HCPCS CODING GUIDANCE FOR:

AMERIGEL® HYDROGEL DRESSINGS

FORM 1500 MUST HAVE THE FOLLOWING:

- APPROPRIATE HCPCS CODE
- APPROPRIATE “A” MODIFIER
- ACCURATE POS = 12
The Centers for Medicare and Medicaid Services (CMS) have assigned a Medicare billing code for AMERIGEL® Hydrogel Wound Dressing (Hydrogel Wound Filler) and AMERIGEL® Hydrogel Gauze Dressing (Hydrogel Wound Cover). PDAC assignment letters on file Amerx Health Care.

A6248 – Hydrogel dressing, wound filler, gel, per fluid ounce.

A6231 – Gauze, Impregnated, hydrogel, for direct wound contact, sterile, pad size 16 square inches or less, each dressing (e.g., 2 x 2, 4 x 4 hydrogel gauze pad).

The following DMEPOS supplier information and Fee Schedule can be found at www.dmepdac.com. Use of these codes does not guarantee Medicare coverage.

**COVERAGE AND REIMBURSEMENT RULES:**

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 an illness or injury or to improve the functioning of a malformed body member, and (3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for “reasonable and necessary” are defined by the following indications and limitations of coverage and/or medical necessity.

Surgical dressings are covered when either of the following criteria are met:

1. They are required for the treatment of a wound caused by, or treated by, a surgical procedure; or

2. They are required after debridement of a wound.

Surgical dressings include both primary dressings (i.e., therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin) or secondary dressings (i.e., materials that serve a therapeutic or protective function and that are needed to secure a primary dressing).

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): 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). Dressings used for mechanical debridement, to cover chemical debriding agents, or to cover wounds to allow for autolytic debridement are covered although the agents themselves are non-covered.

Surgical dressings are covered for as long as they are medically necessary.

Examples of situations in which dressings are non-covered under the Surgical Dressings benefit are:

a. Drainage from a cutaneous fistula which has not been caused by or treated by a surgical procedure; or

b. A Stage I pressure ulcer; or

c. A first degree burn; or

d. Wounds caused by trauma which do not require surgical closure or debridement (e.g., skin tear or abrasion); or

e. A venipuncture or arterial puncture site (e.g., blood sample) other than the site of an indwelling catheter or needle.
Surgical dressing codes billed without modifiers A1-A9 (see Coding Guidelines) are non-covered under the Surgical Dressings benefit.

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 modifier number 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.

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Dressing for one wound</td>
</tr>
<tr>
<td>A2</td>
<td>Dressing for two wounds</td>
</tr>
<tr>
<td>A3</td>
<td>Dressing for three wounds</td>
</tr>
<tr>
<td>A4</td>
<td>Dressing for four wounds</td>
</tr>
<tr>
<td>A5</td>
<td>Dressing for five wounds</td>
</tr>
<tr>
<td>A6</td>
<td>Dressing for six wounds</td>
</tr>
<tr>
<td>A7</td>
<td>Dressing for seven wounds</td>
</tr>
<tr>
<td>A8</td>
<td>Dressing for eight wounds</td>
</tr>
<tr>
<td>A9</td>
<td>Dressing for nine wounds</td>
</tr>
<tr>
<td>AW</td>
<td>Item furnished in conjunction with a surgical dressing</td>
</tr>
<tr>
<td>EY</td>
<td>No physician or other licensed health care provider order for this item or service</td>
</tr>
<tr>
<td>GY</td>
<td>Item or service statutorily non-covered or does not meet the definition of any Medicare benefit</td>
</tr>
<tr>
<td>LT</td>
<td>Left side</td>
</tr>
<tr>
<td>RT</td>
<td>Right side</td>
</tr>
</tbody>
</table>

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.

Dressing size must be based on and appropriate to the size of the wound. Dressing needs may change frequently (e.g., weekly/daily) in the early phases of wound treatment and/or with heavily draining wounds. Suppliers are also expected to have a mechanism for determining the quantity of dressings that the patient is actually using and to adjust their provision of dressings accordingly. No more than a one-month’s supply of dressings may be provided at one time, unless there is documentation to support the necessity of greater quantities in the home setting in an individual case. An even smaller quantity may be appropriate.

The quantity of hydrogel filler or hydrogel gauze 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 medically necessary. Documentation must substantiate the medical necessity for code A6248 billed in excess of 3 units (or 3 fluid ounces), per wound in 30 days and code A6231 billed in excess of 30 units, per wound, per 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 medically necessary.
Surgical dressings must be tailored to the specific needs of an individual patient. 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 physician, and that are medically necessary are covered.

**DISCLAIMER:** This information does not guarantee reimbursement, but provides guidance for accurate documentation and appropriate usage for hydrogel wound dressings. Should you need further technical assistance or have specific coding questions, please contact your regional DMERC or intermediary. It is the manufacturer’s intent to share this information with healthcare professionals to highlight awareness of the reimbursement process.

**HYDROGEL DRESSINGS (A6231-A6233, A6242-A6248):**

The order must specify (a) the type of dressing (e.g., Hydrogel Wound Filler, Hydrogel Impregnated Gauze, 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 are non-covered and 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 through the dermis where subcutaneous fat is not visible and may also present as an intact or open/ruptured serum-filled blister.

“Full-thickness” wounds do have tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. 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.

The units of service for wound fillers are 1 gram, 1 fluid ounce, 6 inch length, or one yard depending on the product. If the individual product is packaged as a fraction of a unit (e.g., 1/2 fluid ounce), determine the units billed by multiplying the number dispensed times the individual product size and rounding to the nearest whole number. For example, if eleven (11) - 1/2 oz. tubes of a wound filler are dispensed, bill 6 units (11 x 1/2 = 5.5; round to 6).
PHYSICIAN BILLING PEARLS

GENERAL RECOMMENDATIONS:

1. Keep detailed and complete paperwork on each wound and any DME products you are dispensing.

2. Have your patient sign an acknowledgment form confirming they have received the product 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. AMERIGEL® Hydrogel Dressings are NOT covered if patient is under Home Health Care PPS.

6. Medicare covers dressings used in the patient’s home if they are used on wounds as a result of “Surgical Procedures” or “Debridement.” Dressings placed on the wound the day of the procedure are considered part of the surgical or debridement procedure and are not individually billable.

SPECIFICS FOR COMPLETING HCFA 1500 FORM for Home Use:

1. Box “11” must have “NONE”, assuming there is no other responsible payor.

2. Box “17” must have the referring physician’s name.

3. Box “17a” must have the UPN# of the physician listed in Box 17.

4. Box “21” requires a diagnosis code. While coding is patient specific, the following are examples of **ICD-9** codes associated with AMERIGEL® Hydrogel Dressings: 893.0 (Open wound of toe), 707.15 (Ulcer of foot), 707.14 (Ulcer of heal and midfoot), 707.13 (Ulceration of ankle), 707.10 (Ulcer of lower limb), or 681.11 (Onychia and paranychia of toe). **ICD-10** codes will apply when implemented.

5. Box “24A” is the date of service the patient receives AMERIGEL® Hydrogel Dressing(s) for home use.

6. Box “24B” Place of Service should always be home = **POS 12**.

7. Box “24D” “CPT/HCPCS” code will either be A6248 for Hydrogel Wound Dressing or A6231 for Hydrogel Gauze Dressing.

8. Box “24D” “MODIFIER” – This is where you record the number of wounds treated; **A1** for one wound, **A2** for two wounds, etc.

9. Box “24F” total amount of “$ CHARGES” for supplies dispensed.

10. Box “24G” documents the number of AMERIGEL® fluid ounces or units dispensed to the patient. (1 fluid ounce of AMERIGEL Hydrogel Wound Dressing = 1 unit; 1 AMERIGEL® Hydrogel Gauze Dressing (any size) = 1 unit).

11. Box “31” must have the date and physician signature.
I understand and agree that Medicare, Medicaid or my private health insurance may be billed for this product(s) which are new and not of substandard quality, and that I may be responsible for all or a portion of the charge not covered by insurance. I have received a copy of and understand the DMEPOS Supplier Standards, complaint resolution policy, and proper use and care of these products. I acknowledge that there is no guarantee that the use of this product may help my condition, and I agree to use it as prescribed and explained in detail. I will have my feet and legs checked for any problems possibly related to the use of these supplies and will call if I encounter any problems or have any questions.

AMERIGEL® HYDROGEL DRESSING
SIZE: ☐ 1oz.  ☐ 2oz.  ☐ 3oz. Other Amount _________ oz.

Applied to wound daily or as directed.

AMERIGEL® HYDROGEL GAUZE DRESSING
SIZE: ☐ 2x2  ☐ 4x4  NUMBER OF UNITS: _________

Dressing to be applied daily or as directed.

Patient/Caregiver/Guardian
Name (Please Print): ______________________________ Date: _____________
Signature: ______________________________________
Witness: ________________________________________

Any Questions? Please call the office.