DOCUMENTATION CHECKLIST FOR SURGICAL DRESSINGS

Policy Reference: Local Coverage Determination Surgical Dressings (L33831) and Policy Article (A54563)

Documentation Reference: Standard Documentation Requirements Policy Article - A55426

The supplier must be able to provide all of these items on request:

- Standard Written Order (SWO) (a new order is needed every three months)
- Beneficiary Authorization
- Refill Requirements
- Proof of Delivery (POD)
- Continued Need
- Continued Use
- Medical records from treating practitioner as noted below

Medical Records should contain:

Surgical Dressings

- A wound caused by, or treated by, a surgical procedure, OR
- After debridement of the wound

Wound Evaluation

- Monthly wound evaluation; OR
- Weekly wound evaluation (Nursing home beneficiaries; infected wounds, heavily draining wounds); AND

- Type of wound; AND
- Location; AND
- Size (L x W) and depth; AND
- Drainage; AND
- Number of wound(s)
Qualifying Dressing
- Frequency of dressing change; AND
- Type of dressing; AND
- Purpose of dressing (primary, secondary, non-covered); AND
- Size of dressing; AND
- The number/amount to be used at one time

Specific Dressing Coverage Criteria

**Alginate Collagen Dressing/Filler (A6196-A6199)**
- Criteria for a qualifying wound are met; AND
  - Full thickness; AND
  - Moderate to heavy exudate; AND
  - Dressing change is up to 1x per day

**Collagen Dressing/Filler (A6010, A6011, A6021-A6024)**
- Criteria for a qualifying wound are met; AND
  - Full thickness; AND
  - Light to moderate exudate; OR
  - Wound has stalled/not progressing towards healing; AND
  - Dressing change up to seven days

**Composite Dressing (A6203-A6205)**
- Criteria for a qualifying wound are met; AND
  - Moderate to heavy exudate; AND
  - Dressing change up to 3x/week

**Contact Layer Dressing (A6203-A6205)**
- Criteria for a qualifying wound are met; AND
  - Not used with a non- or semi-adherent dressing; AND
  - Dressing change up to 1x/week
Foam Dressing/Filler (A6209-A6215)
☐ Criteria for a qualifying wound are met; AND
☐ Full thickness; AND
☐ Moderate to heavy exudate; AND
☐ Dressing change up to 3x/week for foam cover; OR
☐ Dressing change up to 1x/day for foam filler

Gauze: Non-Impregnated Dressing (A6216-A6221, A6402-A6404, A6407)
☐ Criteria for a qualifying wound are met; AND
☐ No more than two gauze pads per wound per dressing change; AND
☐ Dressing change up to 3x/day (without border); OR
☐ Dressing change up to 1x/day (with border)

Gauze: Impregnated Dressing (A6222-A6224, A6266)
☐ Criteria for a qualifying wound are met; AND
☐ Dressing change up to 1x/day

Gauze: Impregnated with Water or Normal Saline Dressing (A6228-A6230)
☐ These dressings are denied as not reasonable and necessary when billed

Hydrocolloid Dressings
☐ Criteria for a qualifying wound are met; AND
☐ Light to moderate exudate; AND
☐ Dressing change up to 3x/week

Hydrogel Dressing/Filler (A6231-A6233, A6242-A6248)
☐ Criteria for a qualifying wound are met; AND
☐ Full thickness; AND
☐ Minimal to no exudate; AND
☐ Not used with an absorptive dressing; AND
☐ Not more than one type of hydrogel dressing (filler, cover, or impregnated gauze); AND
Dressing change up to 3x/week (with border); OR
Dressing change up to 1x/daily (w/o border or filler)

Specialty Absorptive Dressing (A6251-A6256)
Criteria for a qualifying wound are met; AND
Full thickness; AND
Moderate to heavy exudate; AND
Dressing change up to 1x/day (without border); OR
Dressing change up to every other day (with border)

Transparent Film (A6257-A6259)
Criteria for a qualifying wound are met; AND
Open partial thickness; AND
Minimal exudate or closed wound; AND
Dressing change up to 3x/week

Wound Pouch (A6154)
Criteria for a qualifying wound are met; AND
Dressing change up to 3x/week

Zinc Paste Impregnated Bandage (A6456)
Criteria for a qualifying wound are met; AND
Used for treatment of venous leg ulcers ONLY; AND
Dressing change up to 1x/week

Tape (A4450 and A4452)
Criteria for a qualifying wound are met; AND
Used to secure a wound cover; AND
Not used with adhesive bordered dressing; AND
Utilization is based on size of dressing; AND
Frequency of change is determined by wound cover
Light Compressing Bandage (A6448-A6450), Moderate Compressing Bandage (A6451, A6452),
Self-Adherent Bandage (A6453-A6455), Conforming Bandage (A6442-A6447), Padding Bandage
(A6441)

☐ Criteria for a qualifying wound are met; AND
☐ Multiple layer; AND
☐ Used for treatment of venous stasis ulcers; AND
☐ Dressing change up to 1x/week; OR
☐ Frequency of change for conforming bandage is determined by underlying dressing

Gradient Compressing Stocking/Wrap (A6531, A6532, A6545)

☐ Criteria for a qualifying wound are met; AND
☐ Used for treatment of venous leg ulcers ONLY; AND
☑ For A6545 ONLY
☐ Frequency of change is 1x/six month per leg

Compression Burn Garments (A6501-A6513)

☐ Criteria for a qualifying wound are met; AND
☐ Used for the treatment to reduce hypertrophic scarring and joint contractures post burn

Wound Filler, Not Elsewhere Classified (A6261-A6262)

☐ Criteria for a qualifying wound are met; AND
☐ Coverage is based on the characteristic of the underlying material; AND
☐ Description of the item; AND
☐ Manufacturer name; AND
☐ Product name and number; AND
☐ Supplier price list amount; AND
☐ Frequency of change is up to 1x/day

Miscellaneous Surgical Supply (A4649)

☐ Criteria for a qualifying wound are met; AND
☐ Description of the item; AND
Manufacturer name; AND
Product name and number; AND
Supplier price list amount