

December 2010

## **Surgical Dressings – Coverage Criteria and Physician Documentation Requirements**

Dear Physician,

Wound dressings are covered by Medicare when they are used on a surgical wound, partial or full thickness skin ulcer, or partial or full thickness burn. Dressings are not covered for skin tears, abrasions, Stage I ulcers, first degree burns, or cutaneous fistulas unrelated to a surgical procedure.

Covered dressings include wound fillers (e.g., gel, paste, ropes, etc.), wound covers/pads (e.g., gauze, hydrocolloid, foam, alginate, transparent film, etc.), and items used to hold the dressings in place (e.g., tape, roll gauze, etc.). Items used in the cleansing or debriding of wounds that are not left on the wound (e.g., irrigating solutions) and skin sealants/barriers are noncovered under the surgical dressings benefit.

Evaluation of the wound must be documented on a regular basis, usually at least monthly. Documentation should typically include the following:

- Type of wound—e.g., surgical wound, pressure/stasis/arterial ulcer, burn, etc.
- Location of the wound(s)
- Wound depth (qualitative)—partial or full thickness, staging, etc.
- Size (quantitative)—length, width, and depth (clearly specify inches or cm)
- Presence/amount of exudate
- Presence/extent of tunneling or undermining
- Presence/extent of eschar or granulation tissue
- Presence of infection or other complicating conditions

These evaluations may be performed by a physician, nurse, or other qualified health care professional—as long as that person has no financial relationship with the supplier of the dressings. If they are performed by someone other than a physician, you should have notes in your chart indicating oversight of the treatment both initially and periodically on an ongoing basis.

There must be a detailed written order that lists the types of dressings and frequency of change of each. If there are multiple wounds and the use of dressings differs, the order must clearly describe what dressings are used on which wounds. This document may be prepared by the

supplier, but you must review it, initial and date any changes, and then personally sign and date the order. Signature and date stamps are not acceptable. Verbal orders alone are not sufficient for Medicare coverage. A new order is required at least every three months or any time there is a change in the type or frequency of change of dressings.

Selection of the specific dressings used on a wound and the frequency of change takes into account a number of the elements described above – especially wound size, depth, and amount of exudate. Most dressings used on chronic wounds are designed to remain in place for 2–3 days or longer. The need for more frequent change—e.g., because of strike through/leakage of exudates—must be clearly documented in the records.

Physicians can view the complete local coverage determination (LCD) and policy article titled Surgical Dressings on the National Government Services Web site at [www.NGSMedicare.com](http://www.NGSMedicare.com). It may also be viewed in the local coverage section of the Medicare Coverage Database at [www.cms.hhs.gov/mcd/search.asp](http://www.cms.hhs.gov/mcd/search.asp). The LCD contains detailed guidelines concerning the appropriate wound characteristics and typical frequency of change for specific dressings.

Suppliers may ask you to provide the documentation from your medical records on a routine basis in order to assure that Medicare will pay for these items and that your patient will not be held financially liable. Providing this documentation is in compliance with the Health Insurance Portability and Accountability Act Privacy Rule. No specific authorization is required from your patient. Also note that you may not charge the supplier or the beneficiary to provide this information. Please cooperate with the supplier so that they can provide the wound dressings that are needed by your patient.

Sincerely,

Stacey V. Brennan, M.D., FAAFP  
Medical Director, DME MAC, Jurisdiction B