Medicare Payment: Surgical Dressings and Topical Wound Care Products

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Medicare patients' access to surgical dressings and topical wound care products is greatly influenced by the Medicare payment system that exists in each site of care. Qualified healthcare professionals should consider these payment systems, as well as the medical necessity for surgical dressings and topical wound care products. Scientists and manufacturers should also consider these payment systems, in addition to the Food and Drug Administration requirements for clearance or approval, when they are developing new surgical dressings and topical wound care products. Due to the importance of the Medicare payment systems, this article reviews the Medicare payment systems in acute care hospitals, long-term acute care hospitals, skilled nursing facilities, home health agencies, durable medical equipment suppliers, hospital-based outpatient wound care departments, and qualified healthcare professional offices.

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Submitted for publication April 9, 2013.

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INTRODUCTION

MEDICARE IS THE LARGEST third-party payer in the U.S. and is reported, by numerous wound care management companies, to be the largest third-party payer for patients with chronic wounds. Most Medicare patients elect the original Medicare fee-for-service plan (<30% select the Medicare Advantage plan). Therefore, Medicare patients' access to surgical dressings and topical wound therapies is greatly influenced by the Medicare payment system that exists in each site of service. As the patient moves through the continuum of care, their wound dressing and topical wound therapy options may change significantly due to the disparate Medicare payment systems. In some cases, the change may be clinically warranted.

In other cases, the change may be for economic reasons generated by the Medicare payment system.

When scientists and manufacturers are developing new surgical dressings and topical wound therapies, they often focus solely on gaining U.S. Food and Drug Administration (FDA) clearance, which allows them to market their products. However, they should also consider meeting application requirements for appropriate Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association) and/or Healthcare Procedure Coding System (HCPCS) codes, fitting into the Medicare payment system of their target markets, and gaining coverage from Medicare contractors.

Information regarding coding, coverage, and payment is provided as a service to our readers. Every effort has been made to ensure the accuracy of the information. However, Mary Ann Liebert, Inc., and the author do not represent, guarantee, or warranty that the coding, coverage, and payment information is error free and/or that payment will be received. The ultimate responsibility for verifying coding, coverage, and payment information accuracy lies with the reader.

Abbreviations and Acronyms

APC = ambulatory payment classification

CMS = Centers for Medicare & Medicaid Services

CPT = Current Procedural Terminology

CTPs = cellular and/or tissue-based products for wounds

DME = durable medical equipment

DMEPOS = Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

FDA = Food and Drug Administration

HCPCS = Healthcare Procedure Coding System

HHRG = Home Health Resource Group

HOPD = hospital-based outpatient wound care department

(continued)

Abbreviations and Acronyms (*continued*)

LCD = Local Coverage Determination

LTCH = long-term acute care hospital

LTCH-DRG = Long-Term Acute Care Hospital Diagnosis-Related Groups

MAC = Medicare Administrative Contractor

MDS = Minimum Data Set

MPFS = Medicare Physician Fee Schedule

MS-DRG = Medicare Severity-Diagnosis-Related Group

OASIS = Outcome and Assessment Information Set

OPPS = Outpatient Prospective Payment System

RUG = Resource Utilization Group

SNF = skilled nursing facility

When qualified healthcare professionals are writing orders for surgical dressings and topical wound therapies, they tend to narrow their choices to their favorite brand, to products that are on contract, *etc.* However, they should also consider how the product will fit into their current Medicare payment system and into the Medicare payment system(s) of the site(s) of service where each patient may receive care before their wounds are closed.

This article will review the various Medicare payment systems (Tables 1 and 2) in the major sites of care where patients receive wound care. Scientists and manufacturers should read the sections of the article that pertain to the site(s) of care where their products/procedures will be used. Healthcare professionals should read the section(s) of the article that pertain to the site(s) of care where they work. For example, physicians who provide wound care in their offices, in hospital-based facilities, and in skilled nursing facilities should read those sections of the article. [*Note:* This article will not discuss the clinical influence of the wound care professionals who should be making the best evidence-based medical decisions for the patient.]

HOSPITALS AND SKILLED NURSING FACILITIES

Acute care hospitals

Under the Medicare Severity-Diagnosis-Related Groups (MS-DRGs), the payment system¹ to acute care hospitals, the hospitals are paid a lump sum of money, based on the diagnosis of the patient, for each medically necessary admission. The hospital does not have a financial incentive to use the most advanced and/or highest quality surgical dressings and topical wound care products.

However, the hospital does have a financial incentive to decrease the Medicare patient's length of stay because the hospital is allowed to keep

the difference between the Medicare MS-DRG payment and their actual costs. Therefore, business and clinically minded wound care professionals should use their outcome data to educate their hospital decision makers why more advanced, higher quality surgical dressings and/or topical wound therapy often decreases the patient's length of stay.

Example: If the physician orders gauze dressing changes three times per day, the hospital will have a difficult time discharging a patient who requires home health care (see the *Home Health Agencies* section). The patient will have to stay in the hospital extra days until a home health agency can be found that will agree to visit the patient three times a day, seven days a week. If the physician orders a bordered foam dressing that only requires three home health visits per week and that is easy to train the patient or their caregiver how to change the dressing themselves, the hospital may be able to quickly locate a home health agency willing to care for the patient (which will allow the hospital to discharge the patient sooner).

Example: A similar situation exists for topical therapies such as the application of negative pressure wound therapy pumps. Hospitals sometimes balk at the cost of the pumps and their corresponding supplies and dressings. However, most home health agencies will readily accept patients who require negative pressure wound therapy pumps. Therefore, the hospital cost for short-term use of negative pressure wound therapy pumps may also be acceptable to the hospital if they can reduce the patient's length of stay by discharging the patient to a willing home health agency's care.

Table 1. Bundled Medicare payments for surgical dressings and topical wound care products

Site of Care	Medicare Payment System
Acute care hospital	MS-DRG
Long-term acute care hospital	LTCH-DRG
Skilled nursing facility (during Part A stay)	RUG
Home health agency	HHRG (surgical dressings only)
Hospital-based outpatient wound care department	OPPS
Qualified healthcare professional office	MPFS (surgical dressings only)

MS-DRG, Medicare Severity-Diagnosis-Related Groups; LTCH-DRG, Long-Term Acute Care Hospital Diagnosis-Related Groups; RUG, Resource Utilization Group; HHRG, Home Health Resource Group; OPPS, Outpatient Prospective Payment System; MPFS, Medicare Physician Fee Schedule.

Long-term acute care hospitals

Under the Long-Term Acute Care Hospital Diagnosis-Related Groups (LTCH-DRG) Medicare payment system,² the long-term acute care hospitals are paid a lump sum of money based on clinical characteristics and expected resource needs for each medically necessary admission. Like the acute care hospital, the LTCH does not receive additional payments if they use the most advanced and/or highest quality surgical dressings and topical wound care products. However, the LTCH may receive additional payment for additional days added to the patient's length of stay due to procedures such as surgical debridement, applications of cellular and/or tissue-based products for wounds (CTPs), etc.

LTCHs should be motivated to provide aggressive wound care to heal or almost heal the patient's wound before they are discharged. Therefore, business and clinically minded wound care professionals should educate their LTCH decision makers why more advanced products and procedures are good for the patients, the payers, and the LTCH.

Skilled nursing facilities

Under the Resource Utilization Group (RUG) Medicare payment system,³ skilled nursing facilities (SNFs) receive lump sum payments for up to 100 days of skilled care. The amounts of these

resource-based payments are determined by the information reported by the SNF on the Minimum Data Set (MDS). The MDS is completed on day 5, day 14, day 30, day 60, day 90, and at other times (such as readmission/return) of a patient's medically necessary Medicare Part A-covered stay. The SNF then receives the RUG payment rate for each segment of the covered stay.

While the SNF receives Medicare RUG payments for a patient, the SNF is required to supply all surgical dressings, drugs, biologicals, and equipment for the patient. Like acute care hospitals, SNFs do not have a financial incentive to use the most advanced surgical dressings and topical wound care products. This is a real good opportunity for business and clinically minded wound care professionals to educate their SNF administration why more advanced, higher quality surgical dressings and/or topical wound therapy should be used early in the SNF patient's stay: to give the wound the best opportunity to heal quickly. These wound professionals should remind their administration that the RUG payment only lasts a maximum of 100 days. The SNF and the patient benefit significantly if the wound is healed or well on its way to healing before the Medicare Part A-covered stay ends.

When the Medicare patient's Part A stay ends and the SNF is not longer receiving a Medicare RUG payment, the patient assumes the responsibility for paying the SNF. If the patient needs surgical dressings and is covered by Medicare Part B, the SNF can either

- purchase surgical dressings for the patient and bill Medicare and the patient (for their 20% coinsurance), or
- arrange for a durable medical equipment (DME) supplier to provide surgical dressings for the patient and bill Medicare and the patient (for their 20% coinsurance).

If the surgical dressings meet Medicare's coverage criteria, Medicare will pay 80% of the allowable rate to the SNF or to the DME supplier. The patient will be responsible for paying the SNF or the DME supplier 20% of the Medicare allowable rate. [Note: Some patients may have supplemental insurance that may pay some or all of their coinsurance. Other patients may also be covered by Medicaid, which may exempt the patient from their 20% coinsurance responsibility.]

If the patient needs topical drugs/biologicals (such as enzymatic debridement ointments) and is covered by one of the Medicare Part D drug

Table 2. Separate Medicare payments for surgical dressings and topical wound care products

Site of Care	Medicare Payment System
Skilled nursing facility (after Part A stay)	Medicare Part B (surgical dressings) Medicare Part D (topical drugs/biologicals)
Durable medical equipment supplier	DMEPOS

DMEPOS, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies.

plans, most of those plans pay for a portion of those costs.

HOME HEALTH AGENCIES

Under the Home Health Resource Groups (HHRG) acuity-based Medicare payment system⁴ for home health agencies, these agencies receive lump sum payments, based on the resources (identified in the Outcome and Assessment Information Set [OASIS] that determine the patient's functional, clinical, and service needs) which will be required by the patient during each medically necessary 60-day episode of care.

Like the acute care hospital, the home health agency can keep the difference between their costs and the HHRG payment, if their costs are lower than the HHRG payment. Labor is the largest cost for home health agencies. Therefore, surgical dressings and topical wound care products that help reduce nursing visits are attractive to home health agencies.

Although the agencies receive a small add-on payment if the patient requires surgical dressings, the payment is not usually sufficient to pay for some high-quality advanced surgical dressings, especially since the agencies are required to purchase surgical dressings for the patient for as long as the patients are receiving care from the agencies. Like the acute care hospitals, some home health agencies tend to purchase their surgical dressings based on cost. In addition, the patients may not receive consistent care as they transition from acute care hospitals to home health agencies. One reason may be that the agencies' purchasing contracts are often for different products than the patients received in the acute care hospital. Therefore, business and clinically minded wound care professionals should educate home health agencies why more advanced, higher quality surgical dressings can usually remain on the wound longer, which means less nursing visits.

The economic story for topical wound therapy is different for the home health agencies. If the physician orders topical wound therapy, such as negative pressure wound therapy pumps, to be applied and changed by the physical therapist, the agencies will usually receive a higher HHRG payment due to the involvement of the therapist. In addition, the home health agencies are not required to pay for the negative pressure wound therapy pumps, canisters, tubing, and dressings because Medicare considers the negative pressure wound therapy pump to be DME. Therefore, DME sup-

pliers provide negative pressure wound therapy pumps and their accompanying supplies and dressings to the patients receiving home health care (see the *Durable Medical Equipment Suppliers* section).

Home health agencies are not responsible for purchasing drugs/biologicals for the patients. Therefore, the patients typically use their Medicare Part D drug benefits for products such as enzymatic debridement ointments.

Likewise, home health agencies are not qualified to perform the surgical procedure of applying cellular and/or tissue-based products for wounds (CTPs) that failed standard care. The patients typically go to Hospital-Based Outpatient Wound Care Departments (HOPDs) or to their physicians' offices to have these products applied. If the patient has Medicare Part B coverage and the products are covered by the Medicare contractor that processes their HOPD and/or qualified healthcare professional claims, the HOPD and/or qualified healthcare professional's office purchase the CTPs and the surgical dressings that are applied at the time of the application procedure. The home health agency is only responsible for purchasing surgical dressings that must be changed in-between visits to the HOPD and/or qualified healthcare professional office for the application and reapplication of these products.

Example: Home health agencies are often selective about the type of chronic wound care patients they will admit to their service. The agency must be sure they have the resources needed to care for the patient with a chronic wound. Patients who have orders for surgical dressings that do not need to be changed frequently, who can be taught or have caregivers that can be taught to change the surgical dressings, who have orders for the therapist to apply negative pressure wound therapy pumps and their accompanying dressings, who have orders for enzymatic debridement ointments that they purchase with their Medicare Part D drug benefit, and/or who will be receiving applications of CTPs in an HOPD and/or physician office usually fit into the resource capabilities of most home health agencies.

DURABLE MEDICAL EQUIPMENT SUPPLIERS

Under the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule,⁵ the durable medical equipment (DME)

suppliers receive Medicare payment for surgical dressings (if a home health agency is not caring for the patient) and negative pressure wound therapy pumps used by patients in their homes if

- the patient has Medicare Part B insurance
- the physician has correctly ordered the product
- the medical record contains all the required documentation
- the product ordered has been verified to a HCPCS code
- the product ordered meets the definition of DMEPOS
- the product, amount, and frequency of change meet the requirements of the DME Medicare Administrative Contractor (MAC)'s Local Coverage Determination (LCD).

Scientists, manufacturers, and qualified wound care professionals frequently fail to consider the coding and coverage requirements when designing, manufacturing, and/or ordering products that will be used by patients in their homes. The instructions for HCPCS code verification and for new HCPCS code application can be found on the Centers for Medicare & Medicaid Services (CMS) HCPCS website.⁶

Wound care professionals who are qualified to write orders for surgical dressings and negative pressure wound therapy pumps should take the time to locate, print, read, and refer to the LCDs for surgical dressings⁷⁻¹⁰ and for negative pressure wound therapy pumps.¹¹⁻¹⁴ Each of these LCDs have attached articles; be sure to print and read these attachments because they contain valuable guidance information. Some wound care professionals mistakenly believe that LCDs should only be used by coders and billers. Nothing can be further from the truth. Medicare LCDs are the wound care professional's guidelines for indications and limitations of coverage and/or medical necessity, coding and modifier information, medical record documentation requirements, nonmedical coverage information, and payment information.

CAUTION: If a new surgical dressing does not have a HCPCS code, it cannot be billed by a DME supplier. If the surgical dressing has a HCPCS code, but does not have a payment rate listed on the DMEPOS Fee Schedule, each insurance claim will require more information and will have to be manually evaluated and processed because the reimbursement rate will be individually determined by the DME MAC.

Example: HCPCS code A6213, "Foam dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing," does not have a specified Medicare allowable rate on the DME Fee Schedule. If the surgical dressing has a HCPCS code and a payment rate, but the wound care professional did not meet the requirements of the LCD, the surgical dressing will still not be covered.

HOSPITAL-BASED OUTPATIENT WOUND CARE DEPARTMENTS

Under the Outpatient Prospective Payment System (OPPS) resource-based Medicare payment system¹⁵ for hospital-based outpatient wound care departments (HOPDs), these departments receive a payment for the services, procedures, and/or separately payable drugs and biologicals provided to the patients at each visit. The services, procedures, and/or separately payable drugs and biologicals are assigned to ambulatory payment classification (APC) groups based on the similarity of resources required.

Surgical dressings used on the day of service must be purchased by the HOPD and may not be separately billed to the patient. HOPDs should not use surgical dressings that the patients bring from home. Because the patients will have to change their surgical dressings at home in-between wound assessments at the HOPDs, the qualified healthcare professional at the HOPD should write surgical dressing orders for the patients to take to their DME supplier. If the patient has Medicare Part B coverage, the qualified healthcare professional should follow the Medicare Local Coverage Determination (LCD) for Surgical Dressings. Recently, the Medicare contractors released reminders¹⁶ to the qualified healthcare professionals who write orders for surgical dressings. They emphasized a few of the most frequently asked questions about the Surgical Dressing LCD:

Surgical dressings are limited to primary and secondary dressings required for the treatment of a wound caused by, or treated by, a surgical procedure that has been performed by a physician or other health care professional to the extent permissible under State law. In addition, surgical dressings required after debridement of a wound are also covered, irrespective of the type of debridement, as long as the debridement was reasonable and necessary and was performed by a health care professional acting within the scope of his/her legal authority when performing this function. Surgical dressings are covered for as long as they are medically necessary

Primary dressings are therapeutic or protective coverings applied directly to wounds or lesions either on the

skin or caused by an opening to the skin. Secondary dressing materials that serve a therapeutic or protective function and that are needed to secure a primary dressing are also covered. Items such as adhesive tape, roll gauze, bandages, and disposable compression material are examples of secondary dressings. Elastic stockings, support hose, foot coverings, leotards, knee supports, surgical leggings, gauntlets, and pressure garments for the arms and hands are examples of items that are not ordinarily covered as surgical dressings. Some items, such as transparent film, may be used as a primary or secondary dressing.

Biologicals like cellular and/or tissue-based products for wounds (CTPs) are separately payable to the HOPDs, if they are assigned a separately payable HCPCS code, if the patient has Medicare Part B coverage, and if the products are covered by the Medicare Administrative Contractor (MAC). In addition, the HOPDs receive Medicare payment for the application of the products if the patient has Medicare Part B coverage, and if products are covered by the MAC.

Because negative pressure wound therapy pumps and supplies are considered durable medical equipment by Medicare, the HOPDs are not required to supply the equipment, canisters, dressings *etc.* Instead, the patients acquire those items from their durable medical equipment supplier, as described above. HOPDs can use the negative pressure supplies that the patient brings from home. However, the qualified wound care professionals, who write the order for the negative pressure wound therapy pumps, must follow the guidelines of the Medicare LCD for Negative Pressure Wound Therapy Pumps. The HOPDs can bill for the work of applying the negative pressure wound therapy pump and dressings, as long as a surgical procedure (such as debridement of subcutaneous tissues) is not performed at the same encounter.

Note: Effective January 1, 2013, Medicare created two new temporary codes to provide a payment mechanism for mechanically powered negative pressure wound therapy services furnished to Medicare Part B beneficiaries through means unrelated to the DME benefit. Please note that these codes are relevant for negative pressure wound therapy (*e.g.*, vacuum assisted drainage collection), including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session. The two temporary codes have been assigned to HOPD APC Groups. HOPDs must check with their MACs to determine if the two new temporary codes will be covered in their jurisdiction.

QUALIFIED HEALTHCARE PROFESSIONAL OFFICES

Under the Medicare Physician Fee Schedule (MPFS) payment system¹⁷ for qualified healthcare professionals' offices, these professionals receive payment for the services, procedures, and/or application of separately payable drugs and biologicals provided to the patients at each visit, as long as the professional is not in a global surgical period. The CPT code for each service, procedure, and/or separately payable drug and biological is assigned a relative value weight, which is converted into a Medicare payment rate.

Surgical dressings used on the day of service must be purchased by the qualified healthcare professionals' offices and may not be separately billed to the patient. Qualified healthcare professionals should not use surgical dressings that the patients bring from home. Because the patients will have to change their surgical dressings at home in-between wound assessments at the qualified healthcare professionals' office, the qualified wound care professional must follow the Medicare Local Coverage Determination (LCD) if the patient has Medicare Part B coverage. [Note: Some qualified healthcare professionals may also be durable medical equipment (DME) suppliers. In those instances, they should give the patients the choice of having their surgical dressings supplied by either the qualified healthcare professional's DME supply business or by the patient's regular DME supplier.]

Biologicals like cellular and/or tissue-based products for wounds (CTPs) are separately payable to the qualified healthcare professional's office, if the products are assigned a separately payable HCPCS code, if the patient has Medicare Part B coverage, and if the product is covered by the Medicare Administrative Contractor (MAC). In addition, the qualified healthcare professional receives Medicare payment for the application of the product if the patient has Medicare Part B coverage, and if the product is covered by the MAC.

Because negative pressure wound therapy pumps and supplies are considered DME by Medicare, the qualified healthcare professional is not required to supply the equipment, canisters, dressings, *etc.* Instead, the patient acquires those items from their DME supplier, as described above. Qualified healthcare professionals can use the negative pressure supplies that the patient brings from home, and in some instances may bill for the work of applying the negative pressure wound therapy pump and dressings. The qualified healthcare professional, who writes the order for

the negative pressure wound therapy pumps and supplies, must follow the guidelines of the Medicare LCD.

Note: Effective January 1, 2013, Medicare created two new temporary codes to provide a payment mechanism for mechanically powered negative pressure wound therapy services furnished to Medicare Part B beneficiaries through means unrelated to the DME benefit. Please note that these codes are relevant for negative pressure wound therapy, (e.g., vacuum assisted drainage collection), including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session. The two temporary codes have not been assigned Medicare payment rates on the MPFS. Therefore, the Medicare payment rate for this product and service will be determined by each MAC, if the MAC covers this work in a qualified healthcare professional's office.

A LOOK TOWARD THE FUTURE

As Medicare begins compensating the qualified healthcare professionals and providers for the highest quality care, at the lowest total cost of care, the silo-type Medicare fee-for-service payment

systems described in this article will be supplemented with payments that will cause wound care professionals to case-manage chronic wounds across all care settings. Later this year, an entire issue of *Advances in Wound Care* will feature this changing reimbursement landscape.

ACKNOWLEDGMENTS AND FUNDING SOURCES

No funding sources to acknowledge.

AUTHOR DISCLOSURE AND GHOSTWRITING

This author is president of her own consulting firm, Kathleen D. Schaum and Associates, Inc., and is Director of Medical Products Reimbursement for Healthpoint Biotherapeutics. This article was written by its author.

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REFERENCES

- Centers for Medicare & Medicaid Services: Acute Inpatient PPS. Available online at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html (accessed April 9, 2013).
- Centers for Medicare & Medicaid Services: Long-Term Care Hospital PPS. Available online at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/index.html (accessed April 9, 2013).
- Centers for Medicare & Medicaid Services: Skilled Nursing Facility PPS. Available online at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/index.html (accessed April 9, 2013).
- Centers for Medicare & Medicaid Services: Home Health PPS. Available online at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/index.html (accessed April 9, 2013).
- Centers for Medicare & Medicaid Services: Durable Medical Equipment, Prosthetics/Orthotics & Supplies Fee Schedule. Available online at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/index.html (accessed April 9, 2013).
- Centers for Medicare & Medicaid Services: HCPCS Level II Code Modification Request Process. Available online at www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/2014_HCPCS_Application.pdf (accessed April 9, 2013).
- NHIC Corp.: Local Coverage Determination, Jurisdiction A: Surgical Dressings (L11471). Available online at www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11471&ContrId=137&ver=48&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=surgical+dressings&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAAABAAAA& (accessed April 9, 2013).
- National Government Services, Inc.: Local Coverage Determination, Jurisdiction B: Surgical Dressings (L27222). Available online at www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=27222&ContrId=138&ver=19&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=surgical+dressings&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAAABAAAA& (accessed April 9, 2013).
- CGS Administrators, LLC: Local Coverage Determination, Jurisdiction C: Surgical Dressings (L11449). Available online at www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11449&ContrId=140&ver=56&ContrVer=2&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=surgical+dressings&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAAABAAAA& (accessed April 9, 2013).
- Noridian Administrative Services: Local Coverage Determination, Jurisdiction D: Surgical Dressings (L11460). Available online at www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11460&ContrId=139&ver=47&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=surgical+dressings&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAAABAAAA& (accessed April 9, 2013).
- NHIC Corp.: Local Coverage Determination, Jurisdiction A: Negative Pressure Wound Therapy Pumps (L11500). Available online at www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11500&ContrId=137&ver=38&

- ContrVer=1&bc=AglAAAAIAAAAA%3d%3d& (accessed April 9, 2013).
12. National Government Services, Inc.: Local Coverage Determination, Jurisdiction B: Negative Pressure Wound Therapy Pumps (L27025). Available online at www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=27025&ContrlD=138&ver=15&ContrVer=1&bc=AglAAAAIAAAAA%3d%3d& (accessed April 9, 2013).
 13. CGS Administrators, LLC: Local Coverage Determination, Jurisdiction C: Negative Pressure Wound Therapy Pumps (L5008). Available online at www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=5008&ContrlD=140&ver=48&ContrVer=2&bc=AglAAAAIAAAAA%3d%3d& (accessed April 9, 2013).
 14. Noridian Administrative Services: Local Coverage Determination, Jurisdiction D: Negative Pressure Wound Therapy Pumps (L11489). Available online at www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11489&ContrlD=139&ver=44&ContrVer=1&bc=AglAAAAIAAAAA%3d%3d& (accessed April 9, 2013).
 15. Centers for Medicare & Medicaid Services: Hospital Outpatient PPS. Available online at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html (accessed April 9, 2013).
 16. Noridian Healthcare Solutions: Surgical Dressings—Benefit Category Reminder. Available online at www.noridianmedicare.com/dme/news/docs/2012/11_nov/surgical_dressings_benefit_category_reminder.html (accessed April 9, 2013).
 17. Centers for Medicare & Medicaid Services: Physician Fee Schedule. Available online at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html (accessed April 9, 2013).