

# LCD Documentation Checklist

Surgical Dressings · Medicare DMEPOS Reference

**Reference only.** This checklist is a practical interpretation of the Medicare LCD policy for surgical dressings, adapted from the publicly available CGS Administrators surgical dressings checklist (Jurisdictions B & C). It is not legal, regulatory, or billing advice. Final coverage and reimbursement are subject to medical necessity, complete documentation, payer rules, supplier accreditation, and the most current LCD/NCD guidance.

## A. STANDARD WRITTEN ORDER (SWO)

Required before suppliers may submit claims. Every SWO must contain all of the following elements.

■ **SWO contains all required elements:**

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order date
- General description of the item — narrative, HCPCS code, HCPCS narrative, or brand/model
- For supplies: each concurrently ordered, separately billed supply listed individually
- Quantity to be dispensed (if applicable)
- Treating practitioner name or NPI
- Treating practitioner's signature

■ **Any changes or corrections initialed/signed and dated by the ordering practitioner**

■ **Practitioner signature meets CMS Signature Requirements (MM6698)**

**Additional documentation that supports medical necessity:**

- Frequency of dressing change
- Route of administration
- Duration of need

**Reminders.** Suppliers should not submit claims to the DME MAC prior to obtaining an SWO. Claims billed before a completed SWO must use modifier EY. A new SWO is required if a new dressing is added or if the quantity of an existing dressing is increased — and a new SWO is required every 3 months for each dressing in use.

**How WoundKit handles this:** The Partner Portal generates the SWO from the order intake screen, captures the practitioner signature, and rejects incomplete SWOs before they enter the queue. New SWOs are auto-prompted at the 3-month boundary and any time quantity changes.

## B. COVERAGE CRITERIA & MEDICAL RECORDS

- **Medical records confirm surgical dressings are required for one of:**

- Treatment of a wound caused by, or treated by, a surgical procedure, or
- Required after debridement of a wound (any debridement technique)

- **Surgical dressing code billed with appropriate modifier (A1–A9)**

**Initial wound evaluation must specify:**

- Type of qualifying wound
- Location, number, and size of qualifying wounds being treated
- Whether the dressing is primary, secondary, or non-covered use (e.g., wound cleansing)
- Amount of drainage
- Type of dressing (e.g., hydrocolloid wound cover, hydrogel wound filler)
- Size of the dressing (if applicable)
- Number/amount used at one time
- Frequency of dressing change
- Any other relevant clinical information

**Ongoing wound evaluation:**

- Performed at least monthly, unless documentation justifies otherwise
- Weekly evaluation expected for nursing-facility patients or heavily draining/infected wounds
- Each evaluation must include: wound type, location, size (length × width × depth), drainage amount

**How WoundKit handles this:** Practices upload clinical documentation directly into the Partner Portal. Wound location, measurements, drainage, and dressing assignment are captured as structured fields — flagged automatically if a required data point is missing before submission.

## C. COLLAGEN-SPECIFIC COVERAGE CRITERIA (A6010, A6011, A6021–A6024)

Basic coverage criteria above plus the following specific criteria must be met for collagen dressings.

- **Wound type qualifies for collagen-based dressing or wound filler:**

- Full-thickness wounds (e.g., stage 3 or 4 ulcers) with light to moderate exudate, OR
- Wounds that have stalled or have not progressed toward a healing goal

- **Dressing-change frequency aligned with policy: collagen dressings can stay in place up to 7 days**

- **Wound is NOT excluded from collagen coverage:**

- Wounds with heavy exudate
- Third-degree burns
- Active vasculitis present

**How WoundKit handles this:** Compliance checks in the Partner Portal verify wound type, exudate level, and exclusion conditions before an order moves to fulfillment. Orders that fail collagen-specific coverage criteria are surfaced with the specific reason so the practice can update or withdraw.

## D. DELIVERY DOCUMENTATION

All delivered/shipped supplies must be supported by delivery documentation. Three valid forms:

### Direct Delivery

- Beneficiary's name
- Delivery address
- Quantity delivered
- Description of item(s) — narrative, HCPCS code, long description, or brand/model
- Delivery date
- Signature of person accepting delivery + relationship to beneficiary

### Shipped/Mail Order with Tracking Slip

- Shipping invoice with beneficiary name, delivery address, item description, quantity
- Tracking slip referencing each individual package, delivery address, package ID, ship date, delivery date
- Common reference number (package ID, PO) linking the invoice and tracking slip

### Shipped/Mail Order with Return Post-Paid Delivery Invoice

- Shipping invoice with beneficiary name, address, description, quantity, ship date
- Signature of person accepting delivery + relationship + delivery date

**Date of Service (DOS) note.** If using a shipping service, suppliers may use either the shipping date or the delivery date as DOS. Whichever is chosen should not vary significantly across claims.

**How WoundKit handles this:** Total Surgical handles direct-to-patient shipping with carrier-scanned proof of delivery. Delivery confirmation, tracking IDs, and signature capture flow into the order record automatically — no separate paperwork for the practice.

## E. REFILL DOCUMENTATION

For dates of service on/after January 1, 2024. Two paths: in-person retail pickup, or delivered refill communication.

### Items obtained in person at a retail store

- Signed delivery slip or copy of itemized sales receipt
- Slip/receipt should indicate items were picked up at storefront

### Delivered refill communications

- Beneficiary name and/or authorized representative
- Date of request
- Description of each item requested
- Documentation of affirmative response indicating need for the refill
- Contact must occur no sooner than 30 calendar days prior to expected end of current supply
- Shipment/delivery occurs no sooner than 10 calendar days prior to expected end of current supply

**How WoundKit handles this:** Refill timing rules are enforced by the Partner Portal. Practices and Total Surgical receive prompts inside the 30-day pre-end window, and shipments are scheduled to honor the 10-day rule automatically.

## F. MODIFIERS & COMMON REMINDERS

- A1–A9 modifier added to surgical dressing code when applicable
- If A9 is used, indicate the number of wounds the dressing is being used on
- If GY is used (non-coverage reason), brief description in the narrative field (e.g., 'A6216GY — used for wound cleansing')
- Items with no physician/licensed-provider order: submit with EY modifier on each affected HCPCS code
- Tape codes A4450 and A4452, when used with surgical dressings: AW modifier in addition to A1–A9
- RT/LT modifiers required for A6531, A6532, A6545 (compression stockings/wraps)

**Quantities above the normal allowance.** Suppliers are expected to verify how much the patient is actually using and adjust provision accordingly. No more than a one-month supply may be provided at a time, unless documentation supports a greater quantity in the home setting.

## SOURCES & DISCLAIMER

### Primary sources:

- CMS Surgical Dressings LCD & Policy Article (current revision)
- CGS Administrators surgical dressings documentation checklist (Jurisdictions B & C, originated 2018-01-31, revised 2024-02-06)
- CMS Signature Requirements (MM6698)
- DME MAC Supplier Manual (Jurisdiction B and C editions)

### Disclaimer:

This document is a practical, plain-language reference adapted from publicly available CMS and DME MAC policy. It is intended for educational and operational use by surgical practices, billing staff, and DMEPOS partners. It is not legal advice, regulatory guidance, or a substitute for the most current LCD policy. Always consult the active LCD/NCD, the DME MAC Supplier Manual for your jurisdiction, and your compliance team before billing.

### WoundKit by Total Surgical

Post-op wound care, selected by the provider and shipped to the patient.

Book a 20-minute demo: [woundkit-site.vercel.app/#demo](https://woundkit-site.vercel.app/#demo)

Email: [woundkit@totalsurgical.com](mailto:woundkit@totalsurgical.com) · Phone: +1 (214) 310-0423