Policy

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TITLE: Wound Care Dressings	**VERSION:** 1.0
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RELATED DEPARTMENTS:	
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Purpose

The prevalence of wounds in the ISNP population is high. In order to ensure the appropriate intervention for the beneficiaries, Longevity Health requires prior authorization for certain Part B Wound Care supplies. Information about those products which require prior authorization is available at the Plan Website: www.longevityhealthplan.com.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
ISNP	Institutional Special Needs Plan

Policy

Longevity Health aligns medical necessity requirements to L33831 Surgical Dressings which is in effect for all states where Longevity Health operates (Colorado, Florida, Illinois, Michigan, New Jersey, New York, and North Carolina). This policy outlines the criteria noted in the LCD and provides context for documentation required for submission by providers to appropriately apply the LCD criteria.

Documentation Requirements

In order to apply the coverage criteria outlined in L33831 Surgical Dressings, providers must include the following in their prior authorization request:

- Dressing Type
- Dressing Size
- Units/Quantity of Dressing
- Signed Physician Order for Dressing (electronically prescribed order is acceptable)
- Most recent wound care assessment which includes the following:
    - Assessment of wound performed within 2 weeks prior to receipt of prior authorization
    - Wound Type
    - Wound Description

- Wound Size/Dimensions

Duration of Authorization

Authorization for medically necessary wound care supplies will only be provided for a 30 day supply of the dressing. Prior authorizations for quantities that exceed a 30 day supply are subject to partial approvals with only the 30 day supply considered reasonable and appropriate. Reevaluation of the wound and submission of additional clinical information to monitor wound progress is required should the treatment extend beyond the 30 day period.

Coverage Criteria: L33831 Surgical Dressings

Coverage Indications, Limitations, and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

Medicare provides reimbursement for surgical dressing under the Surgical Dressings Benefit. This benefit only provides coverage for primary and secondary surgical dressing used on the skin on specified wound types.

In addition to the statutory requirements, for the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

DRESSINGS

The following are specific guidelines for individual product types.

Alginate Or Other Fiber Gelling Dressing (A6196-A6199)

Alginate or other fiber gelling dressing covers are covered for moderately to highly exudative full thickness wounds (e.g., stage 3 or 4 ulcers); and alginate or other fiber gelling dressing fillers for moderately to highly exudative full thickness wound cavities (e.g., stage 3 or 4 ulcers). They are not reasonable and necessary on dry wounds or wounds covered with eschar. Dressing change is up to once per day. One wound cover sheet of the approximate size of the wound or up to 2 units of wound filler (1 unit = 6 inches of alginate or other fiber gelling dressing rope) is used at each dressing change.

Collagen Dressing Or Wound Filler (A6010, A6011, A6021-A6024)

A collagen-based dressing or wound filler is covered for full thickness wounds (e.g., stage 3 or 4 ulcers), wounds with light to moderate exudate, or wounds that have stalled or have not progressed toward a healing goal. They can stay in place up to 7 days. Collagen based dressings are not covered for wounds with heavy exudate, third-degree burns, or when an active vasculitis is present.

Composite Dressing (A6203-A6205)

Composite dressings are covered for moderately to highly exudative wounds. Composite dressing change is up to 3 times per week, one wound cover per dressing change.

Contact Layer (A6206-A6208)

Contact layer dressings are used to line the entire wound to prevent adhesion of the overlying dressing to the wound. They are not reasonable and necessary when used with any dressing that has a non-adherent or semi-adherent layer as part of the dressing. They are not intended to be changed with each dressing change. Dressing change is up to once per week.

Foam Dressing Or Wound Filler (A6209-A6215)

Foam dressings are covered when used on full thickness wounds (e.g., stage 3 or 4 ulcers) with moderate to heavy exudate. Dressing change for a foam wound cover used as a primary dressing is up to 3 times per week. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, dressing change is up to 3 times per week. Dressing change frequency for foam wound fillers is up to once per day.

Gauze, Non-Impregnated (A6216-A6221, A6402-A6404, A6407)

Non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not reasonable and necessary to stack more than 2 gauze pads on top of each other in any one area.

Gauze, Impregnated, With Other Than Water, Normal Saline, Hydrogel, Or Zinc Paste (A6222-A6224, A6266)

Coverage is based upon the characteristics of the underlying material(s). Dressing change for gauze dressings impregnated with other than water, normal saline, hydrogel or zinc paste is up to once per day.

Gauze, Impregnated, Water Or Normal Saline (A6228-A6230)

There is no medical necessity for these dressings compared to non-impregnated gauze which is moistened with bulk saline or sterile water. When these dressings are billed, they will be denied as not reasonable and necessary.

Hydrocolloid Dressing (A6234-A6241)

Hydrocolloid dressings are covered for use on wounds with light to moderate exudate. Dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.

Hydrogel Dressing (A6231-A6233, A6242-A6248)

Hydrogel dressings are covered when used on full thickness wounds (e.g., stage 3 or 4 ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage 2 ulcers. Dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers with adhesive border is up to 3 times per week.

The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days. Use of more than one type of hydrogel dressing (filler, cover, or impregnated gauze) on the same wound at the same time is not reasonable and necessary.

Specialty Absorptive Dressing (A6251-A6256)

Specialty absorptive dressings are covered when used for moderately or highly exudative full thickness wounds (e.g., stage 3 or 4 ulcers). Specialty absorptive dressing change is up to once per day for a dressing without an adhesive border and up to every other day for a dressing with a border.

Transparent Film (A6257-A6259)

Transparent film dressings are covered when used on open partial thickness wounds with minimal exudate or closed wounds. Dressing change is up to 3 times per week.

Wound Filler, Not Elsewhere Classified (A6261-A6262)

Coverage is based upon the characteristics of the underlying material(s). Dressing change is up to once per day.

Wound Pouch (A6154)

Dressing change is up to 3 times per week.

Zinc Paste Impregnated Bandage (A6456)

A zinc paste impregnated bandage is covered for the treatment of venous leg ulcers that meet the statutory requirements for a qualifying wound (surgically created or modified, or debrided). Dressing change frequency for A6456 is weekly.

Claims for A6456 used for treatment of venous insufficiency without a qualifying wound or when used for other non-qualifying conditions will be denied as statutorily non-covered, no benefit.

Tape (A4450, A4452)

Tape is covered when needed to hold on a wound cover, elastic roll gauze or non-elastic roll gauze. Additional tape is not required when a wound cover with an adhesive border is used. Tape change is determined by the frequency of change of the wound cover. Quantities of tape submitted must reasonably reflect the size of the wound cover being secured. Utilization per dressing change for wound covers measuring:

- 16 square inches or less is up to 2 units
- 16 to 48 square inches, up to 3 units
- Greater than 48 square inches, up to 4 units

Light Compression Bandage (A6448-A6450), Moderate/High Compression Bandage (A6451, A6452), Self-Adherent Bandage (A6453-A6455), Conforming Bandage (A6442-A6447), Padding Bandage (A6441)

Compression bandages and multi-layer systems are only covered when they are used as a primary or secondary dressing over wound(s) that meet the statutory requirements for a qualifying wound (surgically created or modified, or debrided).

Claims for compression bandages and multi-layer systems used without a qualifying wound or when used for other non-qualifying conditions will be denied as statutorily non-covered, no benefit.

Most compression bandages are reusable. Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.

Conforming bandage dressing change is determined by the frequency of change of the selected underlying dressing.

Gradient Compression Wrap (A6545)

A gradient compression wrap is only covered when it is used as a primary or secondary dressing over wounds that meet the statutory requirements for a qualifying wound (surgically created or modified, or debrided).

Claims for gradient compression wraps used without a qualifying wound or when used for other non-qualifying conditions will be denied as statutorily non-covered, no benefit.

Utilization of a gradient compression wrap (A6545) is limited to one per 6 months per leg. Quantities exceeding this amount will be denied as not reasonable and necessary.

Dressing With Materials Not Recognized As Effective

Medicare recognizes the surgical dressing materials described by the product types listed above to be effective. They are considered reasonable and necessary when used as described by this policy. Medicare limits reimbursement to items that have sufficient clinical evidence to demonstrate that use of the item is safe and effective (see Medicare Program Integrity Manual, Chapter 13). Materials that lack sufficient clinical evidence are not recognized as effective and are not considered reasonable and necessary. The safety and effectiveness of the following materials have not been established:

- Balsam of Peru in castor oil
- Iodine – other than iodoform gauze packing
- Carbon Fiber
- Charcoal
- Copper
- Honey
- Silver

The above list is not exhaustive. Any material other than the materials explicitly listed among the reimbursable dressing types discussed above (i.e., alginate, collagen, foam, gauze, hydrocolloid, hydrogel, etc.) is not considered reasonable and necessary until sufficient credible clinical evidence is available to justify inclusion of the material into this policy as a reimbursable surgical dressing component.

Dressings containing multiple components are classified based upon the clinically predominant component. Multi-component dressings predominantly comprised of materials not recognized as effective are not considered reasonable and necessary even if there is some minor proportion of effective materials included in the composition of the complete product. Claims for surgical

dressings composed predominantly of materials not listed as reimbursable in the policy will be denied as not reasonable and necessary.

MISCELLANEOUS

Surgical dressings are covered for as long as they are reasonable and necessary. Dressings over a percutaneous catheter or tube (e.g., intravascular, epidural, nephrostomy, etc.) are covered as long as the catheter or tube remains in place and after removal until the wound heals. Dressings used over a percutaneous catheter or tube may be included in supply allowances associated with other policies. In this situation, there is no separate coverage under this LCD.

When a wound cover with an adhesive border is being used, no other dressing is needed on top of it and additional tape is not required. Reasons for use of additional tape must be well documented.

Use of more than one type of wound filler or more than one type of wound cover in a single wound is not reasonable and necessary. The exception is a primary dressing composed of: (1) an alginate or other fiber gelling dressing; or, (2) a saline, water, or hydrogel impregnated gauze dressing. Either of these might need an additional wound cover.

It is not appropriate to use combinations of a hydrating dressing on the same wound at the same time as an absorptive dressing (e.g., hydrogel and alginate).

The frequency of recommended dressing changes depends on the type and use of the surgical dressing. When combinations of primary dressings, secondary dressings, and wound filler are used, the change frequencies of the individual products should be similar. For purposes of this policy, the product in contact with the wound determines the change frequency. It is not reasonable and necessary to use a combination of products with differing change intervals. For example, it is not reasonable and necessary to use a secondary dressing with a weekly change frequency over a primary dressing with a daily change interval. Such claims will be denied as not reasonable and necessary.

It is not reasonable and necessary to use a secondary dressing with primary dressings that contain an impervious backing layer with or without and adhesive border.

Dressing size must be based on and appropriate to the size of the wound. For wound covers, the pad size is usually about 2 inches greater than the dimensions of the wound. For example, a 2 in. x 2 in. wound requires a 4 in. x 4 in. pad size.

The quantity and type of dressings dispensed at any one time must take into account the status of the wound(s), the likelihood of change, and the recent use of dressings.

Dressing needs may change frequently (e.g., weekly) in the early phases of wound treatment and/or with heavily draining wounds. Suppliers are required to monitor the quantity of dressings that the beneficiary is actually using and to adjust their provision of dressings accordingly.

Surgical dressings must be tailored to the specific needs of an individual beneficiary. When surgical dressings are provided in kits, only those components of the kit that meet the definition of a surgical dressing, that are ordered by the treating practitioner, and that are reasonable and necessary are covered.

Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
1.0	New	12/11/2025	Stefanie Caswell	New