

CLINICIAN CHECKLIST FOR SURGICAL DRESSINGS

Policy References:

- [Local Coverage Determination \(LCD\) \(L33831\)](#)
- [Policy Article \(A52563\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

Medical records as noted below

Wounds that Qualify for Coverage

- A wound caused by, or treated by, a surgical procedure; **or**
- After debridement of the wound, regardless of the debridement technique.

Medical Documentation

Initial wound evaluation, the treating practitioner's medical record, nursing home, or home care nursing records must specify:

Type of wound (surgical, debrided, pressure ulcer etc.); **and**

Information regarding the location, number, and size of qualifying wounds being treated with a dressing; **and**

Whether the dressing is being used as a primary or secondary dressing or for some noncovered use (e.g., wound cleansing); **and**

Amount of drainage; **and**

The type of dressing (e.g., hydrocolloid wound cover, hydrogel wound filler, etc.); **and**

The size of the dressing (if applicable); **and**

The number/amount to be used at one time; **and**

The frequency of dressing change; **and**

Any other relevant clinical information.

Monthly evaluation by the treating physician (or their designee). Documentation in the medical record must include:

- Type of wound (surgical, debrided, pressure ulcer etc.); **and**
- Location of wound; **and**
- Size (length x width) and depth; **and**
- Amount of drainage; **and**
- Any other relevant information.

Weekly evaluation (same criteria as monthly evaluation criteria above) is required for beneficiaries:

- In a nursing facility; **or**
- With heavily draining wounds; **or**
- With infected wounds.

Indicate what dressing is being used as primary (applied directly to wound).

Indicate what dressing is being used as secondary (used to secure primary dressing).