

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)

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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

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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

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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

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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

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Manufacturer name; AND Product name and number; AND Supplier price list amount

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