



Surgical Dressings Policy and Cellular Tissue Products

It's important to stay up-to-date on this most complex subject.

BY PAUL KESSELMAN, DPM

Of all the reimbursement policies, the Surgical Dressings policy and the Cellular Tissue Products (CTP) policy are among the most difficult to fully comprehend. There are the usual and customary standard language requirements and typical wound documentation requirements such as size, depth, and exudate. Additionally, there are numerous documentation requirements for each “family” of surgical dressings or CTP and limits on the frequency of how often Medicare (and typically other payors) will reimburse their application.

Due to the significant advances in all of medicine, the structure of Medicare reimbursement policy, frequently referred to as the LCD (Local Carrier Determination), has become antiquated. In the past, each time a new product, code, procedure, or diagnosis code was introduced, the entire LCD required it to be rescinded, reviewed, and re-released. Additional language changes petitioned by medical associations also left the LCD vulnerable to being withdrawn, requiring in-depth review, followed by issuance of a new LCD. This was an arduous and expensive process for the carriers and, due to the slow nature of response, left providers both confused and vulnerable in case of audit(s).

Legislation enacted over the past several years has enabled the carriers to divide policies into three or even four components:

1) The LCD often being devoid of diagnosis and procedure codes;

2) The Local Carrier Article (LCA) previously referred to as the Policy Article (PA);

3) The Supplementary Instruction Article (SIA) or a Response to Comments;

4) Standard Documentation Language (primarily for DME policies).

No Uniformity among Carriers

There is no uniformity among the carriers on how these are presented.

Changes to the LCD typically require a meeting of the Carrier Advisory Committee (or at least input), which the Carrier Medical Director (CMD) may or may not agree to. In the DME world, typically the Jurisdictional Councils provide input to the CMD.

Local Carrier Article (LCA)

The LCA contains specific language regarding diagnosis, HCPCS,

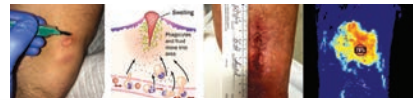
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That is, some DME or local MACs present all sequences once you “pull up” the LCD on a carrier’s website. Some have the others listed as separate documents at the end of the LCD, requiring the reader to click the appropriate hyperlinks to review and download them.

As for each component, the LCD contains the essential requirements of the policy, such as the overall requirements of the patient’s condition, any reference to statutory language, who can provide the service (board credentialing, place of service limitations, etc.). A revision history is often provided at the end of the LCD to provide a historical perspective and to note what important changes were

or CPT codes, etc. If a new product and/or HCPCS code is introduced, as is often the case within the realm of surgical dressings or CTP, the LCA can easily be modified by the CMD and/or policy writers of the DME Regional or Local MAC. This is controversial because it does not require any formal revision process by the CAC. An LCA revision can be made effective unilaterally by the carrier with or without the request of an individual or medical association. Because there is no input required from providers and it can be done unilaterally, it has its detractors. However, it can often be a much more effective method of

Continued on page 90



Surgical Dressings (from page 89)

enacting changes than previously required.

As with the LCD, the LCA may contain an index of changes. One recent change to the Surgical Dressings LCA was requested by APMA and initiated by the APMA's DME Workgroup. This was requested to clarify the provision of surgical dressings to beneficiaries in a nursing home. Since, in many circumstances, the podiatrist was both the prescriber and supplier, the past LCA created some conflicting language requiring revision. A letter to the CMD and follow-up phone call to the CMD resulted in an acceptable revision of the current language to include:

“For beneficiaries in a nursing facility or for beneficiaries with heavily draining or infected wounds, wound evaluations are expected on a weekly basis. The evaluation may be performed by a nurse, treating practitioner, or other healthcare professional involved in the regular care of the beneficiary. This person may have no financial relationship with the supplier. This prohibition does not extend to treating practitioners who are also the supplier.”

Regarding AFOs, a recently enacted (as of July 1 2020) LCA modification contains specific diagnostic requirements for L4392/L4396/L4397 (contracture braces)

and custom fabricated CROW boots (L4361). The new codes added for CROW Boots reflect additional “E” codes reflective of Diabetic Charcot arthropathy, which previously were not included in the LCA.

Response to Comments

The SIA or Response to Comments is the least known of the four components of a reimbursement policy. This section typically results from provider feedback asking for specific clarification not adequately explained in either the LCD or LCA. It is typically provided in an easy-to-understand specific question and answer format.

The DME Surgical Dressing Reimbursement Policy can be found on your DME MAC Active LCD homepages.

Noteworthy wound-related “Response to Comments” located within the Surgical Dressings Policy relates to surgical dressings containing medical grade honey; another relates to restricting surgical dressing reimbursement to specific wound staging, requesting clarifying language with respect to frequency of dressing changes, among others.

The last of the four elements of an LCD relates to Standard Documentation Language. The main components of this section refer to National Supplier Clearinghouse requirements, orders, prescriptions, signature requirements, etc. Essentially, it lists those requirements which are applicable to almost all DME LCDs.

DME Surgical Dressing Reimbursement Policy

The DME Surgical Dressing Reimbursement Policy can be found on your DME MAC Active LCD homepages. The CTP and wound care debridement policies (their existence is carrier-dependent) are located on your local MAC website. All these policies consist of at least two components: The LCD and LCA. Many also include Standard Documentation Requirements and/or Response to Comments (AKA Supplementary Instruction Article). The DME Surgical Dressing Reimbursement Policy and CTP present challenges to even the most experienced compliance officers. It should be reviewed frequently by any wound care provider so as to stay up-to-date on this most complex subject. **PM**



Dr. Kesselman is in private practice in NY. He is certified by the ABPS and is a founder of the Academy of Physicians in Wound Healing. He is also a member of the Medicare Provider Communications Advisory Committee for several Regional DME MACs (DMERCs). He is a noted expert on durable medical equipment (DME) for the podiatric profession, and an expert panelist for Codingline.com. He is a medical advisor and consultant to many medical manufacturers.