

# Impact Medical Services



## Long Term Care Program

## Introduction

### How does Part B billing work with my facility?

When a Medicare patient's Part A stay ends and your facility is no longer receiving a Medicare RUG payment, the patient assumes the responsibility for paying. If the patient needs certain supplies and they are covered by Medicare Part B, then Impact Medical can bill the patient's insurance and provide the supplies. This saves your facility money and allows for treatment options that may be cost prohibitive otherwise. Coverage consideration for DMEPOS items in a Skilled Nursing Facility (31) or Nursing Facility (32) is limited to the following<sup>1</sup>:

- Prosthetics, orthotics and related supplies
- Urinary incontinence supplies
- Ostomy supplies
- Surgical dressings
- Oral anticancer drugs
- Oral antiemetic drugs
- Therapeutic shoes for diabetics
- Parenteral/enteral nutrition (including E0776BA, the IV pole used to administer parenteral/enteral nutrition)
- ESRD – dialysis supplies only
- Immunosuppressive drugs

### Common Questions

*We have to buy all of our supplies from "Company X." Therefore, we can't use Impact Medical.*

Because your facility is not purchasing any products from Impact Medical, you will not violate your current buying contracts. You will continue to purchase all of your supplies for Part A residents under the same exclusive buying agreement. Impact Medical will provide dressing supplies for your Part B residents, billing for the residents' Medicare Part B benefits, saving your facility additional dollars by removing the cost of those supplies from your budget.

### *How much does this cost my facility or my residents?*

As a DME company with over 20 years of billing experience and a participating Medicare Supplier, we understand the risk of denied claims. We hold harmless the resident, resident's family, and facility for any denied claims and follow the Medicare Appeals Process to recoup denied charges. Medicare will cover 80% of the cost of the item, with a patient's secondary insurance paying the remaining 20%. If the patient does not have secondary insurance, Medicare requires us to attempt to collect the remaining balance twice before we can write it off.

### *How is paperwork handled?*

Impact Medical will collect all the necessary paperwork to ensure that each resident's supplies are successful billed to Medicare. We will take care of all Medicare CMN's, any private insurance Prior Authorizations and collect all relevant medical documentation.

***What supplies does Impact Medical use?***

As a distributor Impact Medical has access to thousands of different brands and types of wound care supplies. As long as the patients' wound meets the Medicare guidelines and the products are covered by Medicare, Impact Medical can get it for your patients.

***Tell me more about the therapeutic shoes for diabetics.***

In an effort to prevent diabetic foot ulcers, Medicare will pay for 1 pair of off the shelf diabetic shoes and three custom molded inserts. Once a year, on a predetermined date, Impact Medical will visit your facility and will take impressions of your qualifying residents' feet. At the same time, the resident will get to choose a pair of diabetic shoes from our selection of over 41 different styles. From that impression, our orthotists will mold each resident 3 pairs of custom made inserts for their new shoes!

***Does Impact Medical provide enteral feeding pumps?***

Yes, Impact Medical will provide each enteral feeding pump resident a new pump without charging their insurance. This is done to ensure that each patient has an up to date pump that has parts and accessories widely available.

***How are monthly refills handled?***

Residents that receive supplies monthly for chronic conditions (urinary supplies, enteral feeding, ostomy) have their supplies auto shipped every month on the same date. Usually the facility will choose a date that works best for their staff and residents and on that date they will receive each residents' monthly shipment! If anything should change in a resident's order simply inform us before we ship and we will make whatever necessary changes.

## Surgical Dressings (Wound Care Supplies)

Medicare Part B (Medical Insurance) covers medically necessary treatment of a surgical or surgically treated wound. Wound supplies can be a confusing due to the sheer volume of products available to treat your residents' wounds. However, all wound care supplies can be broken down into a few categories. Surgical dressings include both primary dressings (i.e., therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin) and secondary dressings (i.e., materials that serve a therapeutic or protective function and that are needed to secure a primary dressing)<sup>3</sup>.

*\*Note: Most of these items are also available impregnated with silver (AG) which are used to prevent or manage infection in a wide range of wounds. \**

### ALGINATE OR OTHER FIBER GELLING DRESSING (A6196-A6199):

Alginate wound dressings are non-woven, non-adhesive pads and ribbons composed of natural polysaccharide fibers or xerogel derived from seaweed. On contact with exudate these dressings form a moist gel through a process of ion exchange. They are soft and conformable, easy to pack, tuck or apply over irregular-shaped wounds. Indicated for wounds with moderate to heavy exudate, such as pressure ulcers, infected wounds, and venous insufficiency ulcers. Alginates generally require a secondary dressing<sup>2</sup>.

**Coverage criteria:** Wound must have **moderate to heavy drainage** and are not medically necessary on dry wounds or wounds covered with eschar. Usual dressing change is up to **once per day**. It is usually inappropriate to use alginates or other fiber gelling dressings in combination with hydrogels.<sup>3</sup>

**Examples:** AQUACEL® Ag, CalciCare™ Calcium Alginate, Maxorb™ Extra

### COLLAGEN DRESSINGS (A6010-A6024):

Collagen wound dressings are gels, pads, particles, pastes, powders, sheets or solutions derived from bovine, porcine or avian sources. Some interact with wound exudate to form a gel. Indicated for partial- and full-thickness pressure ulcers, venous ulcers, donor sites, surgical wounds, vascular ulcers, diabetic ulcers, second-degree burns, abrasions and traumatic wounds. Usually require a secondary dressing<sup>2</sup>.

**Coverage criteria:** The units of service for powdered collagen fillers are **1 gram equals one 1 billable unit**. Medicare typically covers **1 gram of powdered collagen per wound, per day**. Collagen dressings are covered up to **one per day, per wound usually**<sup>3</sup>.

**Examples:** Stimulen™ Collagen Powder, Endoform Dermal Template, FIBRACOL™ Plus Collagen

### **COMPOSITE DRESSING (A6203-A6205):**

Composite dressings are wound covers that combine physically distinct components into a single product to provide multiple functions, such as a bacterial barrier, absorption and adhesion. Usually, they are comprised of multiple layers and incorporate a semi- or non-adherent pad that covers the wound. May also include an adhesive border of non-woven fabric tape or transparent film. Composite dressings can function as either a primary or a secondary dressing on a wide variety of wounds and may be used with topical medications<sup>2</sup>

**Coverage criteria:** Usual composite dressing change is up to **3 times per week**, one wound cover per dressing change<sup>3</sup>.

**Examples:** Alldress® Absorbent Composite Dressings, Viasorb Wound Composite Dressing

### **CONTACT LAYER (A6206-A6208):**

Contact layer dressings are thin, non-adherent sheets placed on an open wound bed to protect tissue from direct contact with other agents or dressings applied to the wound. They conform to the shape of the wound and are porous to allow exudate to pass through for absorption by an overlying, secondary dressing. Indicated for partial- and full-thickness wounds, infected wounds, donor sites and split-thickness skin grafts. May be used with topical medications<sup>2</sup>.

**Coverage criteria:** Contact layer dressings are used to line the entire wound; they are not intended to be changed with each dressing change. Usual dressing change is up to **once per week**<sup>3</sup>.

**Examples:** Adaptic Touch™, Cuticell® Contact, Mepitel® One

### **FOAM DRESSING (A6209-A6215):**

Foam dressings are sheets and other shapes of foamed polymer solutions (most commonly polyurethane) with small, open cells capable of holding fluids. They may be impregnated or layered in combination with other materials. Foams can come with adhesive borders, or be non-bordered and also silicone bordered. Absorption capability depends on thickness and composition. The area in contact with the wound surface is non-adhesive for easy removal. Available with an adhesive border and/or a transparent film coating that acts as a bacterial barrier. Indicated for partial- and full-thickness wounds<sup>2</sup>.

**Coverage criteria:** Foam dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with **moderate to heavy exudate**. Usual dressing change for a foam wound cover

used as a primary dressing is up to 3 times per week. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, dressing change may be up to 3 times per week. Usual dressing change for foam wound fillers is up to once per day<sup>3</sup>.

**Examples:** ALLEVYN™ Life, Kendall™ Border Foam, KerraFoam™ Gentle Border

**GAUZE, NON-IMPREGNATED (A6216-A6221, A6402-A6404, A6407):**

Gauze and non-woven wound dressings are dry woven or non-woven sponges and wraps with varying degrees of absorbency, based on design. Fabric composition may include cotton, polyester or rayon. Available sterile or non-sterile in bulk and with or without an adhesive border. They are used for cleansing, packing and covering a variety of wounds<sup>2</sup>.

**Coverage criteria:** Usual non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not necessary to stack more than 2 gauze pads on top of each other in any one area<sup>3</sup>.

**Examples:** Basic Care Fluff Bandage Roll, Curity® Gauze Sponges

**GAUZE, IMPREGNATED, WITH OTHER THAN WATER, NORMAL SALINE, HYDROGEL, OR ZINC PASTE (A6222-A6224, A6266):**

Impregnated wound dressings are gauzes and non-woven sponges, ropes and strips saturated with a solution, an emulsion, oil or some other agent or compound. Agents most commonly used include saline, oil, zinc salts, petrolatum, xeroform and scarlet red. Indications vary based on the compound. They are non-adherent and require a secondary dressing<sup>2</sup>.

**Coverage criteria:** Usual dressing change for gauze dressings impregnated with other than water, normal saline, hydrogel or zinc paste is up to once per day<sup>3</sup>.

**Examples:** CURAD® Xeroform Impregnated Gauze, Gentell Petrolatum Dressing

**HYDROCOLLOID DRESSING (A6234-A6241):**

Hydrocolloid wound dressings are wafers, powders or pastes composed of gelatin, pectin or carboxymethylcellulose. Absorption capability depends on thickness and composition. Wafers are self-adhering and available with or without an adhesive border and in a wide variety of shapes and sizes. Useful on areas that require contouring, such as heels and sacral ulcers. Powders and pastes require a secondary dressing. Indicated for partial- and full-thickness wounds with or without necrotic tissue<sup>2</sup>.

**Coverage criteria:** Hydrocolloid dressings are covered for use on wounds with light to moderate exudate. Usual dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week<sup>3</sup>.

**Examples:** Procol®, Restore® Hydrocolloid, REPLICARE® Hydrocolloid Dressing

**SPECIALTY ABSORPTIVE DRESSING (A6251-A6256):**

Absorptive dressings are multilayer wound covers that provide either a semi-adherent quality or a non-adherent layer, combined with highly absorptive layers of fibers, such as cellulose, cotton or rayon. Designed to minimize adherence to the wound and manage exudate. They may be used as a primary or secondary dressing to manage surgical incisions, lacerations, abrasions, burns, donor or skin graft sites, or any exuding wound<sup>2</sup>.

**Coverage criteria:** Specialty absorptive dressings are covered when used for moderately or highly exudative wounds (e.g., stage III or IV ulcers). Usual specialty absorptive dressing change is up to once per day for a dressing without an adhesive border and up to every other day for a dressing with a border<sup>3</sup>.

**Examples:** ABD Pads, KerraMax® Care, PRIMAPORE® OptiLock™

**HYDROGEL DRESSING (A6231-A6233, A6242-A6248):**

*Hydrogel wound dressing sheets* are three-dimensional networks of cross-linked hydrophilic polymers that are insoluble in water and interact with aqueous solutions by swelling. They are highly conformable and permeable and can absorb varying amounts of drainage, depending on their composition. Non-adhesive against the wound for easy removal. Indicated for partial- and full-thickness wounds, wounds with necrosis, minor burns and radiation tissue damage. Available in various sizes, with and without adhesive borders<sup>2</sup>.

**Examples:** Derma-Gel® Hydrogel Sheet, KerraLite® Cool

*Impregnated hydrogel wound dressings* are gauzes and non-woven sponges, ropes and strips saturated with an amorphous hydrogel. Amorphous hydrogels are formulations of water, polymers and other ingredients with no shape, designed to donate moisture to a dry wound and to maintain a moist healing environment. The high moisture content serves to rehydrate wound tissue. Indicated for partial- and full-thickness wounds, wounds with necrosis and deep wounds with tunneling or sinus tracts. Available in a wide variety of sizes<sup>2</sup>.

**Examples:** SOLOSITE® Dressing, Restore® Hydrogel, Skintegrity® Hydrogel Dressing

**Coverage criteria:** Hydrogel dressings are covered when used on full thickness wounds with minimal or no exudate (e.g., stage III or IV ulcers). Hydrogel dressings are not usually medically necessary for stage II ulcers. Documentation must substantiate the medical necessity for use of

hydrogel dressings for stage II ulcers (e.g., location of ulcer is sacro-coccygeal area). Usual dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Usual dressing change for hydrogel wound covers with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not medically necessary. Documentation must substantiate the medical necessity for code A6248 billed in excess of 3 units (fluid ounces) per wound in 30 days. Use of more than one type of hydrogel dressing (filler, cover, or impregnated gauze) on the same wound at the same time is not medically necessary<sup>3</sup>.

**TRANSPARENT FILM (A6257-A6259):**

Transparent film dressings are polymer membranes of varying thickness coated on one side with an adhesive. They are impermeable to liquid, water and bacteria but permeable to moisture vapor and atmospheric gases. Transparency allows visualization of the wound. Indicated for partial-thickness wounds with little or no exudate, wounds with necrosis, and as both a primary or secondary dressing. Also used to cover IV sites, donor sites, lacerations, abrasions and second-degree burns<sup>2</sup>.

**Coverage criteria:** Transparent film dressings are covered when used on open partial thickness wounds with minimal exudate or closed wounds. Usual dressing change is up to 3 times per week<sup>3</sup>.

**Examples:** 3M™ Tegaderm™, BIOCLUSIVE™, Mepore® Film Dressing

## Urinary incontinence supplies

In order for Medicare to cover a resident's urinary incontinence supplies the resident must have a permanent impairment of urination. This does not require a determination that there is no possibility that the beneficiary's condition may improve sometime in the future. If the medical record, including the judgment of the attending physician, indicates the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Catheters and related supplies will be denied as non-covered in situations in which it is expected that the condition will be temporary<sup>3</sup>.

### **INDWELLING CATHETERS (A4311 - A4316, A4338 - A4346):**

No more than one catheter per month is covered for routine catheter maintenance. Non-routine catheter changes are covered when documentation substantiates medical necessity, such as for the following indications:

- Catheter is accidentally removed (e.g., pulled out by resident)
- Malfunction of catheter (e.g., balloon does not stay inflated, hole in catheter)
- Catheter is obstructed by encrustation, mucous plug, or blood clot
- History of recurrent obstruction or urinary tract infection for which it has been established that an acute event is prevented by a scheduled change frequency of more than once per month

### **Specialty indwelling catheter (A4340) or an all silicone catheter (A4344, A4312, or A4315):**

These items are covered when the criteria for an indwelling catheter (above) are met and there is documentation in the resident's medical record to justify the medical need for that catheter (such as recurrent encrustation, inability to pass a straight catheter, or sensitivity to latex (not all-inclusive)). In addition, the particular catheter must be necessary for the beneficiary. For example, use of a Coude (curved) tip indwelling catheter (A4340) in a female beneficiary is rarely reasonable and necessary.

### **CATHETER INSERTION TRAY (A4310-A4316, A4353, and A4354):**

One insertion tray will be covered per episode of indwelling catheter insertion. More than one tray per episode will be denied as not reasonable and necessary. One intermittent catheter with insertion supplies (A4353) will be covered per episode of reasonable and necessary sterile intermittent catheterization (see below).

### **URINARY DRAINAGE COLLECTION SYSTEM (A4314-A4316, A4354, A4357, A4358, A5102, and A5112):**

Payment will be made for routine changes of the urinary drainage collection system as noted below. Additional charges will be allowed for reasonable and necessary non-routine changes when the documentation substantiates the medical necessity, (e.g., obstruction, sludging, clotting of blood, or chronic, recurrent urinary tract infection

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**Usual Maximum Quantity Allowed Per Month**

A4314 1

A4315 1

A4316 1

A4354 1

A4357 2

A4358 2

A5112 1

**Number Per 3 Month**

A5102 1

Leg bags are indicated for residents who are ambulatory or are chair or wheelchair bound. The use of leg bags for bedridden residents would be denied as not reasonable and necessary.

If there is a catheter change (A4314-A4316, A4354) and an additional drainage bag (A4357) change within a month, the combined utilization for A4314-A4316, A4354, and A4357 should be considered when determining if additional documentation should be submitted with the claim. For example, if 1 unit of A4314 and 1 unit of A4357 are provided, this should be considered as two drainage bags, which is the usual maximum quantity of drainage bags needed for routine changes.

- Payment will be made for either a vinyl leg bag (A4358) or a latex leg bag (A5112). The use of both is not reasonable and necessary.
- The medical necessity for drainage bags containing absorbent material such as gel matrix or other material, which are intended to be disposed of on a daily basis has not been established. Claims for this type of bag will be denied as not reasonable and necessary.

**INTERMITTENT IRRIGATION OF INDWELLING CATHETERS:**

Supplies for the intermittent irrigation of an indwelling catheter are covered when they are used on an as needed (non-routine) basis in the presence of acute obstruction of the catheter. Routine intermittent irrigations of a catheter will be denied as not reasonable and necessary. Routine irrigations are defined as those performed at predetermined intervals. In individual cases, a copy of the order for irrigation and documentation in the beneficiary's medical record of the presence of acute catheter obstruction may be requested when irrigation supplies are billed.

Covered supplies for reasonable and necessary non-routine irrigation of a catheter include either:

- An irrigation tray (A4320)  
or
- An irrigation syringe (A4322), and sterile water/saline (A4217).

When syringes, trays, sterile saline, or water are used for routine irrigation, they will be denied as not reasonable and necessary. Irrigation solutions containing antibiotics and chemotherapeutic agents (A9270) will be denied as non-covered. Irrigating solutions such as acetic acid or hydrogen peroxide, which are used for the treatment or prevention of urinary obstruction (A4321), will be denied as not reasonable and necessary.

#### **CONTINUOUS IRRIGATION OF INDWELLING CATHETERS:**

Supplies for continuous irrigation of a catheter are covered if there is a history of obstruction of the catheter and the patency of the catheter cannot be maintained by intermittent irrigation in conjunction with reasonable and necessary catheter changes.

- Continuous irrigation as a primary preventative measure (i.e., no history of obstruction) will be denied as not reasonable and necessary. Documentation must substantiate the medical necessity of catheter irrigation and in particular continuous irrigation as opposed to intermittent irrigation.

#### **INTERMITTENT CATHETERIZATION**

Intermittent catheterization is covered when basic coverage criteria are met and the resident can perform the procedure. For each episode of covered catheterization, Medicare will cover:

- One catheter (A4351, A4352) and an individual packet of lubricant (A4332);  
or
- One sterile intermittent catheter kit (A4353) if additional coverage criteria (see below) are met.

pregnancy only),