HCPCS CODING GUIDANCE FOR AMERIGEL® WOUND DRESSING

FORM 1500 MUST HAVE THE FOLLOWING:

- HCPCS code A6248 (page 1)
- “A” modifier usage (page 2)
- POS = 12 (page 2)

“See Physician Billing Pearls inside on page 4 for complete billing information.”

REV. 01/01/13
The Centers for Medicare & Medicaid Services (CMS) have assigned a Medicare billing code for AmeriGel Wound Dressing effective June 14, 2002: **A6248 Hydrogel Dressing, wound filler, gel, per fluid ounce.**

The following information is cited from and found in the DMEPOS Supplier Manual (Effective 01/01/2013 - 12/31/2013).

**COVERAGE AND PAYMENT 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 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.

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.
The following are some specific coverage guidelines for a hydrogel dressing when the product itself is necessary in the individual patient. The medical necessity for more frequent change of dressing must be documented in the patient’s medical record and submitted with the claim to the DMERC (see Documentation section).

HYDROGEL DRESSING (A6231-A6233, A6242-A6248):

Hydrogel dressings are covered when used on full thickness wounds with minimal or no exudate (e.g., stage III or IV ulcers). Hydrogel dressings are not usually medically necessary for stage II ulcers. Documentation must substantiate the medical necessity for use of hydrogel dressings for stage II ulcers (e.g., location of ulcer is sacro-coccygeal area). Usual dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day.

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 medically necessary. Documentation must substantiate the medical necessity for code A6248 billed in excess of 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 medically necessary.

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

GENERAL RECOMMENDATIONS:
1. Keep detailed and complete paperwork on each wound and all products.
2. Have your patient sign a receipt the day they receive AmeriGel. (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 helpful.
5. 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.
7. The maximum amount of AmeriGel Wound Dressing that may be billed is up to 3 oz. per wound, per 30 days.
8. The maximum allowed reimbursement for AmeriGel Wound Dressing (effective January 01/01/13 - 12/31/13, DMEPOS Fee Schedule) is $17.58 per oz.
9. If a patient needs more AmeriGel than allowed by Medicare and decides to purchase it from you because the additional amount cannot be medically justified, the dispensing physician or the DME must charge the patient the same price they charge Medicare.

SPECIFICS FOR COMPLETING HCFA 1500 FORM:
1. Box “11” must have “NONE.”
2. Box “17” must have your name or the referring physician’s name.
3. Box “17a” must have the UPN# of the physician 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. ICD-9 893.0 (Open wound), ICD-9 681.11 (Onychia and paronychia of toe), ICD-9 703.0 (Ingrown nail) with ICD-9 681.11 as a secondary diagnosis or ICD-9 707.10 (ulcer, chronic, lower limb).
5. Box “24A” is the date of service the patient receives AmeriGel for home use.
6. Box “24B” Place of Service is ALWAYS home, noted as “12.”
8. Box “24D” “MODIFIER” record the number of wounds; A1 for one wound, A2 for two wounds, A3 for three wounds, etc. If this modifier is not filled in, then it will result in a denial.
9. Box “24F” total amount of “$ CHARGES.” If you are dispensing 3 tubes(units) of AmeriGel for one wound (A1), for a thirty day period, then your total charges would be $60.00.
   For Example - (Retail Price) X (# of tubes dispensed) = ($ Charges [Box 24])
   $20 X 3 units = $60
10. Box “24G” documents the number of units (one-ounce tubes) of AmeriGel dispensed to the patient.
11. Box “31” must have the date and physician signature.
**Health Insurance Claim Form**

**1. Medicare**

**Medicaid**

**Champus**

**Champva**

**Group Health Plan**

**Feca Blk Lung**

**Other**

**Insured's I.D. Number** (For Program in Item 1)

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**2. Patient's Name**

(last name, first name, middle initial)

**3. Patient's Birth Date**

MM DD YY

**Sex**

M □ F □

**4. Insured's Name**

(last name, first name, middle initial)

**5. Insured's Address**

(No., Street)

**City**

State

**Zip Code**

**Telephone** (Include Area Code)

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**6. Patient Relationship to Insured**

Self □ Spouse □ Child □ Other □

**7. Insured's Address**

(No., Street)

**City**

State

**Zip Code**

**Telephone** (Include Area Code)

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**8. Patient Status**

Single □ Married □ Other □

**9. Other Insured's Name**

(last name, first name, middle initial)

**a. Other Insured's Policy or Group Number**

**b. Other Insured's Date of Birth**

MM DD YY

**Sex**

M □ F □

**c. Employer's Name or School Name**

**d. Insurance Plan Name or Program Name**

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**10. Insured's Policy Group or FECA Number**

**11. Insured's Date of Birth**

MM DD YY

**Sex**

M □ F □

**12. Patient's or Authorized Person's Signature**

I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

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**13. Insured's or Authorized Person's Signature**

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

**Signed**

**Date**

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**14. Date of Current Illness (First symptom) or Injury (Accident) or Pregnancy (LMP)**

MM DD YY

**15. If Patient Has Had Same or Similar Illness, Give First Date**

MM DD YY

**16. Dates Patient Unable to Work in Current Occupation**

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**17. Name of Referring Physician or Other Source**

Dr. Richard Smith

**A0000**

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**18. Hospitalization Dates Related to Current Services**

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**19. Reserved for Local Use**

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**20. Outside Lab?**

Yes □ No □

**21. Diagnosis or Nature of Illness or Injury**

(explain unusual circumstances)

**22. Medicaid Resubmission Code**

**Original Ref. No.**

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**23. Prior Authorization Number**

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**24. Date(s) of Service**

**Place of Service Type of Service**

**Procedures, Services, or Supplies**

**Diagnosis Code**

**$ Charges**

**25. Federal Tax I.D. Number**

**SSN**

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**26. Patient's Account No.**

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**27. Accept Assignment?**

Yes □ No □

**28. Total Charge**

$ **29. Amount Paid**

$ **30. Balance Due**

$ **31. Signature of Physician or Supplier Including Degrees or Credentials**

(I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Richard Smith 01/02/13

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**Please Print or Type**

(Approved by AMA Council on Medical Service 8/88)

PLEASE PRINT OR TYPE

(Approved OMB-0938-0008 FORM CMS-1500 (12-90), FORM RR5-1500, APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS))
I certify that I have received the items marked below. The physician has dispensed them to me and has reviewed the instructions for proper use and care. The physician has instructed me to call the office if I have any difficulties or problems with the device(s).

AMERIGEL® WOUND DRESSING # TUBES________
AMERIGEL® HYDROGEL SATURATED GAUZE DRESSING # EACH________

__________________________  ________________________
Patient/Guardian Signature       Date

__________________________
Witness
June 14, 2002

Art W. Simonetti  
Director of Clinical Affairs  
Amerx Health Care Corporation  
1150 Cleveland Street, Suite 410  
Clearwater, FL 33755

Re: AmeriGel Wound Dressing

Dear Mr. Simonetti:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Re-Review for the above listed product manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the AmeriGel Wound Dressing meets the characteristics and description of the HCPCS code for a gel wound filler as defined in the DMERC Medical Policy for Surgical Dressings. Therefore, the correct Medicare billing code for this product is

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

This HCPCS coding decision applies to your product as it was presented to and reviewed by the SADMERC and four DMERCs. Any modifications to this product could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to this product should in no way be construed as an approval or endorsement of this product by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

If you have any questions regarding this coding decision, please contact me at the address below or by telephone at (803) 763-8111.

Sincerely,

Bonnie Brooks, RN  
HCPCS Medical Analyst  
SADMERC

cc: DMERCs