

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