT modifier to indicate Right Side (RT) or Left Side (LT). The RT and/or LT modifiers must be used with code A6545 for gradient compression stockings and wraps. When the same code for bilateral items (left and right) is billed on the same date of service, bill both items on the same claim line using RTLT modifiers and 2 units of service. **Claims billed without modifiers RT and/or LT will be rejected as incorrect coding.**

Modifier KX should **NOT** be used when billing Medicare for Surgical Dressings. The current LCD states "When surgical dressings are billed (to Medicare), the appropriate modifier (A1 – A9, AW, EY, or GY) must be added to the code when applicable" and makes no mention of the KX modifier. However, some commercial payers do require the KX modifier.

MODIFIERS

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	If A9 is billed, the claim must include the number of wounds
AW	Item 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 excluded, does not meet the definition of any Medicare benefit, or for non-medicare insurers, is not the contract benefit must be entered in the narrative field of the electronic claim.
RT	Right Side
LT	Left Side
RTLT	Bilateral

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

DISCLAIMER: The information provided in this packet is intended to educate health care providers regarding Medicare requirements for dispensing DME Wound Care Supplies. The information provided does not guarantee reimbursement and is accurate to the best of our knowledge at the time of this publication. Local Coverage Determinations (LCDs) can change from time to time and we encourage you to stay up to date with your latest LCD provided by Medicare. Most private insurance payers will follow Medicare's LCD, however, others will alter Medicare's LCD to restrict usage or require additional documentation. It is up to each practice to request a copy of the current LCD for DME Wound Care Supplies from contracted private insurance payers and comply with their requirements. Any specific questions regarding billing requirements should be directed toward your Regional carrier or www.dmePDAC.com.

SURGICAL DRESSINGS

A Detailed Written Order (DWO) (i.e. Prescription) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

The order must specify (a) the type of dressing (e.g., Collagen dressing, hydrogel wound filler, etc.), (b) the size of the dressing (if appropriate), (c) the number/amount to be used at one time (if more than one), (d) the frequency of dressing change, and (e) the expected duration of need.

A new order is needed if a new dressing is added or if the quantity of an existing dressing to be used is increased. A new order is not routinely needed if the quantity of dressings used is decreased. However, 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.

"Partial-thickness" wounds have a loss of dermis presenting as a shallow open ulcer with a red/pink wound bed, without slough. A partial-thickness wound does NOT breach the dermis where subcutaneous tissue is not visible and may also present as an intact or open/ruptured serum-filled blister.

"Full-thickness" wounds breach the dermis. Subcutaneous tissue may be visible. Slough may be present but does not obscure the depth of tissue loss. Full-thickness wounds may also include undermining and tunneling. Wounds must be at least "full-thickness" for them to be considered covered.

ALGINATE OR OTHER FIBER GELLING DRESSING (A6196-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); and 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 reasonable and necessary on dry wounds or wounds covered with eschar. 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 used at each dressing change.

A6196: ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING

COLLAGEN DRESSINGS, WOUND FILLER (A6010, A6011, A6021-A6024): A 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. They 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.

A6010: COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN

A6011: COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN

A6021: COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH

A6022: COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH

A6023: COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH

FOAM DRESSING OR WOUND FILLER (A6209-A6215): 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 is up to 3 times per week. Dressing change frequency for foam wound fillers is up to once per day.

A6209: FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING

A6212: FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING

GAUZE, NON-IMPREGNATED (A6216-A6221): Non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not necessary to stack more than 2 gauze pads on top of each other in any one area.

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

HYDROGEL DRESSING (A6231-A6233, A6242-A6248): Hydrogel dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage II ulcers. Dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days. 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.

A6248: HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE

HYDROCOLLOID DRESSING (A6234-A6241): Hydrocolloid dressings are covered for use on wounds with light to moderate exudate. Dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.

A6234: HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING.

GRADIENT COMPRESSION WRAP (A6545): A gradient compression wrap is only covered when it is used as a primary or secondary dressing over wounds that meet the statutory requirements for a qualifying wound (surgically created or modified, or debrided). A non-elastic gradient compression wrap described by code A6545 is only covered when it is used in the treatment of an open venous stasis ulcer that meets the qualifying wound requirements. Claims for gradient compression wraps used without a qualifying wound or when used for other non-qualifying conditions will be denied as statutorily non-covered, no benefit. Code A6545 is non-covered for the following conditions: (a) Venous insufficiency without stasis ulcers; (b) Prevention of stasis ulcers; (c) Prevention of the reoccurrence of stasis ulcers that have healed; or (d) Treatment of lymphedema in the absence of ulcers. Claim lines for A6545 without an AW modifier (A1-A9 modifiers are not required for these codes) will be rejected for missing information. Utilization of a gradient compression wrap (A6545) is limited to one per 6 months per leg. Quantities exceeding this amount will be denied as not reasonable and necessary.

A6545: GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH.

TAPE (A4450, A4452): Tape is covered when needed to hold on a wound cover, elastic roll gauze or non-elastic roll gauze. Additional tape is not required when a wound cover with an adhesive border is used. 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. Utilization per dressing change for wound covers measuring: 16 square inches or less is up to 2 units; 16 to 48 square inches, up to 3 units; Greater than 48 square inches, up to 4 units. Claims for tape (A4450 and A4452) which are billed without an AW modifier or another modifier indicating coverage under a different policy will be rejected as missing information.

PHYSICIAN BILLING PEARLS

GENERAL RECOMMENDATIONS:

1. Keep detailed and complete documentation on each wound and any DME products you are dispensing.
2. Have your patient sign a POD (Proof of Delivery) confirming they have received the product(s) the day it was dispensed. (See attached example)
3. Use a comprehensive wound tracking form to compile statistics for each wound or create a medical record with the essential elements. If a form is used, it should be kept in the patient's file.
4. All wounds should be measured in Length x Width x Depth. Photographs are recommended.
5. **Surgical Dressings are NOT covered if the patient is under Home Health Care PPS, receiving hospice care, or under a Medicare Part A stay.**
6. Dressings placed on the wound(s) in the practice or treatment facility on the day of service are considered part of the service fee and are not individually billable. Encouraging patients to return with their prescribed wound care dressings/kits on subsequent visits will help reduce treatment supply costs.

SPECIFICS FOR COMPLETING HCFA 1500 FORM for Home Use:

1. Box "17" must have the referring physician's name.
2. Box "17b" must have the NPI# of the physician listed in Box 17.
3. Box "21" requires an ICD-10 CM diagnosis code. Venous Stasis ulcer codes begin with I83-. When billing a full-thickness wound, the sixth character (digit) will need to be 2 or greater. **DO NOT use "unspecified" codes and be as anatomically specific as possible.**
4. Box "24A" is the date of service the patient receives the Surgical Dressing for home use.
5. Box "24B" Place of Service for **Home Use = POS 12**.
6. Box "24D" requires a "CPT" Code for the procedure performed (e.g. Full-Thickness Debridement – CPT 11042) and on a separate line requires a "HCPCS" Code assigned by PDAC for the Surgical Dressing dispensed (e.g. A6248 – Hydrogel Wound Dressing).
7. Box "24D" "MODIFIER" – This is where you record the number of wounds treated; **A1** for one wound, **A2** for two wounds, etc.; and/or the place the **AW** with **RT**, **LT**,or **RTLT** modifiers when using a gradient compression wrap in conjunction with a surgical dressing.
8. Box "24F" total amount of "$ CHARGES" for supplies dispensed.
9. Box "24G" documents the number of units dispensed to the patient.
10. Box "31" must have the date and physician signature.

PROOF OF DELIVERY (RECEIPT OF 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
		AMERIGEL - Hydrogel (1oz., 3oz.) - Hydrogel, Wound Filler, Gel, Per Fluid Ounce	A6248
		AMERX - Calcium Alginate Dressing (2x2, 4x4) - Alginate or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, Each Dressing	A6196
		AMERX - Foam Dressing (2x2, 4x4) - Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, W/Out Adhesive Border, Each Dressing	A6209
		AMERX - Bordered Foam Dressing (1x3.5, 4x4, 6x6) - Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, W/ Any Size Adhesive Border, Each Dressing	A6212
		AMERX - Bordered Gauze Dressing (2x2, 4x4) - Gauze, Non-impregnated, Sterile, Pad Size 16 Sq. In. or Less, W/ Any Size Adhesive Border, Each Dressing	A6219
		AMERX - 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
		AMERX - Hydrocolloid Dressing THIN (2x2, 4x4) - Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, W/Out Adhesive Border	A6234
		AMERX - Hydrocolloid Dressing (2x2, 4x4) - Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, W/Out Adhesive Border	A6234
		HELIX3 - Collagen Powder (1g.) - Collagen Based Wound Filler, Dry Form, Sterile, Per Gram of Collagen	A6010
		HELIX3 - Collagen Matrix (2x2, 3x4) - Collagen Dressing, Sterile, Size 16 Sq. In. or Less, Each	A6021
		HELIX3 - Collagen Matrix (4x5.25) - Collagen Dressing, Sterile, Size More Than 16 Sq. In. But Less Than or Equal to 48 Sq. In., Each	A6022
	KIT	**AMERX - Calcium Alginate Wound Care Kit - 30 Day** - Each Kit Contains: 30 Calcium Alginate Dressings(2x2), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6196, A6219, A6216
	KIT	**AMERX - Collagen Matrix Wound Care Kit - 15 Day** - Each Kit Contains: 15 Collagen Dressings(2x2), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6021, A6219, A6216
	KIT	**AMERX - Collagen Matrix Wound Care Kit - 30 Day** - Each Kit Contains: 30 Collagen Dressings(2x2), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6021, A6219, A6216
	KIT	**AMERX - Collagen Powder Wound Care Kit - 15 Day** - Each Kit Contains: 15 Collagen Powder(1g.), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6010, A6219, A6216
	KIT	**AMERX - Collagen Powder Wound Care Kit - 30 Day** - Each Kit Contains: 30 Collagen Powder(1g.), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6010, A6219, A6216
	KIT	**AMERX - Foam Wound Care Kit - 30 Day** - Each Kit Contains: 12 Foam Dressings(2x2), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6209, A6219, A6216
	KIT	**AMERX - Hydrogel Wound Care Kit - 30 Day** - Each Kit Contains: Hydrogel Dressing(3oz.), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6248, A6219, A6216

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:** _____

PROOF OF DELIVERY (COMPRESSION GARMENT)

PRACTICE NAME: _____

DELIVERY ADDRESS: _____
*Where the product was handed/delivered to the patient (i.e. Practice Address)

CITY: _____ **ST:** _____ **ZIP:** _____

PATIENT NAME: _____ **DOB:** _____ **DATE:** _____

QUANTITY	PRESCRIBED ITEM AND DESCRIPTION	HCPCS CODE
	EXTREMIT-EASE Compression Garment (Regular - XS-XL) Gradient compression wrap, non-elastic, below knee, 30-50mmHG, Sizes, Each	A6545
	EXTREMIT-EASE Compression Garment (Tall - XS-XL) Gradient compression wrap, non-elastic, below knee, 30-50mmHG, Sizes, Each	A6545

BRAND NAME: _____ **SERIAL/LOT NUMBER:** _____

SIZE: _____ XSMALL _____ SMALL _____ MEDIUM _____ LARGE _____ XLARGE

_____ Right _____ Left _____ Bilateral # of Wounds (if applicable) _____

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. All devices eventually wear out through normal wear and tear. The products you have received have a 90 DAY manufacturer's warranty against defects in materials and workmanship, assuming normal wear and tear. We will repair or replace free of charge devices that are under warranty. Due to the medical nature of these devices, they cannot be returned, unless defective and under warranty. 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:** _____

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