

# Surgical Dressings and Supply Elements Required on Detailed Written Order (DWO)

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July 25, 2019

## Coverage

[Surgical Dressings Local Coverage Determination \(LCD\) and Policy Article](#) [PDF]

## Documentation

[Clinician Letter - Continued Medical Necessity](#) [PDF] - Letter may be sent to clinicians to assist in obtaining documentation

## Tips

- ⇒ General documentation requirements must be met in addition to coverage criteria. This includes refill requirements and proof of delivery requirements
- ⇒ 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 number of wounds on which that dressing is being used. Modifier number must correspond to number of wounds on which dressing is being used, not total number of wounds treated. For example, if 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. Modifiers A1-A9 are not used with HCPCS A6531 and A6532. When tape HCPCS A4450 and A4452 are used with surgical dressings, they must be billed with AW modifier (in addition to appropriate A1-A9 modifier)
- ⇒ RT and/or LT modifiers must be used with HCPCS A6531, A6532, and A6545 for gradient compression stockings and wraps
- ⇒ When dressing codes are billed for items covered under another benefit (e.g., gauze for a continent ostomy which is covered under prosthetic device benefit) claims must be billed according to documentation requirements specified in applicable LCD (see Ostomy Supplies LCD for details)
- ⇒ No more than a one month's supply of dressings may be provided at one time, unless there is documentation to support necessity of greater quantities in home setting in an individual case