

# Wound Care Equipment and Supply Benefits to Change for Texas Medicaid July 1, 2018

Effective for dates of service on or after July 1, 2018, wound care equipment and supply benefits will change for Texas Medicaid.

## Overview of Benefit Changes

Major changes to this medical benefit policy include the following:

- Updated benefit language
- Revised quantity limitations
- New prior authorization criteria
- Updated documentation requirements
- New prior authorization form
- Place of service and provider type updates

## Updated Benefit Language

Wounds are defined as acute or chronic, as follows:

- Acute wounds progress through the normal stages of wound healing and show definite signs of healing within four weeks.
- Chronic wounds do not progress normally through the stages of healing (often getting 'stalled' in one phase) and do not show evidence of healing within four weeks.

Providers are to consider the clinical efficacy of the wound care product, the client's functional status, as well as the measurable signs of effective wound management when ordering products to treat wounds. Measureable signs of wound management include, but are not limited to, the following:

- A decrease in wound size, either in surface area or volume
- A decrease in amount of exudate
- A decrease in amount of necrotic tissue
- Improved infection status

## Cleansers

Wound cleansing helps create an optimal healing environment and decreases the potential for infection. Cleansing agents and methods vary based on effectiveness and

individual client needs. Wound cleansing agents may include, but are not limited to, the following:

- Normal saline
- Commercial wound cleansers
- Povidone iodine
- Hydrogen peroxide
- Sodium hypochlorite

## **Compression**

Compression dressings, wraps or stockings apply pressure to body parts to control edema and aid circulation by redirecting blood centrally. Below the knee and above the knee compression stockings may be benefits for Texas Medicaid clients. Compression dressings or stockings may be used for, but not limited to, the following indications:

- Edema in pregnancy
- Postural hypotension
- Lymphedema
- Treatment of any of the following complications of chronic venous insufficiency:
  - Venous edema
  - Stasis ulcers
  - Varicose veins (not including spider veins)
  - Lipodermatosclerosis

Custom burn compression garments may be a benefit with prior authorization and documentation supporting medical necessity.

## **Dressings**

A dressing is a wet or dry, sterile or non-sterile, pad or compress that is designed to be in direct contact with the wound. A dressing is applied to promote healing and protect the wound from further harm. Dressings and related supplies may include, but are not limited to, the following:

- Wound packing and fillers
- Gauze, impregnated or non-impregnated, sterile or non-sterile
- Dry dressings
- Collagen dressings
- Alginate or other fiber gelling dressings
- Composite dressings
- Antimicrobials
- Foam dressings

- Contact layers and transparent films
- Hydrocolloid, Hydrofiber, and Hydrogel dressings
- Specialty absorptive dressings
- Compression dressings and wraps
- Tape to secure dressings

### **Additional Exclusions**

The following services are not a benefit of Texas Medicaid:

- Contact or non-contact ultrasound treatment for wounds
- Electrochemical low-dose tissue oxygenation systems

### **Quantity Limitations**

The following quantity limitations will be effective for dates of service on or after July 1, 2018:

| <b>Table A:<br/>Procedure Codes</b> | <b>Limitation Effective July 1, 2018</b> |
|-------------------------------------|--|
| A4213                               | 30 per month                             |
| A4216                               | 60 per month                             |
| A4217                               | 10 per month                             |
| A4244                               | 4 per month                              |
| A4246                               | 4 per month                              |
| A4247                               | 6 per month                              |
| A4320                               | 15 per month                             |
| A4322                               | 30 per month                             |
| A4364                               | 8 per month                              |
| A4450                               | 100 per month                            |
| A4452                               | 100 per month                            |
| A4455                               | 4 per month                              |
| A4456                               | 60 per month                             |
| A4461                               | 30 per month                             |
| A4465                               | 4 per month                              |
| A4490                               | 4 per year                               |
| A4495                               | 4 per year                               |
| A4500                               | 4 per year                               |
| A4510                               | 4 per year                               |
| A4927                               | 1 per month                              |
| A5120                               | 50 per month                             |

|       |               |
|-------|---------------|
| A5121 | 30 per month  |
| A5122 | 15 per month  |
| A5126 | 40 per month  |
| A6010 | 10 per month  |
| A6011 | 30 per month  |
| A6021 | 10 per month  |
| A6022 | 10 per month  |
| A6023 | 2 per month   |
| A6024 | 4 per month   |
| A6025 | 15 per month  |
| A6196 | 30 per month  |
| A6197 | 15 per month  |
| A6198 | 4 per month   |
| A6199 | 15 per month  |
| A6203 | 30 per month  |
| A6204 | 30 per month  |
| A6205 | 10 per month  |
| A6206 | 60 per month  |
| A6207 | 30 per month  |
| A6208 | 4 per month   |
| A6209 | 30 per month  |
| A6210 | 15 per month  |
| A6211 | 4 per month   |
| A6212 | 30 per month  |
| A6213 | 30 per month  |
| A6214 | 10 per month  |
| A6216 | 200 per month |
| A6217 | 200 per month |
| A6218 | 15 per month  |
| A6219 | 120 per month |
| A6220 | 30 per month  |
| A6221 | 15 per month  |
| A6222 | 60 per month  |
| A6223 | 60 per month  |
| A6224 | 60 per month  |
| A6228 | 120 per month |
| A6229 | 30 per month  |

|       |               |
|-------|---------------|
| A6230 | 15 per month  |
| A6231 | 60 per month  |
| A6232 | 30 per month  |
| A6233 | 10 per month  |
| A6234 | 30 per month  |
| A6235 | 15 per month  |
| A6236 | 10 per month  |
| A6237 | 30 per month  |
| A6238 | 10 per month  |
| A6239 | 15 per month  |
| A6240 | 8 per month   |
| A6241 | 15 per month  |
| A6242 | 30 per month  |
| A6243 | 15 per month  |
| A6244 | 4 per month   |
| A6245 | 30 per month  |
| A6246 | 30 per month  |
| A6247 | 10 per month  |
| A6248 | 8 per month   |
| A6250 | 2 per month   |
| A6251 | 60 per month  |
| A6252 | 30 per month  |
| A6253 | 15 per month  |
| A6254 | 60 per month  |
| A6255 | 30 per month  |
| A6256 | 15 per month  |
| A6257 | 30 per month  |
| A6258 | 30 per month  |
| A6259 | 15 per month  |
| A6261 | 8 per month   |
| A6262 | 8 per month   |
| A6266 | 120 per month |
| A6402 | 200 per month |
| A6403 | 100 per month |
| A6404 | 15 per month  |
| A6407 | 60 per month  |
| A6410 | 30 per month  |

|                        |                                |
|------------------------|--------------------------------|
| A6411                  | 30 per month                   |
| A6412                  | 30 per month                   |
| A6441                  | 60 per month                   |
| A6442                  | 120 per month                  |
| A6443                  | 120 per month                  |
| A6444                  | 120 per month                  |
| A6445                  | 120 per month                  |
| A6446                  | 120 per month                  |
| A6447                  | 120 per month                  |
| A6448                  | 30 per month                   |
| A6449                  | 60 per month                   |
| A6450                  | 30 per month                   |
| A6451                  | 30 per month                   |
| A6452                  | 60 per month                   |
| A6453                  | 30 per month                   |
| A6454                  | 60 per month                   |
| A6455                  | 30 per month                   |
| A6456                  | 60 per month                   |
| A6457                  | 60 per month                   |
| A6530                  | 16 per year                    |
| A6531                  | 16 per year                    |
| A6532                  | 16 per year                    |
| A6533                  | 16 per year                    |
| A6534                  | 16 per year                    |
| A6535                  | 16 per year                    |
| A6536                  | 16 per year                    |
| A6537                  | 16 per year                    |
| A6538                  | 16 per year                    |
| A6539                  | 16 per year                    |
| A6540                  | 16 per year                    |
| A6541                  | 16 per year                    |
| A6544                  | 4 per year                     |
| A6545 with modifier AW | 8 per year                     |
| A6550                  | 15 per month                   |
| A7000                  | 10 per month                   |
| E2402*                 | 1 per month for up to 3 months |

**\*Note: The initial 90 days of treatment with negative pressure wound therapy does not require prior authorization. Prior authorization is required for continued**

**therapy after the initial 90 days of treatment.**

## **New Prior Authorization Criteria for Fee-For-Service**

Quantities that exceed the limitations identified in the tables above will require prior authorization with documentation supporting medical necessity.

Prior authorization with documentation supporting medical necessity and the quantity requested, will be required for the following procedure codes:

| <b>Table B:<br/>Procedure Codes</b> |       |       |       |       |       |       |
|-------------------------------------|-------|-------|-------|-------|-------|-------|
| A6215                               | A6260 | A6501 | A6502 | A6503 | A6504 | A6505 |
| A6506                               | A6507 | A6508 | A6509 | A6510 | A6511 | A6512 |
| A6513                               | A6549 | A9272 | T1999 |       |       |       |

Information from the section below, “Updated Documentation Requirements,” must be submitted anytime that prior authorization is required.

### **Compression Burn Garments**

The following procedure codes for compression burn garments will require documentation of an appropriate diagnosis and evidence of medical necessity:

| <b>Table C:<br/>Procedure Codes</b> |       |       |       |       |       |       |
|-------------------------------------|-------|-------|-------|-------|-------|-------|
| A6501                               | A6502 | A6503 | A6504 | A6505 | A6506 | A6507 |
| A6508                               | A6509 | A6510 | A6511 | A6512 | A6513 |       |

Prior authorization requests for compression burn garments will be reviewed by the medical director.

### **Disposable Wound Suction**

Documentation for procedure code A9272 must include justification addressing why no other wound care equipment and supplies will meet the client’s need.

### **Negative Pressure Wound Therapy (NPWT)**

Prior authorization for NPWT may be considered for additional 30-day treatment periods beyond the initial 90-day treatment period. For each prior authorization request, providers must submit documentation to support continued use of NPWT, including the measurements at the initiation of NPWT and the current measurements (length, width, depth and any undermining or tunneling.)

Providers must also document if any of the following contraindications are present:

- No measurable improvement of wound status occurring over the prior 90-day period
- The wound care equipment or supplies are no longer being used by the client as prescribed

## Updated Documentation Requirements

The requesting durable medical equipment (DME) provider may be asked for additional information to clarify or complete a request for the wound care equipment or supplies including, but not limited to, the following:

- Overall health status of clients whose wounds are not progressing through the normal stages of healing, including, but not limited to, the following:
  - Albumin or pre-albumin (within 30 days)
  - Hemoglobin A1C (within 30 days)
  - Use of pressure-reducing surfaces, repositioning, and encouraged ambulation

Reauthorization will be considered based on medical necessity, with a new prior authorization request.

All of the following information must be submitted with every prior authorization request. If prior authorization is not required, this documentation must be maintained in the client's medical record and is subject to retrospective review.

### Category 1: Medical History and Compliance

- A comprehensive treatment plan, including the prescribed wound care and management planned for the client. This may include, but is not limited to, documentation of the following:
  - Any medical diagnosis or chronic condition that affects wound healing
  - History of previous wound care treatments and outcomes with dates (including therapies initiated in a hospital or skilled nursing facility)
  - Continued management of unresolved compliance issues (e.g., missed medical appointments, refusing dressing changes, repositioning, smoking, poor nutritional intake or choices)
  - Whether a family member, friend or caregiver agrees to be available to assist the client

### Category 2: Wound Care Interventions

- Relevant information related to the current wound, including the following:
  - Any mechanical, surgical, enzymatic or autolytic tissue debridement (if performed)
  - Treatment for infection (if present)

### Category 3: Wound Description & Details

- Detailed description of the wound, including the following:
  - Dates of previous and current assessments
  - The measurements at the initiation of wound care and the current measurements, including length, width, depth and any undermining or tunneling
  - Wound color



- Amount, quality, quantity and odor of drainage (if present)
- Presence of granulation or eschar (if appropriate)
- The currently prescribed wound care regimen, to include types of dressings, frequency of dressing changes and supplies needed for each dressing change
- Frequency client will be seen by a licensed medical professional to assess wound healing and current wound treatment regimen

#### **Category 4: Contraindications**

- Absence of the following contraindications:
  - Untreated osteomyelitis within the vicinity of the wound
  - Wound ischemia
  - Gangrene
  - Presence in the wound of necrotic tissue with eschar (if debridement has not been attempted)
  - Cancer present in the wound or around the margins
  - Presence of a fistula to an organ or body cavity within the vicinity of the wound
- Documentation explaining the appropriateness of wound care is required if any of the above contraindications are present

#### **New Prior Authorization Form for Fee-For-Service**

The new prior authorization form, titled "Wound Care Equipment and Supplies Order Form," is to be used when submitting prior authorization requests for the following services:

- Wound care supplies that exceed quantity limitations
- All wound care supplies that require prior authorization, as identified in Table B above

The following forms will be discontinued on June 30, 2018, and will no longer be accepted after July 31, 2018:

- Statement for Initial Wound Therapy System In-Home Use (Form #F00100)
- Statement for Recertification of Wound Therapy System In-Home Use (Form #F00099)

Providers may refer to the article titled, "[New Prior Authorization Form for Wound Care Equipment and Supplies to be Effective July 1, 2018](#)," which was published on this website May 11, 2018, for additional information about the new form.

#### **Place of Service and Provider Type Updates**

The following procedure codes will only be a benefit when services are provided by home health DME and medical supplier (DME) providers in the home setting:

**Table D:**

**Procedure Codes**

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| A4490 | A4495 | A4500 | A4510 | A6544 |
|-------|-------|-------|-------|-------|

The following procedure codes will only be a benefit when services are provided by home health DME and medical supplier (DME) providers in the home setting, and hospital providers in the outpatient hospital setting:

**Table E:****Procedure Codes**

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| A6501 | A6502 | A6503 | A6504 | A6505 | A6506 | A6507 |
| A6508 | A6509 | A6510 | A6511 | A6512 | A6513 |       |