

MAV-PUB-004 / REIMBURSEMENT RESOURCES

Dressing Coding & Fee Schedule Reference

Understand product descriptions, billing units and official fee lookup without assuming reimbursement.

Start with the actual product

Match the individual product's composition, sterility, dimensions, construction and package labeling to the current HCPCS description and policy. A pack name, brand name or product family does not establish a billing code or coverage. The examples below are selected references, not code assignments for a MAVRAN product.

HCPCS	Selected description and unit
A6010	Dry sterile collagen wound filler; per gram of actual collagen.
A6021	Sterile collagen dressing, 16 square inches or less; each.
A6022	Sterile collagen dressing, over 16 through 48 square inches; each.
A6023	Sterile collagen dressing, over 48 square inches; each.
A6219	Sterile non-impregnated bordered gauze dressing, pad area 16 square inches or less; each.
A6220	Sterile non-impregnated bordered gauze dressing, pad area over 16 through 48 square inches; each.
A6446	Sterile non-elastic conforming bandage, width 3 to under 5 inches; per yard.
A6447	Sterile non-elastic conforming bandage, width 5 inches or greater; per yard.
A4452	Waterproof tape; per 18 square inches.

Verify dimensions and classification

For the bordered gauze examples, use the pad area rather than the outer border dimensions. Collagen products billed under A6021-A6024 require the applicable PDAC coding verification and Product Classification List check. Do not infer an A6222 assignment from a similar-looking product.

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Look up the right fee for the right unit

Use the current official CMS DMEPOS fee-schedule resources for Original Medicare. A fee-schedule allowance is a reference amount for an eligible claim. It does not establish clinical coverage, an approved quantity, a patient's out-of-pocket cost or the payment terms of a different payer.

- Choose the file and quarter applicable to the actual date of service; check for corrected files or subsequent updates.
- Use the beneficiary's applicable location and the geographic details required by the fee-schedule instructions.
- Locate the exact HCPCS code and relevant payment category or modifiers rather than a nearby or similarly named code.
- Read the billing unit. A dressing, a yard, a gram and 18 square inches are different units.
- Calculate units from the verified product and quantity furnished, then assess the applicable coverage and documentation rules separately.
- Verify Medicare Advantage, commercial and Medicaid reimbursement through the applicable plan or contract rather than substituting a Medicare amount.

Keep allowances separate from coverage

Do not multiply a pack's contents by fee-schedule amounts and describe the result as guaranteed pack reimbursement. Each billed item must satisfy its own coding, benefit, medical-necessity and claim requirements, including any bundling or noncoverage rules.

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Keep an auditable reference record

A useful coding record explains why a product matches the selected code and which official source was used. Keep the product details, policy version and fee lookup together in the supplier's approved records so a later reviewer can follow the decision.

Product name, manufacturer and item identifier:

Composition, sterility, dimensions and package quantity:

Verified HCPCS code and billing unit:

PDAC listing or coding-verification evidence, when required:

Policy and fee-schedule version, service date and location:

Reviewer, review date and unresolved questions:

Before a claim is submitted

- Confirm that the order and clinical record support the supplies, frequency and quantity.
- Check the current surgical dressing LCD and policy article for item-specific requirements and exclusions.
- Verify the furnishing and billing supplier's applicable payer requirements.
- Retain the delivery evidence and other required claim documentation.
- Resolve a coding question through the appropriate official coding or payer channel before relying on an assumed assignment.

Educational reference

This guide is not an authorization, coverage determination, product coding verification or payment estimate. Official policy, current code descriptions and the facts of the individual claim control.

Official sources

CGS Supplier Manual - HCPCS Appendix (open source)

CMS LCD L33831 - Surgical Dressings (open source)

CMS Policy Article A54563 - Surgical Dressings (open source)

CMS A55426 - Standard DME MAC Documentation (open source)

CMS - DMEPOS Fee Schedules (open source)

CMS - Enroll as a DMEPOS Supplier (open source)

Use the policy version effective for the actual date of service. Sources reviewed October 22, 2026.