

MAV-PUB-003 / REIMBURSEMENT RESOURCES

Payer Verification & Authorization Checklist

A practical preparation guide and blank payer-call worksheet for surgical dressing supplies.

Verify the pathway before fulfillment

Verify the patient's exact plan, intended service date, prescribed supplies, and furnishing and billing entities. An active member card or a previous paid claim does not answer every coverage question.

Coverage	What to verify
Original Medicare	Current dressing coverage, documentation, exact HCPCS codes and supplier eligibility.
Medicare Advantage	The exact plan's network, benefit, medical policy, authorization and referral requirements.
Commercial or Medicaid	The member's benefit, medical policy, supplier contract and state or program requirements.

Confirm who is doing what

The treating practitioner documents the clinical need and orders supplies. The furnishing supplier handles supplier requirements, delivery records and claims. A referring practice and a practice furnishing or billing supplies have different responsibilities; confirm the actual arrangement.

- Verify applicable enrollment, state licensing, network and contract requirements for the furnishing and billing entity.
- Check the exact code against current written-order, face-to-face and prior-authorization lists for the service date.
- Ask whether the plan limits quantity, supply period, refill timing or the permitted supplier.
- Confirm the route for missing clinical information, authorization requests and patient-cost questions.

Keep the checks separate

Accreditation exemptions do not automatically establish enrollment or state-license exemptions. Likewise, an authorization response does not replace eligibility, benefit, medical-necessity, coding, documentation or supplier checks.

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Blank payer-call worksheet

Use this blank worksheet in your practice's approved workflow. Record the source and reference for the answer, and resolve conflicting information before fulfillment. Do not enter patient information into a public website form.

Patient or internal record reference:

Payer, exact plan and member identification:

Eligibility checked for intended service date:

Furnishing supplier and billing entity:

Network status and benefit category:

Product, HCPCS code, billing unit and requested quantity:

Applicable medical policy and effective date:

Quantity, supply-period or refill limits:

Authorization or referral required? Source of answer:

Authorization number, approved codes, quantity and dates:

If authorization is not required, response and reference:

Required order and clinical documentation:

Deductible, cost sharing and patient-cost follow-up:

Representative, contact channel, date and reference number:

Unresolved questions, responsible person and follow-up date:

Official sources

CMS LCD L33831 - Surgical Dressings (open source)

CMS Policy Article A54563 - Surgical Dressings (open source)

CMS A55426 - Standard DME MAC Documentation (open source)

CMS - Enroll as a DMEPOS Supplier (open source)

CMS - DMEPOS Prior Authorization Program and Lists (open source)

CMS - DMEPOS Order Requirements and Required Lists (open source)

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