



Let's Heal That Wound...and Get Paid to Do It!

Here's how to bill for topical wound care agents.

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This topic is much too broad to describe or discuss in one writing, so I thought I would focus on some topical wound healing agents and their coding, primarily collagen and foam products.

Collagen products can be an outstanding resource to be utilized in the healing of wounds with great efficacy and are typically a covered service, at least by the Medicare carriers. Collagen products act as an excellent scaffold for the advancement of epithelial tissue or even the preparation via oxygenated granulation tissue for biologic placement.

Collagen Powder: One of the favorites of wound care gurus. A6010 collagen-based wound filler, dry form, per gram of collagen.

Collagen powder can be dispensed to your patients right from the office, up to 30 grams per month, or per 30 days. As the provider of the product, you can decide whether to use the whole 30 grams or can give them smaller increments, depending on the clinical need. Many providers may feel that only 5 or 10 grams will be needed for healing a particular lesion so they will dispense it as such. The billing for the collagen powders is per gram, so if you are dispensing 30 grams, for the patient to use 1 gram per day on their wound, you would bill the appropriate ICD-10 code, most typically L97.xxx for the ulcer, and A6010 x 30 units. Also, you should add the number of

wounds being treated with the modifier A1 for one wound, A2 for two, and so on; place of service (POS) 12 for HOME.

You do not need the KX, or any other modifier added to these unless an individual payer requires it. One proviso here: you cannot dispense this on the same day as an ulcer debridement and expect it to get paid. It's strange but true in almost all cases. Many vendors have set up

Collagen Dressing:

A6021 Collagen dressing, sterile, pad size 16 sq in or less, each

These too can be dispensed 30 units per month. The key is that these are not really covered for heavy exudative wounds and often must be full-thickness, depending on the payer LCD. (Local coverage determination). Foam type dressings will be better for heavy exudate wounds.

Many vendors have set up home shipping deals where you can place the order and have the product sent right to the patient's home or you can have the patient come back a day or two post-debridement to pick up the product.

home shipping deals where you can place the order and have the product sent right to the patient's home or you can have the patient return a day or two post-debridement to pick up the product. Do what is the best for the patient and the expected clinical outcome.

A little clinical trick here is to have the patient add a little sterile saline solution to the packet at the time of use, making a paste to be applied versus fighting to keep a powder in place. This helps with compliance and application. Have the patient discard the remainder after use and not re-use packets.

Foam Dressings:

A6209 Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.

A6210 Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing.

A6211 Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.

A6212 Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.

Continued on page 116



Get Paid (from page 115)

A6213 Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any

Primary Dressings—Defined as therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin; and,

billed for and sometimes paid. One must be very careful when billing additionally for secondary dressing supplies as they are heavy scrutinized in audits and must be very clearly documented as to their need.

Medicare provides reimbursement for many surgical dressings under the surgical dressings benefit. This benefit provides coverage for primary and secondary surgical dressings used on the skin for specified wound types.

Topical wound products and dressings are a great addition to your wound healing armamentarium and are typically reimbursed so neither you nor your patient is out a great expenditure in the pursuit of good and effective wound healing. **PM**

size adhesive border, each dressing.

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Secondary Dressings—Defined as materials that serve a therapeutic or protective function and that are needed to secure a primary dressing. When a wound dressing/cover with an adhesive border is being used, no other dressing is needed to be added to it.

Some secondary dressings are



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