

MEDICARE PART A BULLETIN

February 28, 1997

Hospital Medicare Bulletin H-75

TO: All Medicare Hospital Providers

FROM: Andy DePirro, Director Program Relations

SUBJECT: **BILLING AND REIMBURSEMENT FOR SURGICAL DRESSINGS**

ATTENTION MEDICARE BUSINESS OFFICE MANAGER: Please distribute to the appropriate health care facility personnel.

Effective March 1, 1997, the Health Care Financing Administration (HCFA) has revised the regulations regarding surgical dressings to reflect a change in billing and payment. Surgical dressings applied while a patient is being treated in an outpatient hospital department will be made on a reasonable cost basis rather than under the surgical dressing fee schedule payment methodology. However, in situations where the hospital outpatient department provides dressings for outpatients to take home, the surgical dressing fee schedule will be applied.

BILLING FOR SURGICAL DRESSINGS

A separate revenue code 623 "Surgical Dressings" was approved by the National Uniform Billing Committee for provider billing of surgical dressings effective for items furnished on or after January 1, 1995. For items furnished prior to January 1, 1995, providers bill for surgical dressings utilizing revenue code 274.

SPECIAL INSTRUCTIONS FOR BILLING OF SURGICAL DRESSINGS BY HOSPITAL OUTPATIENT DEPARTMENTS

Effective for surgical dressings furnished on or after March 1, 1997, payment for surgical dressings applied while a patient is being treated in a hospital outpatient department will be made on a reasonable cost basis, rather than under the surgical dressing fee schedule methodology. Therefore, hospitals bill for surgical dressings applied to their outpatients while in the outpatient department as follows:

Bill under revenue code 272 for "Sterile Supplies" for surgical dressings applied as part of an Ambulatory Surgical Center (ASC) procedure, radiology or other diagnostic procedure. Payment will be made on a reasonable cost basis subject to the blended payment methodology.

If hospital outpatient departments provide dressings for their outpatients to take home, they bill under revenue code 623 "Surgical Dressings", along with the applicable surgical dressing HCPCS code. In this situation, reimbursement will be made by applying the surgical dressing fee schedule amount.

HCPCS/CPT CODES AND FEE SCHEDULE FOR SURGICAL DRESSINGS

As a result of an expansion of Medicare coverage for surgical dressings, a number of Level II HCPCS codes have been established for billing for surgical dressings. These codes and their related prices are as follows:

SURGICAL DRESSINGS FEE SCHEDULE FOR 1997

Code	Fee	Code	Fee	Code	Fee	Code	Fee
A4460	0.97	A6240	11.68	K0154	13.29	K0241	2.45
A6154	13.29	A6241	2.45	K0196	7.01	K0242	5.79
A6196	7.01	A6242	5.79	K0197	15.68	K0243	11.75
A6197	15.68	A6243	11.75	K0199	5.04	K0244	37.46
A6199	5.04	A6244	37.46	K0203	3.19	K0245	6.93
A6203	3.19	A6245	6.93	K0204	5.94	K0246	9.46
A6204	5.94	A6246	9.46	K0207	7.00	K0247	22.68
A6207	7.00	A6247	22.68	K0209	7.14	K0248	15.49
A6209	7.14	A6248	15.49	K0210	19.00	K0249	0.82
A6210	19.00	A6251	1.90	K0211	28.01	K0251	1.90
A6211	28.01	A6252	3.10	K0212	9.25	K0252	3.10
A6212	9.25	A6253	6.05	K0214	9.82	K0253	6.05
A6214	9.82	A6254	1.16	K0216	0.05	K0254	1.16
A6216	0.05	A6255	2.89	K0219	0.91	K0255	2.89
A6219	0.91	A6257	1.46	K0220	2.46	K0257	1.46
A6220	2.46	A6258	4.10	K0222	2.03	K0258	4.10
A0622	2.03	A6259	10.43	K0223	2.30	K0259	10.43
A6223	2.30	A6263	0.28	K0224	3.44	K0263	0.28
A6224	3.44	A6264	0.46	K0229	3.44	K0264	0.46
A6229	3.44	A6265	0.12	K0234	6.24	K0265	0.12
A6234	6.24	A6266	1.83	K0235	16.05	K0266	1.83
A6235	16.05	A6402	0.12	K0236	25.99	K0402	0.12
A6236	25.99	A6403	0.41	K0237	7.54	K0403	0.41
A6237	7.54	A6405	0.32	K0238	21.74	K0405	0.32
A6238	21.74	A6406	0.76	K0240	11.68	K0406	0.76

HCPCS/CPT CODES NOT REIMBURSED VIA THE SURGICAL FEE SCHEDULE

There are fourteen Level II HCPCS codes for which fees have not yet been established. These codes will be reimbursed on a reasonable cost basis. They are as follows:

A6198	Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing;
A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing;
A6206	Contact layer, 16 sq. in., or less, each dressing;
A6208	Contact layer, more than 48 sq. in., each dressing;
A6213	Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq.in., with any size adhesive border, each dressing;

- A6215 Foam dressing, wound filler, per gram;
- A6218 Gauze, non-impregnated, pad size more than 48 sq. in., without adhesive border, each dressing;
- A6221 Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing;
- A6228 Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing;
- A6230 Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing;
- A6239 Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing;
- A6256 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing;
- A6261 Wound filler, not elsewhere classified, gel/paste, per fluid ounce; and
- A6262 Wound filler, not elsewhere classified, dry form, per gram.

Questions regarding this bulletin can be addressed to the Medicare Part A Customer Service Department by calling (904) 355-8899.