

**AMERIGEL**  
ADVANCED SKIN AND WOUND CARE

**HELIX<sub>3</sub>**  
BIOACTIVE COLLAGEN

**AMER**  
KITS & DRESSINGS **X**

**EXTREMIT-EASE.**  
COMPRESSION GARMENT

**TURN-KEY DME**  
WOUND CARE PROGRAM



# Want to Increase Net Revenues In Your Practice?

## Look No Further Than Reimbursable Wound Healing Tools Through AMERX

**Jonathan Moore DPM, MS, MA, PhD**

**AMER**  
HEALTH CARE **X**

**PATIENT** **DME**  
**DIRECT**

# One of the Top Reasons You are Losing Revenue

Turn-Key DME® Patient Direct:  
Zero-Inventory Dispensing

Turn-Key DME® Doctor Direct:  
In-Office Dispensing

Not Dispensing  
Wound Care  
Products



# The Resistance Factors to Enhancing Convenience and Ease In Your Practice



- ▶ Resistant to Change
- ▶ Lack of Staff Involvement
- ▶ Compliance Concerns
- ▶ Lack of Delegation
- ▶ Too much effort
- ▶ Too Busy To Implement Change



# Billing & Coding Resources

Available at AMERXHC.com

Reimbursement & Coding - AME x

amerxhc.com/reimbursement-coding/

CONTACT US | (800) 448-9599


MY ACCOUNT | CART

AMERIGEL | HELIX3 | AMERX Kits & Dressings | EXTREMIT-EASE | ADVANTAGEN | Education Center | Contact Us

## Reimbursement & Coding

### HCPCS Coding Guidance

Visit the [PDAC website](#) for the latest Coverage and Payment Rules, codes and general guidelines for seeking DME reimbursement through Medicare. These guidelines do not replace directions provided by CMS. AMERX Health Care recommends checking with PDAC for the latest updates regarding rules and regulations for dispensing DME products. [PDAC – www.dmepdac.com](#)



AMERX Health Care regularly reviews and releases the latest HCPCS Coding Guidance related to our products. Download your copy today!

### Common Wound Care Diagnosis & Debridement Codes for AMERX Products

AMERX Health Care has compiled a handy guide of Debridement Codes and ICD-10 Codes associated with dispensing AMERX Products, available exclusively to those health care providers already a part of the AMERX Family of Dispensing Physicians. While the information in this guide is intended to assist you and your practice with coding, the existence of a code does not guarantee payment. The information is accurate to the best of our knowledge at the time of publication, but coding guidelines can change and we always encourage you to stay up to date.

Must be logged in to access this content

*\*Available for  
Active AMERX  
Customers*

# Payments for Wound Care Products Dispensed Cumberland Foot and Ankle Centers of Kentucky

**Somerset**  
 117 Tradepark Drive Somerset, KY 425033428  
 Phone: (606) 679-2773 Fax: (606) 679-4626  
**Provider Productivity**  
 From: 01/01/2020 To: 12/31/2020 (By Receipt Date)

**CPT Summary**

CPT	Description	Units	Charges	Payments	Writeoff	Over Paid	Refund	Units	Charges	Payments	Writeoff	Over Paid
		0.00	0.00	0.00	0.00	58876.94	16612.72	0.00	0.00	0.00	0.00	58876.94
A6010	helix cp3	7264.00	254240.00	170219.74	80740.92	0.00	0.00	7264.00	254240.00	170219.74	80740.92	0.00
A6021	prisma/promogran/fibrocol	4729.00	118225.00	81718.76	37990.57	0.00	0.00	4729.00	118225.00	81718.76	37990.57	0.00
A6209	2x2 foam dressings/ hydrofera blue	1002.00	10020.00	5364.21	4467.26	0.00	0.00	1002.00	10020.00	5364.21	4467.26	0.00
A6212	polymem	15924.00	318480.00	126417.76	190511.39	0.00	0.00	15924.00	318480.00	126417.76	190511.39	0.00
A6216	4x4 gauze	27396.00	13698.00	1091.02	12512.43	0.00	0.00	27396.00	13698.00	1091.02	12512.43	0.00
A6219	2x2 gauze w/ adhesive border	12471.00	49884.00	9171.49	40221.50	0.00	0.00	12471.00	49884.00	9171.49	40221.50	0.00
A6222	adaptic/xeroform	1719.00	8595.00	2985.54	5710.27	0.00	0.00	1719.00	8595.00	2985.54	5710.27	0.00
6443	kling wrap	1282.00	3846.00	255.93	3445.47	0.00	0.00	1282.00	3846.00	255.93	3445.47	0.00
6531	compression hose 30-40mmhg	726.00	54450.00	27223.83	26445.66	0.00	0.00	726.00	54450.00	27223.83	26445.66	0.00
6545	circ-aide t-3-m/ farrow wrap	1117.00	122850.00	83445.91	35447.58	0.00	0.00	1117.00	122850.00	83445.91	35447.58	0.00
<b>Grand Total:</b>		<b>73630.00</b>	<b>954288.00</b>	<b>507894.19</b>	<b>437493.05</b>	<b>58876.94</b>	<b>16612.72</b>	<b>73630.00</b>	<b>954288.00</b>	<b>507894.19</b>	<b>437493.05</b>	<b>58876.94</b>

# Cumberland Foot and Ankle

- ▶ Gross Collections For Wound Care Products
- ▶ Essentially 5 Codes!
- ▶ **\$507,894.19**
  - A6010: 170K
  - A6021: 82K
  - A6212: 126K
  - A6545: 83K
  - (Does not include the new 4.25x4.25 Foam)
  - (Does not include AMERIGEL<sup>®</sup> Post Op kits)
  - (Does include code: A6531: 30-40mmHG traditional pull-on hose)



**PATIENT**

**DIRECT**

**DIME**

# Zero-Inventory Dispensing Program

- ▶ Next-day delivery to patient's doorstep.
- ▶ Insurance verification and coding support to streamline YOUR final billing process.
- ▶ Trusted brands with 25 years of proven results.
- ▶ NO upfront costs or minimums.



## Zero-Inventory Dispensing Program

- ▶ Reduce the drain on cash-flow and time needed to manage onsite inventory
- ▶ Streamline your billing process
- ▶ Access to cost-effective DME Wound Care products with pre-authorization support and at-home delivery direct to your patients.

## How Does It Work?

- ▶ Simply fax or upload your order to AMERX, where our dedicated team immediately begins verifying pre-authorization of patient insurance coverage and preparing the order for same day processing.
- ▶ Your patients will appreciate the convenience of receiving their DME supplies direct to their doorstep
- ▶ You will enjoy the benefits of prompt, accurate order processing with coding support that streamlines your final billing process.

**AMERX PATIENT DIRECT WOUND CARE KITS ORDER FORM**

**CUMBERLAND FOOT & ANKLE - UPPERLINE**

117 Trade Park Drive Suite B  
Somerset, Kentucky 42503  
P: (606) 671-9854 | F: (833) 525-2440  
Group NPI: 1538686498 | Tax ID: 82-2410133

Jonathan Moore DPM NPI 1558339440  
 Jerry Roberts DPM NPI 1629395405  
 Pamela Jensen Stanley DPM NPI 1396712519  
 \_\_\_\_\_ NPI \_\_\_\_\_  
 \_\_\_\_\_ NPI \_\_\_\_\_  
 \_\_\_\_\_ NPI \_\_\_\_\_

**Fax Order Form with Patient Demographics/Face Sheet to:**



**(727) 447-5617**

Patient Name: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Order Date: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_  
Ins. ID #: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Patient is currently receiving Home Health Care or other clinical assistance in the home:  Yes  No

Patient has been provided supplier alternatives:  Yes  No

Prescription Valid For:  30 days  60 days  90 days

WOUND INFORMATION			
	WOUND #1	WOUND #2	WOUND #3
Location / Body Part	<input type="checkbox"/> LT <input type="checkbox"/> RT / _____	<input type="checkbox"/> LT <input type="checkbox"/> RT / _____	<input type="checkbox"/> LT <input type="checkbox"/> RT / _____
Length x Width x Depth	X X	X X	X X
Stage / Thickness	<input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV / <input type="checkbox"/> Partial <input type="checkbox"/> Full	<input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV / <input type="checkbox"/> Partial <input type="checkbox"/> Full	<input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV / <input type="checkbox"/> Partial <input type="checkbox"/> Full
Drainage Amount	<input type="checkbox"/> Dry <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy	<input type="checkbox"/> Dry <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy	<input type="checkbox"/> Dry <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy
Is Wound Debrided/Surgically Created?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debridement Code			
Additional Wound Information			
ICD-10 Code			

AMERX® WOUND CARE KITS KITS WITH BORDERED GAUZE	SECONDARY DRESSING	WOUND #1 DAYS REQ.	WOUND #2 DAYS REQ.	WOUND #3 DAYS REQ.
<b>HELIX3-CP® COLLAGEN POWDER WOUND CARE KIT WITH BORDERED GAUZE</b> • 1g packets Collagen Powder (HCPCS - A6010) • 2x2 OR 4x4 AMERX® Bordered Gauze (HCPCS - A6219) • AMERIGEL® Saline Wound Wash		<input type="checkbox"/> 2" x 2" <input type="checkbox"/> 4" x 4"	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
<b>HELIX3-CM® COLLAGEN MATRIX WOUND CARE KIT WITH BORDERED GAUZE</b> • 2x2 HELIX3® Collagen Matrix (HCPCS - A6021) • 4x4 AMERX® Bordered Gauze (HCPCS - A6219) • AMERIGEL® Saline Wound Wash		4" x 4"	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
<b>HELIX3-CG COLLAGEN GEL WOUND CARE KIT WITH BORDERED GAUZE</b> • 7g tubes Collagen Gel (HCPCS - A6011) • 2x2 OR 4x4 AMERX® Bordered Gauze (HCPCS - A6219) • AMERIGEL® Saline Wound Wash		<input type="checkbox"/> 2" x 2" <input type="checkbox"/> 4" x 4"	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
<b>AMERX® FOAM DRESSING WOUND CARE KIT WITH BORDERED GAUZE</b> • 2x2 AMERX® Foam Dressing (HCPCS - A6209) • 4x4 AMERX® Bordered Gauze (HCPCS - A6219) • AMERIGEL® Saline Wound Wash		4" x 4"	<input type="checkbox"/> 30	<input type="checkbox"/> 30
<b>KITS WITH ROLLED GAUZE</b>				
<b>HELIX3-CP® COLLAGEN POWDER WOUND CARE KIT WITH ROLLED GAUZE</b> • 1g packets Collagen Powder (HCPCS - A6010) • 3 in. Rolled Gauze Dressing (HCPCS - A6446) • 4x4 Sterile Gauze Sponge (HCPCS - A6402)		3 in. x 4.1 yard	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
<b>HELIX3-CM® COLLAGEN MATRIX WOUND CARE KIT WITH ROLLED GAUZE</b> • 2x2 HELIX3® Collagen Matrix (HCPCS - A6021) • 3 in. Rolled Gauze Dressing (HCPCS - A6446) • 4x4 Sterile Gauze Sponge (HCPCS - A6402)		3 in. x 4.1 yard	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
<b>HELIX3-CG COLLAGEN GEL WOUND CARE KIT WITH ROLLED GAUZE</b> • 7g tubes Collagen Gel (HCPCS - A6011) • 3 in. Rolled Gauze Dressing (HCPCS - A6446) • 4x4 Sterile Gauze Sponge (HCPCS - A6402)		3 in. x 4.1 yard	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30

PRIMARY DRESSINGS Indicate dressings for each wound with "✓". One dressing per change unless otherwise noted.					
PRODUCT	SIZE	HCPCS	WOUND #1 QTY. ORDERED	WOUND #2 QTY. ORDERED	WOUND #3 QTY. ORDERED
AMERX® Bordered Foam Dressing	<input type="checkbox"/> 2"x 2" <input type="checkbox"/> 4"x 4"	A6212	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 12 (max)

**PRESCRIBER APPROVAL**  
By my signature below, I attest that (1) I am treating the patient identified on this form, (2) the requested supplies are medically reasonable and necessary based on my examination/treatment of the patient, (3) the patient has been instructed on the specific use of the requested supplies and is competent to perform dressing changes, and (4) I am maintaining a copy of this order for my patient's chart and will make it available upon request.

Prescriber Name: \_\_\_\_\_  
(Please Print)  
Prescriber Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**PATIENT APPROVAL/ASSIGNMENT OF BENEFITS**  
I request that payments from any insurance carrier, including Medicare, Medicaid, or private insurance company be made to the medical practice named above for any equipment, supplies, or services provided to me. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home cannot be returned if opened. I authorize any holder of my medical information to release to any affiliated Business Associates any information needed to determine benefits payable for these supplies or services. Furthermore, my physician has instructed me on the specific use of the requested supplies, and I am competent to utilize the supplies as instructed.

Patient Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

The product and/or services provided to you are subject to the supplier standards contained in the Federal Regulations shown at 42 Code of Federal Regulation Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operations.) The full text of these standards can be obtained at <https://www.ecfr.gov>. (Form 051916-1)

AMERX® WOUND CARE KITS KITS WITH BORDERED GAUZE	SECONDARY DRESSING	WOUND #1 DAYS REQ.	WOUND #2 DAYS REQ.	WOUND #3 DAYS REQ.
<b>HELIX3-CP® COLLAGEN POWDER WOUND CARE KIT WITH BORDERED GAUZE</b> • 1g packets Collagen Powder (HCPCS - A6010) • 2X2 OR 4x4 AMERX® Bordered Gauze (HCPCS - A6219) • AMERIGEL® Saline Wound Wash	<input type="checkbox"/> 2" x 2" <input type="checkbox"/> 4" x 4"	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
<b>HELIX3-CM® COLLAGEN MATRIX WOUND CARE KIT WITH BORDERED GAUZE</b> • 2x2 HELIX3® Collagen Matrix (HCPCS - A6021) • 4x4 AMERX® Bordered Gauze (HCPCS - A6219) • AMERIGEL® Saline Wound Wash	4" x 4"	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
<b>HELIX3-CG COLLAGEN GEL WOUND CARE KIT WITH BORDERED GAUZE</b> • 7g tubes Collagen Gel (HCPCS - A6011) • 2X2 OR 4x4 AMERX® Bordered Gauze (HCPCS - A6219) • AMERIGEL® Saline Wound Wash	<input type="checkbox"/> 2" x 2" <input type="checkbox"/> 4" x 4"	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
<b>AMERX® FOAM DRESSING WOUND CARE KIT WITH BORDERED GAUZE</b> • 2x2 AMERX® Foam Dressing (HCPCS - A6209) • 4X4 AMERX® Bordered Gauze (HCPCS - A6219) • AMERIGEL® Saline Wound Wash	4" x 4"	<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 30
<b>KITS WITH ROLLED GAUZE</b>				
<b>HELIX3-CP® COLLAGEN POWDER WOUND CARE KIT WITH ROLLED GAUZE</b> • 1g packets Collagen Powder (HCPCS - A6010) • 3 in. Rolled Gauze Dressing (HCPCS - A6446) • 4x4 Sterile Gauze Sponge (HCPCS - A6402)	3 in. x 4.1 yard	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
<b>HELIX3-CM® COLLAGEN MATRIX WOUND CARE KIT WITH ROLLED GAUZE</b> • 2x2 HELIX3® Collagen Matrix (HCPCS - A6021) • 3 in. Rolled Gauze Dressing (HCPCS - A6446) • 4x4 Sterile Gauze Sponge (HCPCS - A6402)	3 in. x 4.1 yard	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
<b>HELIX3-CG COLLAGEN GEL WOUND CARE KIT WITH ROLLED GAUZE</b> • 7g tubes Collagen Gel (HCPCS - A6011) • 3 in. Rolled Gauze Dressing (HCPCS - A6446) • 4x4 Sterile Gauze Sponge (HCPCS - A6402)	3 in. x 4.1 yard	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30

**AMERX PATIENT DIRECT ORDER FORM**

**CUMBERLAND FOOT & ANKLE - UPPERLINE**

125 Memorial Drive Suite 400  
Franklin, Kentucky 42134  
P: (270) 355-7835 | F: (833) 525-2431  
Group NPI: 1538686498 | Tax ID: 82-2410133

Courtney Conner DPM NPI 1578051926  
 \_\_\_\_\_ NPI \_\_\_\_\_  
 \_\_\_\_\_ NPI \_\_\_\_\_  
 \_\_\_\_\_ NPI \_\_\_\_\_  
 \_\_\_\_\_ NPI \_\_\_\_\_

Fax Order Form with Patient Demographics/Face Sheet to:



Patient Name: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Order Date: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_  
Ins.ID #: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Patient is currently receiving Home assistance in the home:  Yes  
Patient has been provided supplies: \_\_\_\_\_  
Prescription Valid For:  30 day

**LYPHHEDEMA COMPRESSION GARMENT (HCPCS Code: A6583)**  
Indicate size for each garment with "✓". Note quantity of garments after size.

LEFT LEG	HCPCS	SIZE
EXTREMIT-EASE® Lymphedema	A6583	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

RIGHT LEG	HCPCS	SIZE
EXTREMIT-EASE® Lymphedema	A6583	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

**LYPHHEDEMA GARMENT LINER (HCPCS Code: A6594)**  
Indicate size for each liner with "✓". Note quantity of liners after size.

EXTREMIT-EASE® Garment Liner (Tan)	A6594	<input type="checkbox"/> S/M <input type="checkbox"/> L/XL
EXTREMIT-EASE® Garment Liner (Grey)	A6594	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

\*Comes with (1) Garment, (1) Garment Liner, and (1) Mesh Bag

**REQUIRED: WOUND INFORMATION FOR VENOUS STASIS**

	WOUND #1	WOUND #2	WOUND #3
Location / Body Part	<input type="checkbox"/> LT <input type="checkbox"/> RT / _____	<input type="checkbox"/> LT <input type="checkbox"/> RT / _____	<input type="checkbox"/> LI <input type="checkbox"/> RI / _____
Length x Width x Depth	X X _____	X X _____	X X _____
Stage / Thickness	<input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV / <input type="checkbox"/> Partial <input type="checkbox"/> Full	<input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV / <input type="checkbox"/> Partial <input type="checkbox"/> Full	<input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV / <input type="checkbox"/> Partial <input type="checkbox"/> Full
Drainage Amount	<input type="checkbox"/> Dry <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy	<input type="checkbox"/> Dry <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy	<input type="checkbox"/> Dry <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy
Is Wound Debrided/Surgically Created?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debridement Code	_____	_____	_____
Additional Wound Information	_____	_____	_____
ICD-10 Code	_____	_____	_____

**VENOUS STASIS COMPRESSION GARMENT (HCPCS Code: A6545)**  
Indicate size for each garment with "✓". Note quantity of garments after size.

LEFT LEG	HCPCS	SIZE
EXTREMIT-EASE® Venous Stasis	A6545	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

RIGHT LEG	HCPCS	SIZE
EXTREMIT-EASE® Venous Stasis	A6545	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

**PRESCRIBER APPROVAL**  
By my signature below, I attest that (1) I am treating the patient identified on this form, (2) the requested supplies are medically reasonable and necessary based on my examination/treatment of the patient, (3) the patient has been instructed on the specific use of the requested supplies and is competent to perform dressing changes, and (4) I am maintaining a copy of this order for my patient's chart and will make it available upon request.

Prescriber Name: \_\_\_\_\_  
(Please Print)  
Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PATIENT APPROVAL/ASSIGNMENT OF BENEFITS**  
I request that payments from any insurance carrier, including Medicare, Medicaid, or private insurance company be made to the medical equipment, supplies, or services provided to me. I am due that is not covered by my insurance. I understand home cannot be returned if opened. I authorize any info to release to any affiliated Business Associates any info benefits payable for these supplies or services. Further instructed me on the specific use of the requested supplies and will utilize the supplies as instructed.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LYPHHEDEMA COMPRESSION GARMENT (HCPCS Code: A6583)**  
Indicate size for each garment with "✓". Note quantity of garments after size.

LEFT LEG	HCPCS	SIZE	HEIGHT	COLOR
EXTREMIT-EASE® Lymphedema	A6583	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	<input type="checkbox"/> Regular <input type="checkbox"/> Tall	<input type="checkbox"/> Black <input type="checkbox"/> Tan

RIGHT LEG	HCPCS	SIZE	HEIGHT	COLOR
EXTREMIT-EASE® Lymphedema	A6583	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	<input type="checkbox"/> Regular <input type="checkbox"/> Tall	<input type="checkbox"/> Black <input type="checkbox"/> Tan

**LYPHHEDEMA GARMENT LINER (HCPCS Code: A6594)**  
Indicate size for each liner with "✓". Note quantity of liners after size.

EXTREMIT-EASE® Garment Liner (Tan)	A6594	<input type="checkbox"/> S/M <input type="checkbox"/> L/XL
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EXTREMIT-EASE® Garment Liner (Grey)	A6594	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
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\*Comes with (1) Garment, (1) Garment Liner, and (1) Mesh Bag

**VENOUS STASIS COMPRESSION GARMENT (HCPCS Code: A6545)**  
Indicate size for each garment with "✓". Note quantity of garments after size.

LEFT LEG	HCPCS	SIZE	HEIGHT	COLOR
EXTREMIT-EASE® Venous Stasis	A6545	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	<input type="checkbox"/> Regular <input type="checkbox"/> Tall	<input type="checkbox"/> Black <input type="checkbox"/> Tan

RIGHT LEG	HCPCS	SIZE	HEIGHT	COLOR
EXTREMIT-EASE® Venous Stasis	A6545	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	<input type="checkbox"/> Regular <input type="checkbox"/> Tall	<input type="checkbox"/> Black <input type="checkbox"/> Tan

# The Real Value: 2024 Wound Product Matrix

## WOUND CARE KIT

### 2024 REIMBURSEMENT RATES



PRIMARY DRESSING HCPCS CODE / REIMBURSEMENT	HELIX3-CP® Collagen Powder (30 Day) HCPCS A6010 \$42.26/1g x 30 (\$1,267.80 Total)	HELIX3-CP® Collagen Powder (30 Day) HCPCS A6010 \$42.26/1g x 30 (\$1,267.80 Total)	HELIX3-CM® Collagen Matrix (30 Day) HCPCS A6021 \$28.69/Pad x 30 (\$860.70 Total)	HELIX3-CG® Collagen Gel (30 Day) HCPCS A6011 \$21.84/Tube x 30 (\$655.20 Total)	AMERX® Calcium Alginate (30 Day) HCPCS A6196 \$10.04/Pad x 30 (\$301.20 Total)	AMERX® Foam Dressing (30 Day) HCPCS A6209 \$10.20/Pad x 12 (\$122.40 Total)	AMERIGEL® Hydrogel (30 Day) HCPCS A6248 \$22.17/oz. x 3 (\$66.51 Total)
SECONDARY DRESSING HCPCS CODE / REIMBURSEMENT	4x4 Bordered Gauze HCPCS A6219 \$1.30 each x 30 (\$39.00 Total)	3 in. Rolled Gauze HCPCS A6446 \$0.53 per yard x 33 (\$17.49 Total)	4x4 Bordered Gauze HCPCS A6219 \$1.30 each x 30 (\$39.00 Total)	4x4 Bordered Gauze HCPCS A6219 \$1.30 each x 30 (\$39.00 Total)	4x4 Bordered Gauze HCPCS A6219 \$1.30 each x 30 (\$39.00 Total)	4x4 Bordered Gauze HCPCS A6219 \$1.30 each x 15 (\$19.50 Total)	4x4 Bordered Gauze HCPCS A6219 \$1.30 each x 30 (\$39.00 Total)
SUPPORTIVE DRESSINGS HCPCS CODE / REIMBURSEMENT	2x2 Gauze Pads HCPCS A6216 \$0.05 each x 30 (\$1.50 Total)	4x4 Sterile Gauze Pads HCPCS A6402 \$0.15 each x 30 (\$4.50 Total)	2x2 Gauze Pads HCPCS A6216 \$0.05 each x 30 (\$1.50 Total)	2x2 Gauze Pads HCPCS A6216 \$0.05 each x 30 (\$1.50 Total)	2x2 Gauze Pads HCPCS A6216 \$0.05 each x 30 (\$1.50 Total)	2x2 Gauze Pads HCPCS A6216 \$0.05 each x 30 (\$1.50 Total)	2x2 Gauze Pads HCPCS A6216 \$0.05 each x 30 (\$1.50 Total)
TAPES HCPCS CODE / REIMBURSEMENT	-----	1 in. Paper Tape HCPCS A4450 \$0.14 per 18 sq. in x 40 (\$5.60 Total)	-----	-----	-----	-----	-----
CLEANSER (NON-COVERED)	AMERIGEL® Saline Wound Wash HCPCS A6260 (\$0.00)	AMERIGEL® Saline Wound Wash HCPCS A6260 (\$0.00)	AMERIGEL® Saline Wound Wash HCPCS A6260 (\$0.00)	AMERIGEL® Saline Wound Wash HCPCS A6260 (\$0.00)	AMERIGEL® Saline Wound Wash HCPCS A6260 (\$0.00)	AMERIGEL® Saline Wound Wash HCPCS A6260 (\$0.00)	AMERIGEL® Saline Wound Wash HCPCS A6260 (\$0.00)
TOTAL REIMBURSEMENT	\$1,308.30	\$1,295.39	\$901.20	\$695.70	\$341.70	\$143.40	\$107.01
KIT COST	\$ 481.48	\$ 481.49	\$399.97	\$290.00	\$ 76.94	\$ 41.40	\$ 59.29
REVENUE	TOTAL PROFIT \$826.82	TOTAL PROFIT \$813.90	TOTAL PROFIT \$501.23	TOTAL PROFIT \$405.70	TOTAL PROFIT \$264.76	TOTAL PROFIT \$102.00	TOTAL PROFIT \$47.72

# SWO

- ▶ The SWO separates practitioner's "name/NPI" and "signature" as two different things, indicating both are needed, whereas DWO only had "signature".
- ▶ The printed name now must be on the SWO with a Signature.

## STANDARD WRITTEN ORDER (WOUND DRESSING)

ORDER DATE: \_\_\_\_\_ BENEFICIARY (PATIENT) NAME/MBI: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_

TREATING PRACTITIONER'S NAME/NPI: \_\_\_\_\_

Indicate dressings for each wound with "✓". One dressing per change unless otherwise noted. Bordered dressings listed at pad size.

PRIMARY DRESSINGS DISPENSED						
PRODUCT	DRAINAGE	HCPCS	UNIT/PAD SIZE	WOUND #		
				QTY. ORDERED	WOUND #2 QTY. ORDERED	WOUND #3 QTY. ORDERED
AMERIGEL® Hydrogel	Min	A6248	<input type="checkbox"/> 1 oz. <input type="checkbox"/> 3 oz.	<input type="checkbox"/> 1 oz. <input type="checkbox"/> 3 oz. (max)	<input type="checkbox"/> 1 oz. <input type="checkbox"/> 3 oz. (max)	<input type="checkbox"/> 1 oz. <input type="checkbox"/> 3 oz. (max)
HELIX3-CP® Collagen Powder	Min-Mod	A6010	<input type="checkbox"/> 1 gram	<input type="checkbox"/> 10g <input type="checkbox"/> 15g <input type="checkbox"/> 30g (max)	<input type="checkbox"/> 10g <input type="checkbox"/> 15g <input type="checkbox"/> 30g (max)	<input type="checkbox"/> 10g <input type="checkbox"/> 15g <input type="checkbox"/> 30g (max)
HELIX3-CM® Collagen Matrix	Min-Mod	A6021	<input type="checkbox"/> 1"x 1" <input type="checkbox"/> 2"x 2"	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)
HELIX3-CM® Collagen Matrix	Min-Mod	A6021	<input type="checkbox"/> 4" x 4"	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)
HELIX3-CG Collagen Gel	Min-Mod	A6023	<input type="checkbox"/> 7" x 7"	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)
AMERX® Calcium Alginate Dressing	Min-Mod	A6011	<input type="checkbox"/> 1 gram	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)
AMERX® Calcium Alginate Dressing	Mod-Hvy	A6196	<input type="checkbox"/> 2"x 2"	<input type="checkbox"/> 30g (max)	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)
AMERX® Bordered Gauze Dressing	Mod-Hvy	A6197	<input type="checkbox"/> 2"x 2"	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 30g (max)	<input type="checkbox"/> 30g (max)
AMERX® Bordered Gauze Dressing	Any	A6219	<input type="checkbox"/> 4.25"x 4.25"	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)
AMERX® Bordered Gauze Dressing	Any	A6220	<input type="checkbox"/> 1"x 1" <input type="checkbox"/> 2"x 2"	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)
AMERX® Foam Dressing	Mod-Hvy	A6209	<input type="checkbox"/> 4.25" x 4.25"	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
AMERX® Foam Dressing	Mod-Hvy	A6210	<input type="checkbox"/> 2"x 2"	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
AMERX® Bordered Foam Dressing	Mod-Hvy	A6210	<input type="checkbox"/> 4.25" x 4.25"	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 12 (max)
AMERX® Hydrocolloid Dressing	Min-Mod	A6234	<input type="checkbox"/> 2"x 2" <input type="checkbox"/> 4"x 4"	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 12 (max)
Other:			<input type="checkbox"/> 2"x 2" <input type="checkbox"/> 4"x 4"	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 12 (max)

SECONDARY DRESSINGS DISPENSED						
PRODUCT	DRAINAGE	HCPCS	UNIT/PAD SIZE	WOUND #1 QTY. ORDERED	WOUND #2 QTY. ORDERED	WOUND #3 QTY. ORDERED
AMERX® Bordered Gauze Dressing	Any	A6219	<input type="checkbox"/> 1"x 1" <input type="checkbox"/> 2"x 2"	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
AMERX® Bordered Gauze Dressing	Any	A6220	<input type="checkbox"/> 4.25" x 4.25"	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
AMERX® Calcium Alginate Dressing	Mod-Hvy	A6196	<input type="checkbox"/> 2"x 2"	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)
AMERX® Calcium Alginate Dressing	Mod-Hvy	A6197	<input type="checkbox"/> 4.25" x 4.25"	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)
AMERX® Foam Dressing	Mod-Hvy	A6209	<input type="checkbox"/> 2"x 2"	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)	<input type="checkbox"/> 15 <input type="checkbox"/> 30 (max)
AMERX® Foam Dressing	Mod-Hvy	A6210	<input type="checkbox"/> 4.25" x 4.25"	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 12 (max)
Other:			<input type="checkbox"/> 4.25" x 4.25"	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 12 (max)	<input type="checkbox"/> 12 (max)

MISCELLANEOUS DRESSINGS DISPENSED						
PRODUCT	DRAINAGE	HCPCS	UNIT/PAD SIZE	QTY. ORDERED	QTY. ORDERED	QTY. ORDERED
AMERIGEL® Saline Wound Wash	Any	----	<input type="checkbox"/> 4 oz. <input type="checkbox"/> 7.1 oz.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMERX® Bordered Gauze Dressing	Any	A6220	<input type="checkbox"/> 4.25" x 4.25"	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
Gauze Sponge	Any	A6216	<input type="checkbox"/> 2"x 2"	<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 30
Sterile Gauze Sponge	Any	A6402	<input type="checkbox"/> 2"x 2" <input type="checkbox"/> 4"x 4"	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30
Conforming Bandage (4 yard rolls)	Any	A6446	<input type="checkbox"/> 4.5"	<input type="checkbox"/> 4 rolls <input type="checkbox"/> 8 rolls	<input type="checkbox"/> 4 rolls <input type="checkbox"/> 8 rolls	<input type="checkbox"/> 4 rolls <input type="checkbox"/> 8 rolls
Rolled Gauze Bandage (4.1 yard rolls)	Any	A6446	<input type="checkbox"/> 3" <input type="checkbox"/> 4"	<input type="checkbox"/> 4 rolls <input type="checkbox"/> 8 rolls	<input type="checkbox"/> 4 rolls <input type="checkbox"/> 8 rolls	<input type="checkbox"/> 4 rolls <input type="checkbox"/> 8 rolls
AMERX® Retention Tape (11 yard roll)	Any	A4452	<input type="checkbox"/> 2"	<input type="checkbox"/> 1 roll <input type="checkbox"/> 2 rolls	<input type="checkbox"/> 1 roll <input type="checkbox"/> 2 rolls	<input type="checkbox"/> 1 roll <input type="checkbox"/> 2 rolls
Clear Tape (10 yard roll)	Any	A4452	<input type="checkbox"/> 10 yard roll	<input type="checkbox"/> 1 roll <input type="checkbox"/> 2 rolls	<input type="checkbox"/> 1 roll <input type="checkbox"/> 2 rolls	<input type="checkbox"/> 1 roll <input type="checkbox"/> 2 rolls
Paper Tape (10 yard roll)	Any	A4450	<input type="checkbox"/> 10 yard roll	<input type="checkbox"/> 1 roll <input type="checkbox"/> 2 rolls	<input type="checkbox"/> 1 roll <input type="checkbox"/> 2 rolls	<input type="checkbox"/> 1 roll <input type="checkbox"/> 2 rolls
Other:			<input type="checkbox"/> 10 yard roll	<input type="checkbox"/> 1 roll <input type="checkbox"/> 2 rolls	<input type="checkbox"/> 1 roll <input type="checkbox"/> 2 rolls	<input type="checkbox"/> 1 roll <input type="checkbox"/> 2 rolls

COMPRESSION GARMENTS DISPENSED						
PRODUCT	HCPCS	LEG #1 SIZE QTY. ORDERED = 1			LEG #2 SIZE QTY. ORDERED = 1	COLOR
		<input type="checkbox"/> X-Small <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> XXL	<input type="checkbox"/> Regular <input type="checkbox"/> Tall	<input type="checkbox"/> X-Small <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> XXL	<input type="checkbox"/> Regular <input type="checkbox"/> Tall	
EXTREMIT-EASE® Compression Garment	A6545					<input type="checkbox"/> Black <input type="checkbox"/> Tan
Other:						

List of 30 Standards and Complaint Resolution Form Dispensed to Patient.  
 Patient / Family Educated Regarding How to Apply and Use at Home.

TREATING PRACTITIONER'S SIGNATURE: \_\_\_\_\_

# Proof of Delivery for Wound Care Products

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

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

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

QTY	SIZE	PRESCRIBED ITEM AND DESCRIPTION	HCPCS CODE
	30-Day Kit	AMERX® Calcium Alginate Wound Care Kit w/Bordered Gauze - Each Kit Contains: 30 Calcium Alginate Dressings(2x2), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6196, A6219, A6216
	30-Day Kit	AMERX® Calcium Alginate Wound Care Kit w/Rolled Gauze - Each Kit Contains: 30 Calcium Alginate Dressings(2x2), 8 Rolled Gauze Dressings(3in.), 30 Sterile Gauze Pads(2x2), 2 Paper Tape(1in.) and Saline Wound Wash	A6196, A6446, A6402, A4450
	30-Day Kit	AMERX® Collagen Matrix Wound Care Kit w/Bordered Gauze - Each Kit Contains: 30 Collagen Dressings(2x2), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6021, A6219, A6216
	30-Day Kit	AMERX® Collagen Matrix Wound Care Kit w/Rolled Gauze - Each Kit Contains: 30 Collagen Dressings(2x2), 8 Rolled Gauze Dressings(3in.), 30 Sterile Gauze Pads(2x2), 2 Paper Tape(1in.) and Saline Wound Wash	A6021, A6446, A6402, A4450
	30-Day Kit	AMERX® Collagen Powder Wound Care Kit w/Bordered Gauze - Each Kit Contains: 30 Collagen Powder(1g.), 30 Bordered Gauze Dressings(2x2), 30 Gauze(2x2) and Saline Wound Wash	A6010, A6219, A6216
	30-Day Kit	AMERX® Collagen Powder Wound Care Kit w/Rolled Gauze - Each Kit Contains: 30 Collagen Powder(1g.), 8 Rolled Gauze Dressings(3in.), 30 Sterile Gauze Pads(2x2), 2 Paper Tape(1in.) and Saline Wound Wash	A6010, A6446, A6402, A4450
	30-Day Kit	AMERX® Foam Wound Care Kit w/Bordered Gauze - Each Kit Contains: 12 Foam Dressings(2x2), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6209, A6219, A6216
	30-Day Kit	AMERX® Foam Wound Care Kit w/Rolled Gauze - Each Kit Contains: 12 Foam Dressings(2x2), 8 Rolled Gauze Dressings(3in.), 30 Sterile Gauze Pads(2x2), 2 Paper Tape(1in.) and Saline Wound Wash	A6209, A6446, A6402, A4450
	30-Day Kit	AMERX® Hydrogel Wound Care Kit w/Bordered Gauze - Each Kit Contains: Hydrogel Dressing(3oz.), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6248, A6219, A6216
	30-Day Kit	AMERX® Hydrogel Wound Care Kit w/Rolled Gauze - Each Kit Contains: Hydrogel Dressing(3oz.), 8 Rolled Gauze Dressings(3in.), 30 Sterile Gauze Pads(2x2), 2 Paper Tape(1in.) and Saline Wound Wash	A6248, A6446, A6402, A4450
	15-Day Kit	AMERX® Calcium Alginate Wound Care Kit w/Bordered Gauze - Each Kit Contains: 15 Calcium Alginate Dressings(2x2), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6196, A6219, A6216
	15-Day Kit	AMERX® Calcium Alginate Wound Care Kit w/Rolled Gauze - Each Kit Contains: 15 Calcium Alginate Dressings(2x2), 4 Rolled Gauze Dressings(3in.), 15 Sterile Gauze Pads(2x2), 1 Paper Tape(1in.) and Saline Wound Wash	A6196, A6446, A6402, A4450
	15-Day Kit	AMERX® Collagen Matrix Wound Care Kit w/Bordered Gauze - Each Kit Contains: 15 Collagen Dressings(2x2), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6021, A6219, A6216
	15-Day Kit	AMERX® Collagen Matrix Wound Care Kit w/Rolled Gauze - Each Kit Contains: 15 Collagen Dressings(2x2), 4 Rolled Gauze Dressings(3in.), 15 Sterile Gauze Pads(2x2), 1 Paper Tape(1in.) and Saline Wound Wash	A6021, A6446, A6402, A4450
	15-Day Kit	AMERX® Collagen Powder Wound Care Kit w/Bordered Gauze - Each Kit Contains: 15 Collagen Powder(1g.), 15 Bordered Gauze Dressings(2x2), 30 Gauze(2x2) and Saline Wound Wash	A6010, A6219, A6216
	15-Day Kit	AMERX® Collagen Powder Wound Care Kit w/Rolled Gauze - Each Kit Contains: 15 Collagen Powder(1g.), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6010, A6219, A6216
	15-Day Kit	AMERX® Collagen Powder Wound Care Kit w/Rolled Gauze - Each Kit Contains: 15 Collagen Powder(1g.), 4 Rolled Gauze Dressings(3in.), 15 Sterile Gauze Pads(2x2), 1 Paper Tape(1in.) and Saline Wound Wash	A6010, A6446, A6402, A4450
	5-Day Kit	AMERX® Collagen Powder Wound Care Kit w/Bordered Gauze - Each Kit Contains: 5 Collagen Powder(1g.), 15 Bordered Gauze Dressings(2x2), 30 Gauze(2x2) and Saline Wound Wash	A6010, 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)**

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

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

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

DESCRIPTION	HCPCS CODE
_____	A6248
_____	A6196
_____	A6197
_____	A6209
_____	A6210
_____	A6413
_____	A6212
_____	A6219
_____	A6220
_____	A6234
_____	A6010
_____	A6021
_____	A6023
_____	A6011

\_\_\_\_\_ 2XLARGE \_\_\_\_\_

designated item and out through normal defects in materials and under warranty. Federal regulations is professional and ds can be obtained medical record.

\_\_\_\_\_ and that the item is satisfactory, fit for use and/or services provided to you are subject to the standards shown at 42 CFR 424.57(c). These standards can be

# EXTREMIT-EASE NOW Approved for Two Codes



	<b>Venous Stasis</b>	<b>Lymphedema</b>
<b>HCPCS</b>	A6545	A6583
<b>Garment Type</b>	Gradient compression wrap	Gradient compression wrap
<b>Garment Details</b>	Non-elastic	Adjustable straps
<b>Location</b>	Below knee	Below knee
<b>Compression (mmHg)</b>	30-50 mmHg	30-50 mmHg
<b>Use Case</b>	Used as a surgical dressing	Lymphedema Management
<b>Units per Limb</b>	1 Unit	3 Units
<b>Time Frame</b>	6 months	6 months
<b>Additional Requirements</b>	Requires Venous Stasis with active ulcer	N/A
<b>PDAC Approved</b>	✓	✓
<b>FSA/HSA Approved</b>	✓	✓



## Opportunities in Simply Dispensing What the Patient Needs



### EXTREMIT-EASE Compression Garment for: Venous Insufficiency (ex. I83.012)

Acquisition Cost	-	\$57.75/Unit
HCPCS Code	-	A6545
Reimbursement	-	\$116.24/Unit
Profit/Unit	-	\$58.49
Allowable/Month	-	1 unit/6 months

# Opportunities in Simply Dispensing What the Patient Needs



## EXTREMIT-EASE Compression Garment for: Lymphedema (Ex. I89.0)

Acquisition Cost -	\$57.75/Unit
HCPCS Code -	A6583 – Garment A6594 – Liner
Reimbursement -	\$1107.12 (Bi-lateral – 6 units)
Profit -	\$760.62
Allowable -	3-units/limb/6-mo.

One New Patient Per Week for 52 weeks per year =  
**\$39,552.24 Annual Practice Profit \***  
(\*Based on 1 set of 6 garments for the year.)

# AMERX Resources

## HCPCS Coding Guidance



HCPCS CODING GUIDANCE

# 2024 UPDATE

## AMERX<sup>®</sup> SURGICAL DRESSINGS



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### EXTREMIT-EASE<sup>®</sup>

COMPRESSION GARMENT



**2024** 

## LYMPHEDEMA TREATMENT ACT

### QUICK REFERENCE GUIDE

HCPCS Supplement



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# Helix 3 Collagen Gel



## HCPCS Coding: A6011

The 7g tube QD application

Dispense up to 15 or 30, 7g tubes for a 15-30 day supply.

- HELIX3-CG® Collagen
- Gel (30 Day)
- HCPCS A6011
- \$21.84/Tube x 30
- Gross Reimbursement X 30 days: \$655.20
- NET reimbursement for a 30 day kit: \$405.70

# Collagen Gel



## ► Indications

- Full & Partial Thickness Wounds
- Diabetic Ulcers
- Pressure Ulcers
- Venous Stasis Ulcers
- Ulcers Caused by Mixed Etiologies
- 1st and 2nd Degree Burns
- Donor Sites & Grafts
- Surgical Wounds
- Superficial Injuries, Cuts, and Abrasions
- Severe Sunburn

*\*Secondary dressings are required*



**NEW!** One KIT  
Two Options

**2 x 2**

- AMERX® Bordered Gauze Dressings (15)
- 2 x 2 Gauze Pads (30)

OR

**2 x 4**

- Fabric Bandages (15)
- 2 x 2 Gauze Pads (30)

HELIX3® Collagen Gel Wound Recovery Kit  
**Affordable Collagen is Available Now!**

# Wound Dressings For a Surgical Procedure?

- ▶ 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,
  - After debridement of the wound, regardless of the debridement technique.
- ▶ The surgical procedure or debridement must be performed by a treating practitioner 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):
  - Surgical (e.g., sharp instrument or laser)
  - Mechanical (e.g., irrigation or wet-to-dry dressings)
  - Chemical (e.g., topical application of enzymes) or
  - Autolytic (e.g., application of occlusive dressings to an open wound).

**CMS.gov**

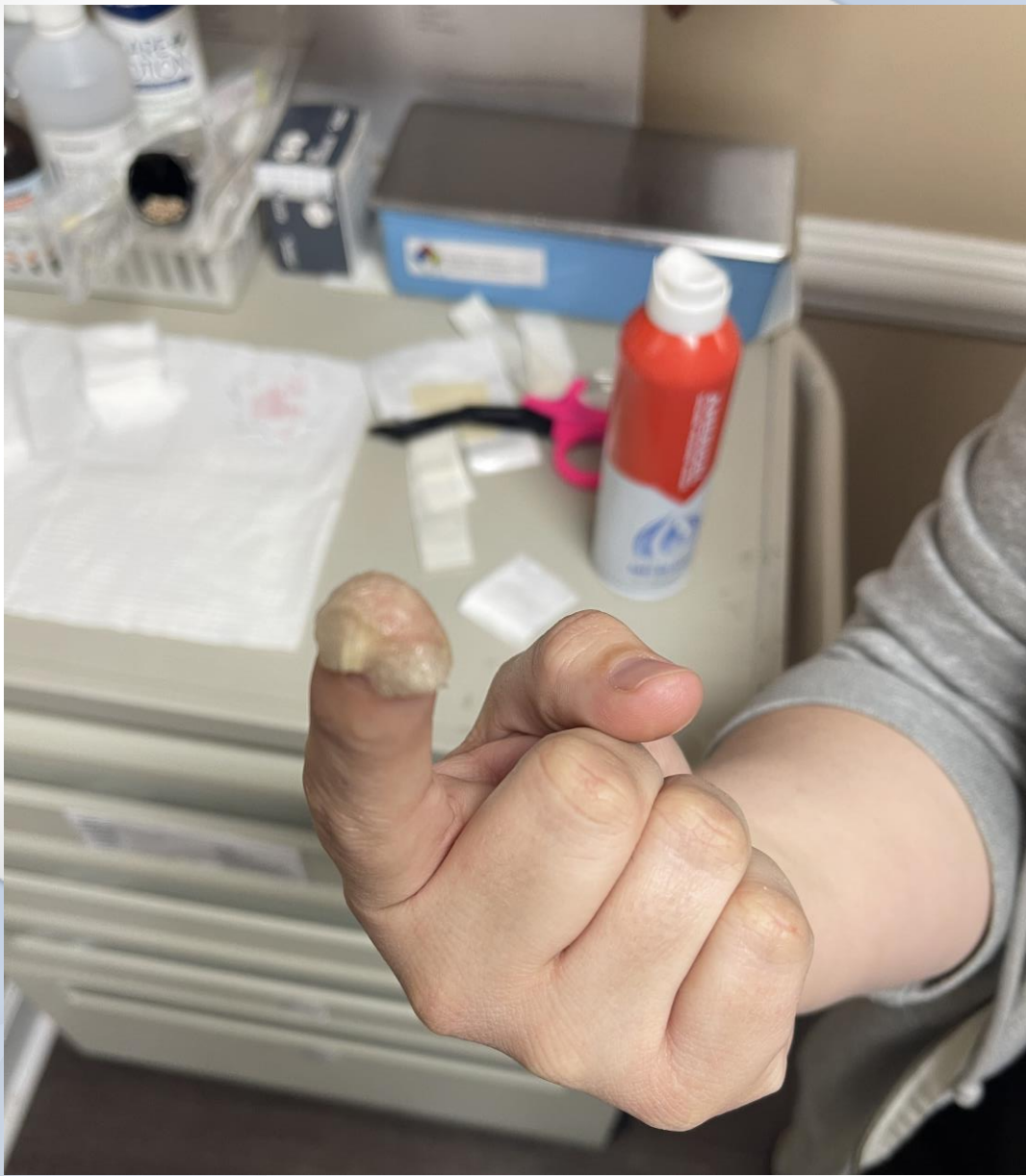
# Opportunities in Simply Dispensing What the Patient Needs



## Collagen Matrix (1x1, 2x2, 4x4 1x10)

- ▶ HELIX3-CM® Collagen
- ▶ Matrix (30 Day)
- ▶ HCPCS A6021
- ▶ \$28.69/Pad x 30
- ▶ \$860.70 Total
- ▶ Net Reimbursement 30 day kit:  
\$501.23





# Opportunities in Simply Dispensing What the Patient Needs



- ▶ **Collagen Powder (1g)**
- ▶ HCPCS Code                   A6010
- ▶ Reimbursement               \$42.26 /Unit
- ▶ Allowable/Month             30 Units
- ▶ Total (Gross Reimbursement)  
    \$1,267 X 30 days
- ▶ Total NET profit for a 30 day Kit: \$813.90



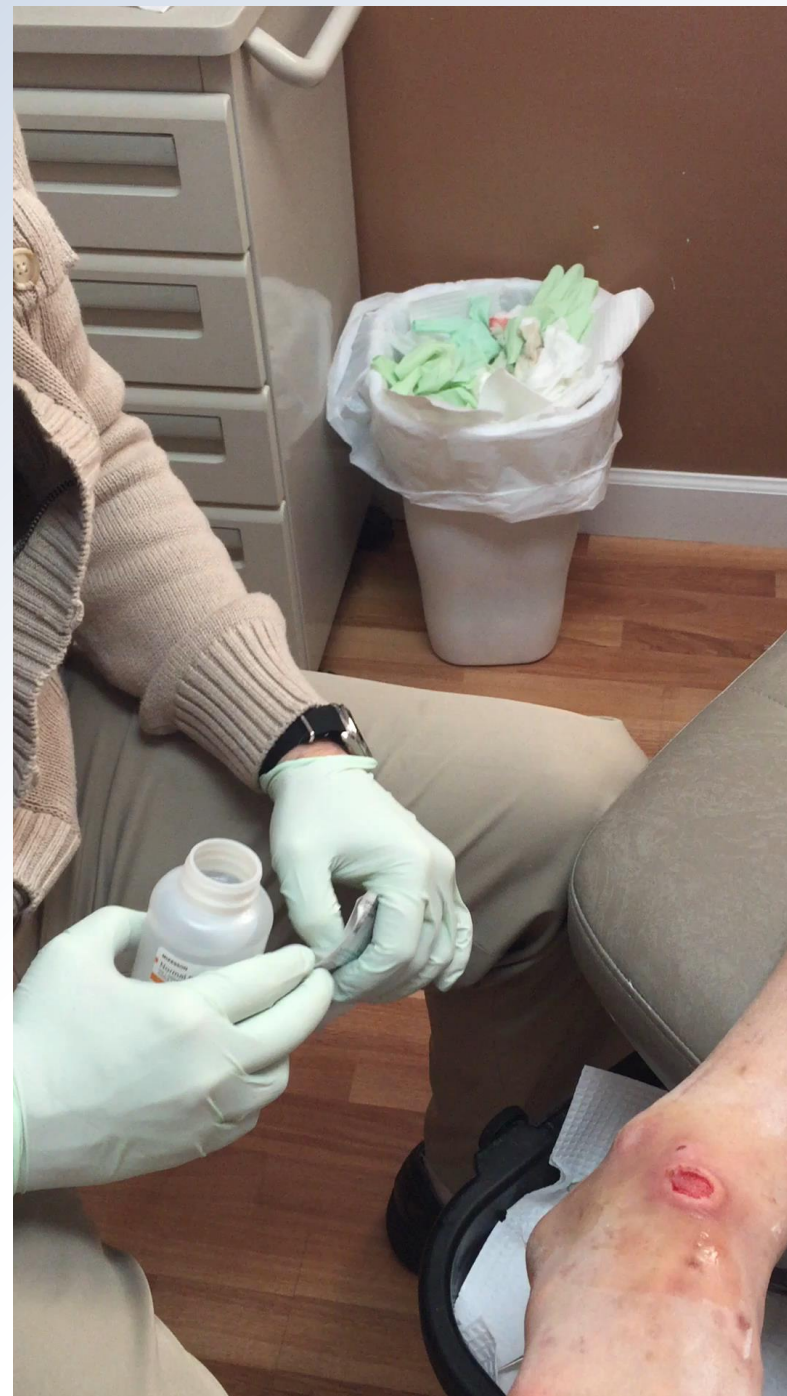
# AMERX® Wound Care Kits

► Includes:

- Primary Dressing
- Secondary Dressing
- Wound Wash
- Gauze Pads



# Application of the Collagen Powder



# Collagen Compliance Pearls



- ▶ 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

# Collagen Compliance Pearls



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

# Medicare requirements in a nutshell for dispensing wound care dressings.

1. Wound description, grading, L x W x D (must document full thickness).
2. Exudate. Documentation must detail the amount of drainage (dry to heavy exudate).
3. Dressing size must be based on and appropriate to the size of the wound.
4. A1-A9 Modifiers = Denotes the number of wound(s) being treated.
5. Place of Service (POS) = Home (12).
6. Standard Written Order (prescription) for the wound dressing(s) must be in your records.
7. Proof of delivery (receipt) signed by the patient.
8. Surgical dressings are not covered when dispensed to patients receiving home healthcare.

## Medicare requirements in a nutshell for dispensing wound care dressings.

9. Dressing needs may change frequently (e.g., weekly/daily) in the early phases of wound treatment and/or with heavily draining wounds. Suppliers are 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.
10. One may provide no more than a one-month supply of dressings at one time unless there is documentation to support the necessity of greater quantities in the home setting in an individual case.
11. It is often the case that changes in compliance rules are not widely circulated so it is imperative to stay up to date.



# Santyl, Collagen, and Compression



# Collagens

## Minimal to Moderate Drainage



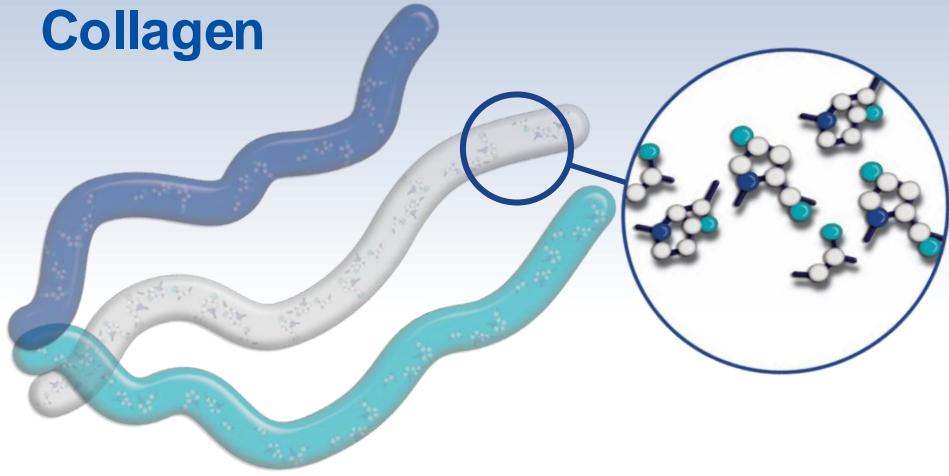
- ▶ Encourage fibroblast production and stimulate new tissue growth
- ▶ Provide sacrificial MMP's to protect the body's own healthy collagen
- ▶ Non-adherent characteristics minimizes irritation and trauma when performing dressing changes
- ▶ Various forms (gels, powders, particles, pads, sheets) and sizes
- ▶ Commonly used with:
  - Pressure ulcers
  - Venous ulcers
  - Surgical wounds
  - Diabetic ulcers
  - 2nd degree burns
  - Traumatic wounds

*\*Secondary dressings are required*

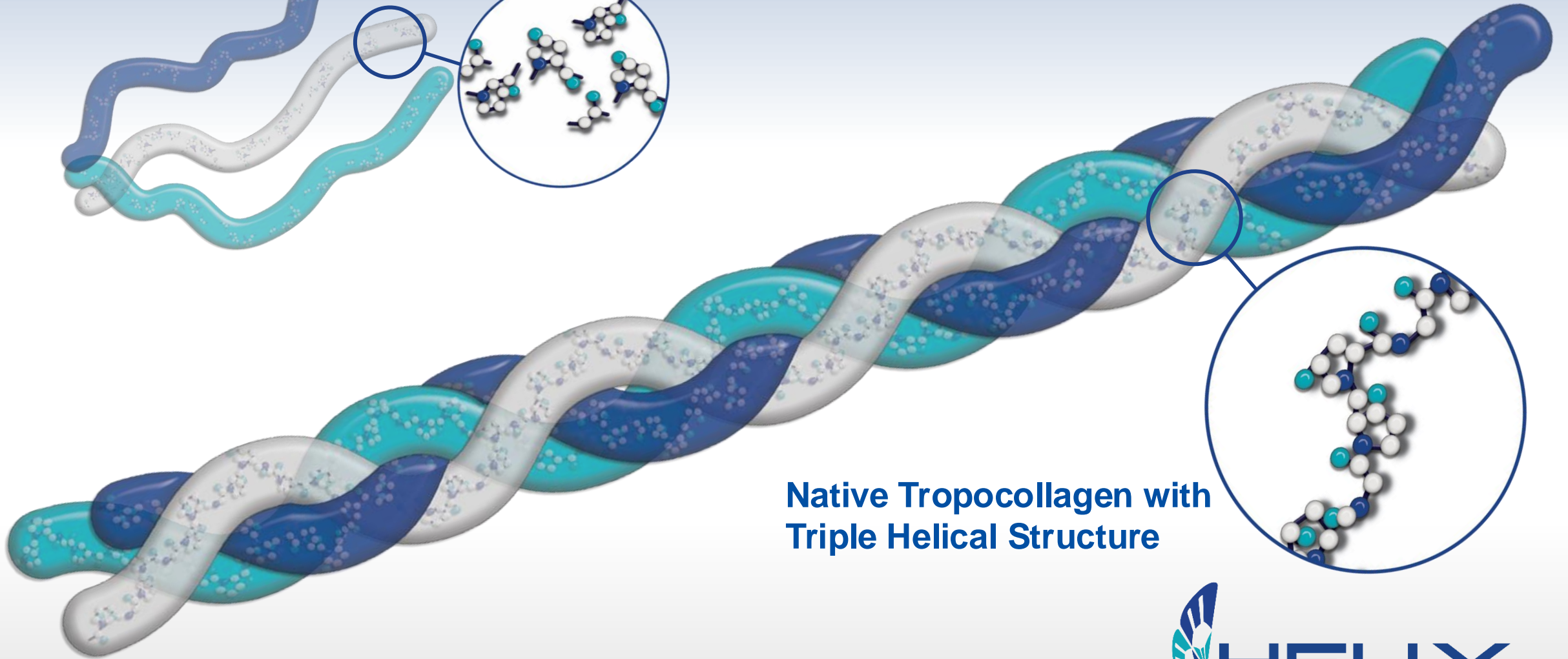
# Characteristics of Topical Collagen

- ▶ Compatible for any wound type
- ▶ Biocompatible
- ▶ Safe for all ages
- ▶ No need to remove
- ▶ Promotes autolytic debridement by several mechanisms
- ▶ Extremely low hypersensitivity
- ▶ Compatible with other products applied to the wound
- ▶ Soothing to the wound
- ▶ Limits bacterial growth

Hydrolyzed/Denatured  
Collagen



Native Tropocollagen with  
Triple Helical Structure





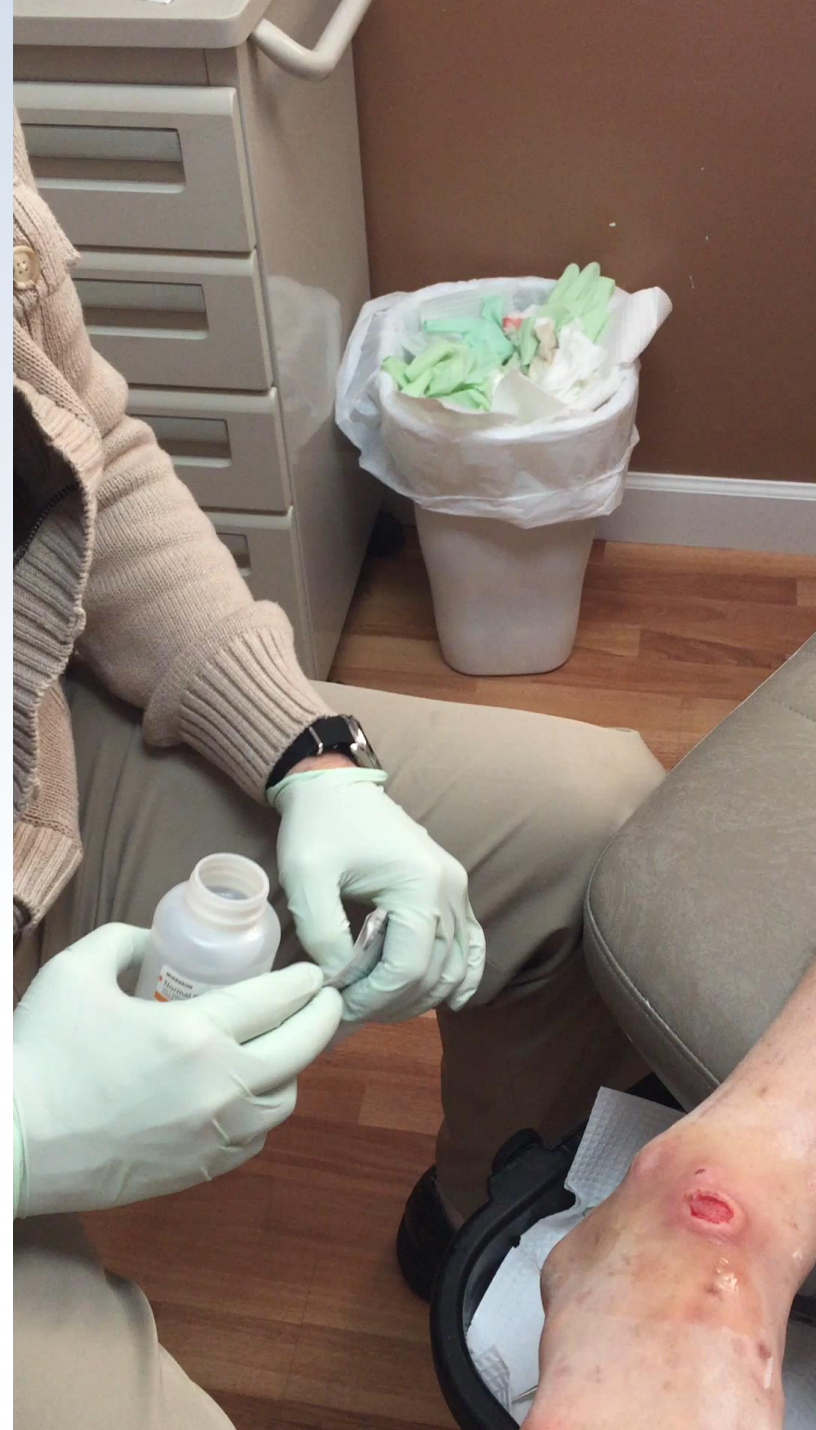
# Collagen Powder, Collagen Matrix and Gel



- ▶ Minimal to Moderate Drainage
- ▶ Indications:
  - Burns
  - Sores
  - Blisters
  - Ulcers (Pressure ulcers, Venous ulcers, Diabetic ulcers)
  - Surgical wounds
  - Traumatic wounds

*\*Secondary dressings are required*

# Application of the Collagen Powder





# HELIX3-CP<sup>®</sup> Collagen Powder

## Case Study 1



3 weeks, 1 day





# HELIX3-CP<sup>®</sup> Collagen Powder

## Case Study 3

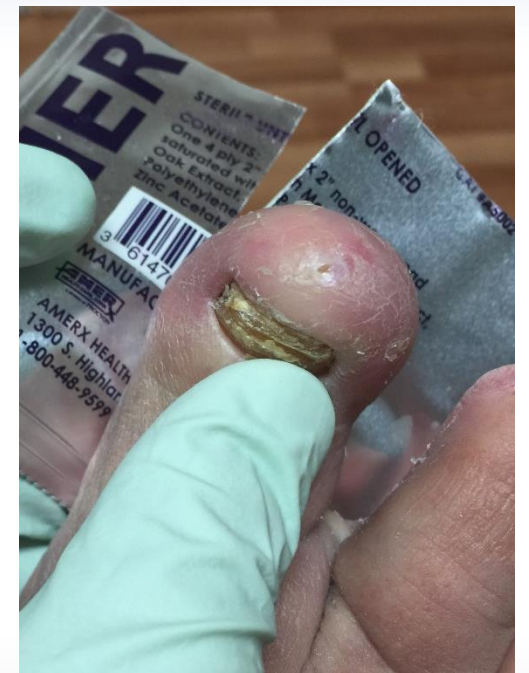


2 Weeks, 1 Day



# HELIX3-CP<sup>®</sup> Collagen Powder

## Case Study 4



**4 Weeks, 2 Days**



# Proof of Delivery for Wound Care Products

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

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

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

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

QTY	SIZE	PRESCRIBED ITEM AND DESCRIPTION	HCPCS CODE
	30-Day Kit	AMERX® Calcium Alginate Wound Care Kit w/Bordered Gauze - Each Kit Contains: 30 Calcium Alginate Dressings(2x2), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6196, A6219, A6216
	30-Day Kit	AMERX® Calcium Alginate Wound Care Kit w/Rolled Gauze - Each Kit Contains: 30 Calcium Alginate Dressings(2x2), 8 Rolled Gauze Dressings(3in.), 30 Sterile Gauze Pads(2x2), 2 Paper Tape(1in.) and Saline Wound Wash	A6196, A6446, A6402, A4450
	30-Day Kit	AMERX® Collagen Matrix Wound Care Kit w/Bordered Gauze - Each Kit Contains: 30 Collagen Dressings(2x2), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6021, A6219, A6216
	30-Day Kit	AMERX® Collagen Matrix Wound Care Kit w/Rolled Gauze - Each Kit Contains: 30 Collagen Dressings(2x2), 8 Rolled Gauze Dressings(3in.), 30 Sterile Gauze Pads(2x2), 2 Paper Tape(1in.) and Saline Wound Wash	A6021, A6446, A6402, A4450
	30-Day Kit	AMERX® Collagen Powder Wound Care Kit w/Bordered Gauze - Each Kit Contains: 30 Collagen Powder(1g.), 30 Bordered Gauze Dressings(2x2), 30 Gauze(2x2) and Saline Wound Wash	A6010, A6219, A6216
	30-Day Kit	AMERX® Collagen Powder Wound Care Kit w/Rolled Gauze - Each Kit Contains: 30 Collagen Powder(1g.), 8 Rolled Gauze Dressings(3in.), 30 Sterile Gauze Pads(2x2), 2 Paper Tape(1in.) and Saline Wound Wash	A6010, A6446, A6402, A4450
	30-Day Kit	AMERX® Foam Wound Care Kit w/Bordered Gauze - Each Kit Contains: 12 Foam Dressings(2x2), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6209, A6219, A6216
	30-Day Kit	AMERX® Foam Wound Care Kit w/Rolled Gauze - Each Kit Contains: 12 Foam Dressings(2x2), 8 Rolled Gauze Dressings(3in.), 30 Sterile Gauze Pads(2x2), 2 Paper Tape(1in.) and Saline Wound Wash	A6209, A6446, A6402, A4450
	30-Day Kit	AMERX® Hydrogel Wound Care Kit w/Bordered Gauze - Each Kit Contains: Hydrogel Dressing(3oz.), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6248, A6219, A6216
	30-Day Kit	AMERX® Hydrogel Wound Care Kit w/Rolled Gauze - Each Kit Contains: Hydrogel Dressing(3oz.), 8 Rolled Gauze Dressings(3in.), 30 Sterile Gauze Pads(2x2), 2 Paper Tape(1in.) and Saline Wound Wash	A6248, A6446, A6402, A4450
	15-Day Kit	AMERX® Calcium Alginate Wound Care Kit w/Bordered Gauze - Each Kit Contains: 15 Calcium Alginate Dressings(2x2), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6196, A6219, A6216
	15-Day Kit	AMERX® Calcium Alginate Wound Care Kit w/Rolled Gauze - Each Kit Contains: 15 Calcium Alginate Dressings(2x2), 4 Rolled Gauze Dressings(3in.), 15 Sterile Gauze Pads(2x2), 1 Paper Tape(1in.) and Saline Wound Wash	A6196, A6446, A6402, A4450
	15-Day Kit	AMERX® Collagen Matrix Wound Care Kit w/Bordered Gauze - Each Kit Contains: 15 Collagen Dressings(2x2), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6021, A6219, A6216
	15-Day Kit	AMERX® Collagen Matrix Wound Care Kit w/Rolled Gauze - Each Kit Contains: 15 Collagen Dressings(2x2), 4 Rolled Gauze Dressings(3in.), 15 Sterile Gauze Pads(2x2), 1 Paper Tape(1in.) and Saline Wound Wash	A6021, A6446, A6402, A4450
	15-Day Kit	AMERX® Collagen Powder Wound Care Kit w/Bordered Gauze - Each Kit Contains: 15 Collagen Powder(1g.), 15 Bordered Gauze Dressings(2x2), 30 Gauze(2x2) and Saline Wound Wash	A6010, A6219, A6216
	15-Day Kit	AMERX® Collagen Powder Wound Care Kit w/Rolled Gauze - Each Kit Contains: 15 Collagen Powder(1g.), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6010, A6219, A6216
	15-Day Kit	AMERX® Collagen Powder Wound Care Kit w/Rolled Gauze - Each Kit Contains: 15 Collagen Powder(1g.), 4 Rolled Gauze Dressings(3in.), 15 Sterile Gauze Pads(2x2), 1 Paper Tape(1in.) and Saline Wound Wash	A6010, A6446, A6402, A4450
	5-Day Kit	AMERX® Collagen Powder Wound Care Kit w/Bordered Gauze - Each Kit Contains: 5 Collagen Powder(1g.), 15 Bordered Gauze Dressings(2x2), 30 Gauze(2x2) and Saline Wound Wash	A6010, 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)**

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

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

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

DESCRIPTION	HCPCS CODE
_____	A6248
_____	A6196
_____	A6197
_____	A6209
_____	A6210
_____	A6413
_____	A6212
_____	A6219
_____	A6220
_____	A6234
_____	A6010
_____	A6021
_____	A6023
_____	A6011

HCPCS CODE: A6545

HCPCS CODE: A6545

2XLARGE

designated item and out through normal defects in materials and under warranty. Federal regulations is professional and ds can be obtained medical record.

nd that the item is satisfactory, fit icts and/or services provided to ection 424.57(c). These stan- text of these standards can be

# Rules for Dispensing

9. Dressing needs may change frequently (e.g., weekly/daily) in the early phases of wound treatment and/or with heavily draining wounds. Suppliers are 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.
10. One may provide no more than a one-month supply of dressings at one time unless there is documentation to support the necessity of greater quantities in the home setting in an individual case.
11. It is often the case that changes in compliance rules are not widely circulated so it is imperative to stay up to date.

# Support Materials Available to Active AMERX Accounts

**AMERX<sup>®</sup>**  
HEALTH CARE **X**

HCPCS CODING GUIDANCE  
**2022**  
UPDATE

**AMERIGEL<sup>®</sup>**  
ADVANCED SKIN AND WOUND CARE

**HELIX<sub>3</sub>**  
BIOACTIVE COLLAGEN

**EXTREMIT-EASE.**  
COMPRESSION GARMENT

**AMERX**  
KITS & DRESSINGS **X**

**AMERX<sup>®</sup> SURGICAL DRESSINGS**

**AMERX<sup>®</sup>**  
HEALTH CARE **X**

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# Support Materials Available to Active AMERX Accounts



**Questions?**

**Key Pearls to Get the  
Most from Collagen  
Dressing Application**

**Dr. Jonathan Moore**  
DPM, MS, MA, PhD (c)







AMERX Health Care Corporation

**(800) 448-9599**

[sales@AMERXHC.com](mailto:sales@AMERXHC.com)