A Step-by-Step Approach to Billing Wound Care Products Through Your Office

Follow these rules and you’ll pass any and every pre-payment audit that may come your way.

BY JONATHAN MOORE, DPM

The key to being successful in any audit situation is being proactive in using the correct information prior to an audit and not after.

THE DIABETIC FOOT

This article is written exclusively for PM and appears courtesy of the American Academy of Podiatric Practice Management. The AAPPm has a forty-plus year history of providing its member DPM’s with practice management education and resources. Visit www.aappm.org for more information.

All of us have the desire to provide excellent care, convenience and customer service to our diabetic patients, but the challenge is putting together the protocols and the necessary staff to make sure the system can run on ‘cruise control’.

The ‘Center of Excellence’ (COE) approach to patient care is essential, in my opinion, to not only achieve the best outcomes, but moreover to provide the convenience and quality our diabetic patients expect. With the advent of measurable quality of care, the COE approach is critical for survival.

While in previous articles I’ve explored the COE concept in relationship to diabetic footwear, vascular testing, radiology/MRI, Bracing/AFO’s among other components, one area that still eludes many of you is mastering the ability to provide patients with wound care supplies in your office. Among the products that I’m referring to are primary topical wound care agents like alginites, foams, collagens, hydrogels, secondary dressings like bordered gauze, and even graduated compression garments (which are covered with the diagnosis of an open venous stasis ulcer).

While it is second nature for us to provide our diabetic patients with therapeutic shoes and in some cases a pneumatic removable cast walker, few unfortunately provide their patients with wound supplies. Part B Medicare Utilization Data (BMAD) without question demonstrates this fact.

It is often the case that many, without exploration into the reimbursement schedule for common topical wound care supplies, may scoff at the idea of going to the trouble and expense of stocking and providing wound care supplies for their patients. Doing so, however, is well worth your time, both for your patients and your bottom line.

Why would you want to supply your patients with their wound care supplies? Here are ten good reasons:

1) Convenience for your patients
2) The patient gets the wound dressing you recommend without substitution
3) No delay in treatment of the wound
4) You and your staff can demonstrate how to apply the dressings
5) No worry about the patient NOT picking up or filling his/her prescription for the supplies you prescribed
6) Reimbursement to your practice
7) Simple documentation requirements
8) Prepackaged kits can be used to make dispensing simple
9) Lower cost to stocking
10) Staff-driven

Removing the Obstacles

While I could spend the entirety of this article continuing to pontificate on the financial and clinical virtues of dispensing wound dressings, this is not my purpose here.

The purpose of this article is to remove the most common obstacles lying in the way of starting to dispense wound dressings to your patients out of your office.

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any audit situation is being proactive by documenting the correct information prior to an audit and not after. Whether through PM News or through your association with the AAPPM, searching out what is required is unfortunately NOT a one-time effort. It has to be an ongoing activity.

Confronted with “take back” demands for claims filed 2-3 years ago or lengthy post-delivery/pre-payment information demands, podiatric physicians must quickly adapt their internal processes and expand their skills beyond patient care if they want to survive.

Prepayment audits for AFO’s, diabetic shoes, wound dressings, this simple rule is not the standard of care for wound treatment.

Whether you receive a Recovery Audit Contractor (RAC) audit letter or a MAC notice of prepayment claim review, the painful impact on your practice is the same until you can convince the contractor that your claim has all the necessary elements required by Medicare (which is often difficult if your note is grossly missing components required). The time and energy it takes from our practices to provide written responses trying to convince the RAC or MAC to approve your claim is daunting, but it HAS to be done.

Now, as mentioned above, my goal is to provide key information for every practice to be able to be prepared and thrive in this age of audits, specifically regarding wound/surgical dressings.

Why focus on wound dressings?

Because I believe in the value of this service for our patients (and their outcomes) and furthermore, overcoming the obstacles is NOT hard if you follow the rules and train your team to help you avoid the common denial pitfalls.

The Top 6 Denial Reasons

Jurisdiction B recently conducted a widespread prepayment probe review of surgical dressings, which included the following Healthcare Common Procedure Coding System (HCPCS) codes: A6197 (Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing) and A6199 (Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches).

Between 1/12/2016 and 5/8/2016, the Medical Review Department performed a complex review of 100 claims. A total of 8 claims were allowed and 92 claims were denied, resulting in a claim error rate of 92 percent.

A total of 37 claims denied be-

**If you are treating wounds routinely without debridement, this falls below the standard of care for wound treatment.**

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is not documentation of drainage or exudate in the wound? The same can be said of the use of a hydrogel. Should CMS pay for a hydrogel if there is no documentation of excessive dryness in the wound? In the era of EHR, there is simply no excuse for not templating and documenting the characteristics of the wounds. In our offices, paper templates are still used in the treatment rooms (partially completed by staff and partially by the physician) that upon completion are given to the documentation scribe who then records the findings documented on the template into the medical record. If the characteristics of the wound or if the size, depth and staging are missing for some reason, the scribe hands the template back to the physician to complete. (To view a sample wound template, see Appendix A.)

3) Wound evaluation missing type, location, size, depth, and/or drainage amount.

   These simple and painfully obvious findings should be recorded whether you are dispensing dressings or not. Again, using the simple wound template described above can assure that these basic clinical findings are recorded. As it is the case that wound/surgical dressings are reimbursable ONLY if the wound is a full thickness wound, it goes without saying that the depth and staging must be recorded.

4) Order did not specify quantity to be used at one time.

Why would CMS pay for a foam or an alginate dressing if there is not documentation of drainage or exudate in the wound?

This is information that should be recorded both in the patient’s medical record and in the detailed written order (DWO) and is no different than what is required in writing a prescription for an antibiotic.

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**FIGURE 1:**
Wound Product Matrix for DME Dispensing

<table>
<thead>
<tr>
<th>Product Category &amp; HCPCS Code</th>
<th>Wound Indications</th>
<th>Wound Type and Suggested Products for Lower Extremity Wound</th>
<th>Max. # Allowed to Dispense per Month per Wound</th>
<th>Approx. Cost vs. Medicare Reimbursement FOR ONE DRESSING</th>
</tr>
</thead>
</table>
| **ALGINATES** A6196-A6199    | Moderate—Heavy Drainage, Infection, Tunneling | Any Draining Wound ----- Calcium Algnate 2x2 | 30 | Cost: $1.75  
 Reimbursement: $8.13 |
| **COLLAGENS** A6021–A6024 - Dressing A6010 - Powder A6011 - Gel | Moderate—Heavy Drainage, Infection, Tunneling | Any Draining Wound that is Free of Slough/Necrosis ----- | 30 | Dressing Cost: $10.00  
 Reimbursement: $23.24  
 Collagen Powder Cost: $12.00  
 Reimbursement: $34.24 |
| **FOAMS** A6209–A6215 | Moderate—Heavy Drainage, Infection | Any Draining Wound ----- Foam 2x2 | 12 | Cost: $2.75  
 Reimbursement: $10.73 |
| **HYDROCOLLOID** A6234–A6241 | Light to Moderate Drainage, No Infection | Ankle Wounds ----- Hydrocolloid 4x4 | 12 | Cost: $1.80  
 Reimbursement: $7.23 |
| **HYDROGELS** A6231–A6233 - Gauze A6243-A6247 - Gauze A6248 - Gel | No Drainage, Infection | Diabetic/Neuropathic Ulcers ----- Wound Dressing ----- Hydrogel Gauze Dressing | Usual 3 oz. gel or 12 pads with adhesive border; 30 gauze pads | Gel Cost: $13.25  
 Reimbursement: $17.96/oz.  
 Gauze Cost: $2.50  
 Reimbursement: $5.18 |

* Collagen Dressings A6021-A6024 require PDAC validation

Disclaimer: Procurement costs are product, vendor and size-dependent. Reimbursement is based on product size and DME MAC fee schedule. Costs and Reimbursement are an average representation of Medicare ceiling.

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**Billing (from page 88)**

tibiotic or any other prescription product (to view a sample wound dressing prescription order, see Appendix B.) Simply recording the information in a detailed written order and not having the identical information documented in the medical record will undoubtedly result in a claim rejection if your claims are subject to a complex medical review.

The number of wound dressings allowed for each wound is dictated by the type of dressing being used. (Figure 1)

For alginates, up to 30 pieces of dressing material are allowed per wound per month. For collagen powders/sheets, again 30 are allowed per wound, per month.

For foams, however, only 12 are allowed per wound, per month.

The bottom line is: payers want you to simply document how many wound dressings YOU think the patient needs.

If you document a wound that is 1 cm X 1cm, does the patient need 30 pieces (a 1 month supply) to heal that wound? If so, simply document it.

5) No medical records were submitted.

6) Order did not specify dressing change frequency.

Again, this is information should be recorded in the patient’s medical record and in the detailed written wound dressing prescription order described above.

In most cases, the order should indicate that the patient is to change the dressing 1 time per day (collagen powder/alginate) or 1 time every 3 days (foam). Again, this should be templated on the detailed written order form that is embedded into your EHR.

**Writing an Effective Reply**

If you are facing an audit of any kind (AFO’s, therapeutic shoes, or wound dressings) writing an effective reply rests on presenting your arguments clearly and effectively. Keeping these points in mind when drafting your reply can help you to be successful.

1) The people reviewing your appeal are not wound care specialists, so keep your language simple and direct. If you must use terminology that’s specific to your specialty, define it so the reader knows what you’re talking about.

2) State the main issue(s) immediately (e.g., “The MAC is withholding payment of the claim because it wants the following information,...” etc.).

3) Attach all necessary exhibits (i.e., everything you identified in your Evidence Checklist).

4) Avoid Templates and check-off boxes for your notes. Check box forms will routinely be rejected by CMS contractors. A narrative discussion of the necessary requirements as stipulated above and in the LCD is what is required.

Templates and check-off forms give you no opportunity to tell your patient’s story. Use the patient’s name to paint a picture about the real clinical needs of your patient. Demonstrating that you provided appropriate clinical care will be far more effective if you take the time to organize your facts into a compelling narrative using language they’re more likely to understand.

See Figure 2 for a sample reply letter.

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**Additional Considerations**

**Documentation Details**

Poor documentation certainly is the most common cause of denials with wound dressings. A properly prepared patient chart note should

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include the following information: Diagnosis Code, Procedural Code (i.e., Wound Debridement), Number of Wound(s), Wound Type-Loc-ation-Stage, Full or Partial Thickness, Wound Measurements (L x W x D), Type and Amount of Drainage, Wound base (% of fibro-sis, % of granulation), a detailed written order (DWO) for Primary/ Secondary Dressing(s) including Frequency and Duration of Dressing Changes and Written Instruc-tions along with a proof of delivery (POD) document (to view a sample proof of delivery (POD) document, see Appendix C.)

What About Home Health Patients!

Unfortunately, it is not uncom-mon for a wound care patient to present to your clinic stating they are not receiving any home health when it fact they are. Of course you know that IF the patient is receiving home health for any reason, they can’t also receive wound care dress-ings from ANY other source, as the home health agency is being paid under a Part A consolidated billing payment. So even if the beneficiary was NOT getting any wound care at all, the home health agency that re-ceives the payment is responsible for the dispensing of all wound dress-ings (and this includes compression garments). CMS will not separately pay an outside provider for services covered under the consolidated bill-ing rule.

Many clinics know this and try their best to quiz the patient on this, even checking with family, but any-one can get burned IF they rely solely on the word of the patient.

The home health status of your patients can be verified by your office prior to the dispensing of wound care products either through your software vendor eligi-bility program or government websites that store patients’ ac-tive records. Our practice has been using this resource for years and it has saved us on multiple occasions from losing revenue by recogniz-ing that the patient is still being classified as a Home Health Patient despite having been discharged. If your practice is not currently reg-istered for these services, your will need to contact the local regional carrier for access.

- Region/Jurisdiction C: CGS (Celerian Group Company)—IVR 866.238.9650 http://www.cgsmedi-care.com/jc/index

It is imperative that patient benefits and deductible amounts be recorded prior to dispensing DME. If the patient’s deductible has not been met, the amount for the wound dressings or their co-pay amount needs to be collected at the time of dispensing. Make sure that your patients are aware of these amounts as many products cannot be returned (e.g., any opened wound dressing or used compression garment).

Allowable

The allowable number of dressings per wound is most often determined by Medicare and is based on a 30-day period. Each product has its own unique pur-pose and design and it is impera-
FIGURE 3:

BILLING FOR WOUND CARE PRODUCTS

Has all the proper documentation been completed to include the following:
- Diagnosis Code, Procedural Code (i.e., Wound Debridement), Number of Wound(s), Wound Type, Location, Stage, Full or Partial Thickness, Wound Measurements (L x W x D),
- Type and Amount of Drainage, Prescription for Primary/Secondary Dressing(s) including Frequency and Duration of Dressing Changes and Written Instructions? (No more than a one month supply may be dispensed at any time.)

- Yes
- No

Complete appropriate documentation

Is the wound full-thickness?

- Yes
- No

Partial-thickness wounds are non-covered

Does the prescribed dressing have a HCPCS Code assigned? https://www.dmepdac.com/
(Wound dressings may or may not require PDAC approval)

- No
- Yes

HCPCS code is required for coverage

Is the patient receiving ANY Home Health service(s)?

- No
- Yes

Product(s) must be provided by Home Health Agency

Does patient have private insurance DME coverage?

- Yes
- No

Discuss alternative options with patient

Does patient have Medicare only?

- Yes
- No

Collect any deductible and/or 20% co-pay

Does the patient have Medicare and a secondary?

- Yes
- No

Collect any deductible and/or co-pay

Does the patient have Medicaid?

- Yes
- No

Refer to State LCD

Is there a DME Deductible?
- How much has been met?
- What’s the percentage of coverage after deductible is met?
- Does money need to be collected at check out?

Assign “A” (#) Modifier and Place of Service (POS) “Home = 12” to Each DME Item Dispensed

Have Patient Date/Sign a Proof of Delivery

Dispense Product to Patient

Submit Claim to Insurance

DONE

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**Billing (from page 92)**

It’s not a common scenario, some carriers will not cover wound dressings being dispensed by the physician. Learning which plans have these restrictions is important. Adding wound care dressings to your list of items asked about when obtaining benefits will save a lot of time and frustration.

In the event a particular payer will not cover the items from your office, a local supplier should be able to accommodate your request. Make sure the patient has a prescription and it’s clear the items cannot be substituted, as many of these companies try to reduce their cost by providing the cheapest product possible to maximize their profits. Even though products may be in the same category, not all products are created equal. If the supply house values your business, they should be able to supply the products you request and maintain a healthy bottom line.

**Education**

Patient education on how to properly use the dressing prescribed by the physician can be just as important as the dressing itself. Proper training and communication can determine not only potential for successful outcomes but also the patient’s ability to perform the tasks required.

- How to perform proper dressing changes
- Utilizing gloves
- Creating a ‘clean’ space at home to change the dressings
- Making it clear as to the frequency of dressing change
- Does the patient need a Home Health Referral or can the patient or family adequately put the dressing on?
- Educating the patients NOT to use dressings from an already open package.
- When they are to return for follow-up

**Summary**

Dispensing dressings and supplies from your office to your patients is a key part of becoming a true Center of Excellence for your diabetic patients. Like any type of DME, the rules are constantly changing and yet they are not complicated if you keep up with rules and have the staff to help you document what you need to be compliant. Utilizing a scribe or training your documentation staff to help with the compliance tools can save time and insure compliance. It is often the case that changes in compliance rules are not widely circulated, so to keep up, stay in tune with publications like *PM News* and through the American Academy of Podiatric Practice Management.

For a quick reference and summary of the above protocols for billing wound care dressings, see the Flow Chart (Figure 3) on page 93. PM

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**Helpful Reminders**

**Detailed Written Order (DWO) should include:**

- Patient’s Name
- Detailed description of item(s) to be dispensed including each separately billed component (A Code and its full description)
- Number of dressings being dispensed
- Instructions for use of the wound dressing (how often dressing is to be changed and reapplied)
- Documentation of how many wounds are being treated
- Treating MD’s signature
- Date treating MD signed the detailed written order
- Start date of the order (only required if different than the signature date)

(To view a sample wound dressing prescription order, see Appendix B.)

**Proof of Delivery (POD) should include:**

- Patient’s name
- Date
- Detailed description of each item delivered (same as the detailed written order: The A code and its full description)
- Brand name and model number of item(s) delivered
- Patient signature above patient’s printed name

(To view a sample Proof of Delivery form, see Appendix C.)

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Patient Name ____________________________________ ___________________ Date__________________ Wound visit # ______

Chief Complaint: Open Wound x _____ days / _____ months

Other Subjective Symptoms: ___pain   ____numbness  ____fever  ___chills  ____nausea

Combined Medical and Mental Condition:

____ mobility ; _____ infection; __ diabetes type I or II; ____ chronic pressure; ____ arterial insufficiency/small vessel ischemia; ____ venous stasis; ____ edema; ____ CPOD; ____ malnutrition; ____ CHF; ____ anemia; __ Other:________________________

Wound/ Dermatitis/ Pre-Ulcerative Lesion Status: _____ improved (_____ %) _____ declined (_____ %)

Medicines/Allergies: __ Reviewed and in chart.

Compliance: Good     Questionable     Poor     Dressing Status: Clean     Exudates     Dirty     Odor

Associated Deformity(s):

Dressing Status: Clean     Exudates     Dirty     Odor

Drainage:

Wound Status:

Associated Deformity(s): ______________________________

Wound 1: _____cm (length) X _____cm (width) X _____cm (depth)

Wound 2: _____cm (length) X _____cm (width) X _____cm (depth)

Wound 3: _____cm (length) X _____cm (width) X _____cm (depth)

Wound 4: _____cm (length) X _____cm (width) X _____cm (depth)

Drainage: None Minimal Moderate Severe Type:

WOUND CHARACTERISTICS:

___PAINFUL   ___ NOT PAINFUL

___SLOUGH

___ESCHAR TISSUE ___% OF WOUND

___NECROTIC TISSUE ___% OF WOUND

___GRANULATION TISSUE ___% OF WOUND

___FIBROTIC TISSUE ___% OF WOUND

___KERATOTIC TISSUE ___% OF WOUND

___UNDERMINING ___DRIY

___TUNNELING

___EXUDATE ___PUS

___ERYTHEMOTOUS BASE

___PSORIATIC

___SUB EPIDERMAL

___BLEEDING

___VENOUS WEEPING

___CHRONIC/NON HEALING

___LEG ULCERATION

___NEED FOR MOISTURE

Type of tissue removed from the wound: ___Necrotic ___Fibrinous ___Granular ___Tissue Biopsy Performed

Evaluation of possible infection: ___ Culture and Sensitivity ___X-Ray ___Blood Work

Impression: __ Healed ___ Improved ___ Initial Assessment ___ Unchanged ___ Worsening

Treatment: ________The wound cleaned, flushed, irrigated and prepared for debridement/dressing. The wound was debrided sharply manually with #15 blade ___ curette ___ tissue nipper down the level of the tissue at the base of the wound that may include muscle, tendon, bone, or any necrotic tissue (see wound grade). The debridement was performed to reduce risk of infection and improve wound healing.

Anesthesia Used: YES     NO (Patient Neuropathic)

Type of tissue removed from the wound: ___Necrotic ___Fibrinous ___Granular ___Tissue Biopsy Performed

Evaluation of possible infection: ___ Culture and Sensitivity ___X-Ray ___Blood Work

Oral antibiotics prescribed:

Impression: __ Healed ___ Improved ___ Initial Assessment ___ Unchanged ___ Worsening

Treatment plan was given to the patient verbally.

The patient and their family were educated thoroughly regarding the wound care regimen. All materials and supplies were dispensed per the patient needs. Home instructions were reviewed and all questions answered in detail.

Topical Wound Care Plan: Unna Boot     Hydrogel     Foam Dressings     Helix 3 – CP     Helix 3 – CM

Products Dispensed: _________________________________________

(Topical Wound Care Plan: Unna Boot     Hydrogel     Foam Dressings     Helix 3 – CP     Helix 3 – CM

Products Dispensed: _________________________________________

(Infrastructure Provided: _____ Unna Boot     Hydrogel     Foam Dressings     Helix 3 – CP     Helix 3 – CM

Goal of Current Therapy: ___Complete Resolution ___Infection Control ___Palliative Care

Prognosis: __ Good ___ Fair ___ Poor

Footgear Recommendations: ___AFO ___Non-Pneumatic AFO with Molded Inlay ___Diabetic Therapeutic Shoes and Insoles

Follow-Up for Wound Care: ________day(s); ________week(s) ________ Picture Taken

Physician Signature: _________________________________
Patient’s Name: __________________________  Date:__________________________

**WOUND DRESSING PRESCRIPTION**

Product:

- ___ Polymem (A6212)
- ___ Amerigel/Hydrogel/Solosite Gauze (A6231)
- ___ Helix 3 – CP (A6010)
- ___ Promogran (A6021)
- ___ Prisma (A6021)
- ___ Adaptic (A6222)
- ___ Fibracol (A6021)
- ___ Helix 3 – CM (A6010)
- ___

Other: ____________________________________________

Number: _____ Grams _____g  Size: ___ X ___

Apply to Wound Site (Location: See Office note): ________________________________

Dressing To Be Changed:

- ___ Twice a day
- ___ Daily
- ___ When Dressing 75% saturated
- ___ 3 x Week
- ___ Weekly
- ___ Other: ____________________________ over the next month.

Anticipated Length of Need:

- ___ 1 month
- ___ 2 months
- ___ 3 months
- ___ > 3 months
- ___ until healed

Goal of Treatment: To achieve complete healing of the wound site(s) and then to prevent reoccurrence through the use of shoes, insoles, bracing, education or through any other means necessary.

**Diagnosis:**

<table>
<thead>
<tr>
<th>Right Calf</th>
<th>Left Calf</th>
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<tbody>
<tr>
<td>Limited to breakdown of skin</td>
<td>197.221</td>
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<tr>
<td>With fat layer exposed</td>
<td>197.222</td>
</tr>
<tr>
<td>With necrosis of muscle</td>
<td>197.223</td>
</tr>
<tr>
<td>With necrosis of bone</td>
<td>197.224</td>
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<table>
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<td>197.421</td>
</tr>
<tr>
<td>With fat layer exposed</td>
<td>197.422</td>
</tr>
<tr>
<td>With necrosis of muscle</td>
<td>197.423</td>
</tr>
<tr>
<td>With necrosis of bone</td>
<td>197.424</td>
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<table>
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</thead>
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<td>Limited to breakdown of skin</td>
<td>197.331</td>
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<tr>
<td>With fat layer exposed</td>
<td>197.332</td>
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<tr>
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<td>197.333</td>
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<tr>
<td>With necrosis of bone</td>
<td>197.334</td>
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<table>
<thead>
<tr>
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</thead>
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<tr>
<td>With fat layer exposed</td>
<td>197.532</td>
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<tr>
<td>With necrosis of bone</td>
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<table>
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<td>197.831</td>
</tr>
<tr>
<td>With fat layer exposed</td>
<td>197.832</td>
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<td>With necrosis of muscle</td>
<td>197.833</td>
</tr>
<tr>
<td>With necrosis of bone</td>
<td>197.834</td>
</tr>
</tbody>
</table>

**Pressure Ulcer - Right Ankle**

| Stage 1 | 199.511 |
| Stage 2 | 199.512 |
| Stage 3 | 199.513 |
| Stage 4 | 199.514 |

**Pressure Ulcer - Left Ankle**

| Stage 1 | 199.521 |
| Stage 2 | 199.522 |
| Stage 3 | 199.523 |
| Stage 4 | 199.524 |

**Pressure Ulcer - Right Heel**

| Stage 1 | 199.611 |
| Stage 2 | 199.612 |
| Stage 3 | 199.613 |
| Stage 4 | 199.614 |

**Pressure Ulcer - Left Heel**

| Stage 1 | 199.621 |
| Stage 2 | 199.622 |
| Stage 3 | 199.623 |
| Stage 4 | 199.624 |

**Pressure Ulcer - Other Site**

| Stage 1 | 199.851 |
| Stage 2 | 199.852 |
| Stage 3 | 199.853 |
| Stage 4 | 199.854 |

**WOUND PROPERTIES:**

- ___ Wound is Full Thickness
- ___ Wound is Draining/Exudative
- ___ Wound is Dry and Needs Hydration
- ___ Wound needs antimicrobial Dressing (Silver)
- ___ List of 30 Standards and Complaint Resolution Form Dispensed To Patient.
- ___ Patient/Family Educated Regarding How to Apply and Use at Home

Physician/Nurse Practitioner Signature ___________________  Date _____/____/____
Proof of Delivery (POD)

Foot and Ankle Centers

Delivery Address: 929 North Main Street

Name: ________________________ DOB: ____________ Date: __________

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Prescribed Item and description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prisma Collagen dressing, sterile, pad size 16 sq in or less, each</td>
<td>A6021</td>
</tr>
<tr>
<td></td>
<td>Helix Matrix Collagen dressing, sterile, pad size 16 sq in or less, each</td>
<td>A6021</td>
</tr>
<tr>
<td></td>
<td>Fibrocol Collagen dressing, sterile, pad size 16 sq in or less, each</td>
<td>A6021</td>
</tr>
<tr>
<td></td>
<td>Amerigel Hydrogel/Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq in or less, each dressing</td>
<td>A6231</td>
</tr>
<tr>
<td></td>
<td>Foam Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td>A6212</td>
</tr>
<tr>
<td></td>
<td>Helix CP Collagen based wound filler, dry form, per gram of collagen</td>
<td>A6010</td>
</tr>
<tr>
<td></td>
<td>Gauze 2x2 Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>A6216</td>
</tr>
<tr>
<td></td>
<td>Gauze 4x4 Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>A6216</td>
</tr>
<tr>
<td></td>
<td>Kling Rolls Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard</td>
<td>A6443</td>
</tr>
<tr>
<td></td>
<td>Tongue Depressors (Sterile) to be dispensed with powder dressings</td>
<td>------</td>
</tr>
</tbody>
</table>

Brand Name: __________________________     Serial/Lot Number: ___________________

# Of Wounds   ____

Foot and Ankle Center Supply Warranty Information

By signing below, I am certifying that I have received the above designated item and that the item is satisfactory and not substandard in any way. All devices eventually wear out through normal wear and tear. The products you have received have a 1 month manufacturer’s warranty against defects in materials and workmanship, assuming normal wear and tear (see product manual if applicable.) We will repair or replace, free of charge devices that are under warranty. For issues of initial fit, please return within 7 days to our office so that we can address concerns of the initial fit of the device. Due to the medical nature of most of these devices, they cannot be returned, unless defective and under warranty.

√ I have received a copy of the privacy policy, on this visit or on a previous visit as noted in my medical record.
√ I received Use, Care and Maintenance Instructions, including Warranty Information.
√ I received the Patient Rights and Responsibilities handout, Feedback Complaint Policy and the DMEPOS Supplier Standards.
√ I received a copy of the Quality Improvement Program Survey.
√ I received my DMEPOS items.

By signing below, I acknowledge and understand all of the above.

______________________________________________________    Date: __________________  Witness:  __________

Patient/Guardian Signature

______________________________________________________

Printed Name