Medical Policy

Surgical Dressings

Background/Description

A surgical dressing is a cover over a wound or surgical incision. Examples of wounds include but are not limited to cellulitis (with an open wound), ulcerated wounds (e.g., pressure, diabetic, stasis ulcer) or burns.

Products that are eligible to be classified as a surgical dressing are defined as:

- Primary dressings - Therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin.
- Secondary dressings - Materials that serve a therapeutic or protective function and that are needed to secure a primary dressing. Items such as adhesive tape, roll gauze, bandages, and disposable compression material are examples of secondary dressings.

Some items, such as transparent film, may be used as a primary or secondary dressing.

Policy

A surgical dressing is considered reasonable and necessary when a member meets coverage criteria.

Policy Guidelines

If the coverage criteria described below are not met, the claim will be denied as not reasonable and necessary.

Medicare Member Coverage Criteria:

Refer to Medicare policy (L33831) and article (A54563) for coverage criteria.

Non-Medicare Member Coverage Criteria:

Coverage Criteria:

Surgical dressings are covered when a qualifying wound is present (**may not apply to Medicaid members per State guidelines).** A qualifying wound is defined as either of the following:

- A wound caused by, or treated by, a surgical procedure; or,
- After debridement of the wound, regardless of the debridement technique.

The surgical procedure or debridement must be performed by a treating practitioner or other healthcare professional to the extent permissible under State law. Debridement of a wound may be any type of debridement (examples given are not all-inclusive):

- Surgical (e.g., sharp instrument or laser)
- Mechanical (e.g., irrigation or wet-to-dry dressings)
- Chemical (e.g., topical application of enzymes) or
- Autolytic (e.g., application of occlusive dressings to an open wound).

Dressings used for mechanical debridement, to cover chemical debriding agents, or to cover wounds to allow for autolytic debridement are covered although the debridement agents themselves are noncovered.

Surgical dressings are covered for as long as they are medically 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.

Examples (not all-inclusive) of clinical situations in which dressings are noncovered under the Surgical Dressings benefit are:

- Drainage from a cutaneous fistula which has not been caused by or treated by a surgical procedure; or,
- A Stage 1 pressure ulcer; or,
- A first degree burn; or,
- Wounds caused by trauma which do not require surgical closure or debridement - e.g., skin tear or abrasion; or,
- A venipuncture or arterial puncture site (e.g., blood sample) other than the site of an indwelling catheter or needle.

Use of more than one type of wound filler or more than one type of wound cover in a single wound is rarely medically necessary and the reasons must be well documented. An exception is an alginate or other fiber gelling dressing wound cover, or a saline, water, or hydrogel impregnated gauze dressing which might need an additional wound cover.

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

Because composite dressings, foam and hydrocolloid wound covers, and transparent film, when used as secondary dressings, are meant to be changed at frequencies less than daily, appropriate clinical judgment should be used to avoid their use with primary dressings which require more frequent dressing changes. When claims are submitted for these dressings for changes greater than once every other day, the quantity in excess of that amount will be denied as not reasonable and necessary. While a highly exudative wound might require such a combination initially, with continued proper management the wound usually progresses to a point where the appropriate selection of these products results in the less frequent dressing changes which they are designed to allow. An example of an inappropriate combination is the use of a specialty absorptive dressing on top of non-impregnated gauze being used as a primary dressing.

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 5 cm x 5 cm (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 current 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 also expected to have a mechanism for determining the quantity of dressings that the member is actually using and to adjust their provision of dressings accordingly. No more than a one month's supply of dressings may be provided at one time unless there is documentation to support the necessity of greater quantities in the home setting in an individual case. An even smaller quantity may be appropriate in the situations described above.

Surgical dressings must be tailored to the specific needs of an individual member. 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 medically necessary are covered. Note that the allowance for items referred to using the term “kit” (e.g., in HCPCS codes A4625, A4629, B4224, B4034, B4035, B4036) includes not only the individual major supply items, but also any gauze, tape, other dressing supplies, etc. necessary for their use. When dressings are covered under other benefits, there is no separate payment using surgical dressing codes. Claims separately billed for dressings that are included in a bundled supply or kit code will be denied as unbundling.

The following are examples of wound care items which are not reasonable and necessary under the surgical dressing benefit because they do not meet the statutory definition of a dressing (not all-inclusive) **(may not apply to Medicaid members per State guidelines)**:

- Skin sealants or barriers (A6250)
- Wound cleansers (A6260) or irrigating solutions
- Solutions used to moisten gauze (e.g., saline)
- Silicone gel sheets (A6025)
- Topical antiseptics
- Topical antibiotics
- Enzymatic debriding agents
- Gauze or other dressings used to cleanse or debride a wound but not left on the wound.
- First-aid type small adhesive bandage (A6413) (e.g., Band-Aid or similar product) are not primarily used for the treatment of wounds.
- An antibiotic-impregnated dressing
- Gradient Compression Stockings (A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6549)
- Surgical stockings (A4490, A4495, A4500, A4510)
- Non-elastic binder for an extremity (A4465)

These dressings are noncovered under the surgical dressing benefit.

The following are some specific coverage guidelines for individual products:

Alginate or Other Fiber Gelling Dressing (A6196, A6197, A6198, A6199):

Alginate or other fiber gelling dressing covers are covered for moderately to highly exudative full thickness wounds (e.g., stage III or IV ulcers); and alginate or other fiber gelling dressing fillers for moderately to highly exudative full thickness wound *cavities* (e.g., stage III or IV ulcers). They are not medically necessary on dry wounds or wounds covered with eschar. The usual 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 usually used at each dressing change. May be used as a primary or secondary dressing. When used as a secondary

dressing, the dressing size selected must be appropriate to the size of the wound, taking into account the wound margin(s)

It is usually inappropriate to use alginates or other fiber gelling dressings in combination with hydrogels.

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 for 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, A6204, A6205):

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

A composite dressing has a physical (not chemical) bacterial barrier that is present over the entire dressing pad and extends out into the adhesive border, an absorptive layer other than an alginate or other fiber gelling dressing, foam, hydrocolloid, or hydrogel, and either a semi-adherent or a non-adherent property over the wound site.

Contact Layer (A6206-A6208):

Contact layer dressings are thin non-adherent sheets placed directly on an open wound bed to protect the wound tissue from direct contact with other agents or dressings applied to the wound. They are not absorptive. They are porous to allow wound fluid to pass through for absorption by a separate overlying dressing. They remain on the wound for an extended time while the absorptive dressings are changed. They line the entire wound; they are not intended to be changed with each dressing change. 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. Usual dressing change is up to once per week.

Foam Dressing or Wound Filler (A6209-A6215):

Foam dressings are a sterile, non-linting, absorptive dressing which is made of open cell, medical grade expanded polymer and covered when used on full thickness wounds (e.g., stage III or IV ulcers) with moderate to heavy exudate. Usual 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 may be up to 3 times per week. The usual dressing change for foam wound fillers is up to once per day.

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

Usual 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 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):

The usual dressing change for gauze dressings, which consist of woven or non-woven materials 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. Usual 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 III or IV ulcers) with minimal or no exudate. Hydrogel dressings are not usually medically necessary for stage II ulcers. Documentation must substantiate the medical necessity for use of hydrogel dressings for stage II ulcers (e.g., location of ulcer is sacro-coccygeal area). The usual dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Usual 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 medically necessary. Documentation must substantiate the medical necessity for code A6248 billed in excess of 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 medically necessary.

Specialty Absorptive Dressing (A6251-A6256):

Specialty absorptive dressings are unitized multi-layer dressings that provide (a) either a semi-adherent quality or non-adherent layer, and (b) highly absorptive layers of fibers such as absorbent cellulose, cotton, or rayon. These may or may not have an adhesive border.

Specialty absorptive dressings are covered when used for moderately or highly exudative wounds (e.g., stage III or IV ulcers). Usual 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. Usual dressing change is up to 3 times per week.

Wound Filler, Not Elsewhere Classified (A6261, A6262):

Wound fillers are primary dressings placed into open wounds to eliminate dead space, absorb exudate, or maintain a moist wound surface. Coverage is based upon the characteristics of the underlying material(s). The usual dressing change is up to once per day.

Wound Pouch (A6154):

A wound pouch is a waterproof collection device with a drainable port that adheres to the skin around a wound. The usual 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 requirements for a qualifying wound (surgically created or modified or debrided). Usual dressing change frequency is weekly.

When used for treatment of venous insufficiency without a qualifying wound or when used for other non-qualifying conditions, it will be denied as not reasonable and necessary.

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 usually not required when a wound cover with an adhesive border is used. The medical necessity for tape in these situations must be documented. 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. Usual use for wound covers measuring:

- 16 square inches or less is up to 2 units per dressing change;
- 16 to 48 square inches, up to 3 units per dressing change;
- Greater than 48 square inches, up to 4 units per dressing change.

Light Compression Bandage (A6448, A6449, A6450), Moderate/High Compression Bandage (A6451, A6452), Self-Adherent Bandage (A6453, A6454, A6455), Conforming Bandage (A6442, A6443, A6444, A6445, A6446, 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 requirements for a qualifying wound (surgically created or modified or debrided).

Light compression bandages (ACE-type elastic bandage), self-adherent bandages, and conforming bandages are covered when they are used to hold wound cover dressings in place over any wound type i.e., as a secondary dressing over a qualified wound.

Codes A6448, A6449, A6450 describe ACE-type elastic bandages. Codes A6451 and A6452 describe elastic bandages that produce moderate or high compression that is sustained typically for one week. They are commonly included in multi-layer compression bandage systems.

Elastic bandages are those that contain fibers of rubber (latex, neoprene), spandex, or elastane. Roll bandages that do not contain these fibers are considered non-elastic bandages even though many of them (e.g., gauze bandages) are stretchable. Codes A6442, A6443, A6444, A6445, A6446, A6447 describe roll gauze-type bandages made either of cotton or of synthetic materials such as nylon, viscose, polyester, rayon, or polyamide. These bandages are stretchable, but do not contain elastic fibers. These codes include short-stretch bandages.

Moderate or high compression bandages (elastic), conforming bandages, self-adherent bandages, and padding bandages are covered when they are part of a multi-layer compression bandage system used in the treatment of a venous stasis ulcer that meets the requirements to be a qualified wound.

Compression bandages and multi-layer systems used without a qualifying wound or when used for other non-qualifying conditions will be denied as not reasonable and necessary.

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

The *Conforming* bandage is a stretchable, roll gauze-type bandage and dressing change is determined by the frequency of change of the selected underlying dressing.

All of these bandages are non-covered when used for non-qualifying conditions such as, strains, sprains, edema, or situations other than as a dressing for a qualified wound.

Compression Burn Garments (A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6510, A6511, A6512, A6513)

Compression burn garments are covered when they are used to reduce hypertrophic scarring and joint contractures following a burn injury.

Gradient Compression Stockings/Wraps (A6531, A6532, A6545)

A gradient compression stocking described by codes A6531 or A6532 or a non-elastic gradient compression wrap described by code A6545 is only covered when it is used in the treatment of an open venous stasis ulcer that meets the qualifying wound requirements described above.

Codes A6531, A6532, and A6545 are non-covered for the following conditions:

- Venous insufficiency without stasis ulcers;
- Prevention of stasis ulcers;
- Prevention of the reoccurrence of stasis ulcers that have healed;
- Treatment of lymphedema in the absence of ulcers.

In these situations, since there is no ulcer, the stockings/wraps do not meet the definition of a surgical dressing, as there is no qualifying wound. Claims for these uses will be denied as non-covered, no benefit.

For the compression stocking codes A6531 and A6532, one unit of service is generally for one stocking. However, if a manufacturer has a product consisting of two components that are designed to be worn simultaneously on the same leg, the two components must be billed as one claim line with one unit of service – e.g., a product that consists of an unzippered liner and a zippered stocking.

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).

Gradient compression wraps used without a qualifying wound or when used for other non-qualifying conditions will be denied as not reasonable and necessary.

Coverage of a non-elastic 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.

HCPCS Level II Codes and Description

A4217	Sterile water/saline 500 ml – (31 ea. per month) **coverage for NH Medicaid members only**
A4450	Tape, non-waterproof, per 18 square inches
A4452	Tape, waterproof, per 18 square inches
A4461	Surgical dressing holder, non-reusable, each
A4463	Surgical dressing holder, reusable, each
A4465	Non-elastic binder for extremity
A4490	Surgical Stockings Above Knee Length, Each
A4495	Surgical Stockings Thigh Length, Each
A4500	Surgical Stockings Below Knee Length, Each
A4510	Surgical Stockings Full Length, Each
A4649	Surgical supply; miscellaneous
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen
A6011	Collagen based wound filler, gel/paste, sterile, per gram of collagen
A6021	Collagen dressing, sterile, size 16 sq. in. or less, each
A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each
A6023	Collagen dressing, sterile, size more than 48 sq. in., each
A6024	Collagen dressing wound filler, sterile, per 6 inches
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each
A6154	Wound pouch, each

A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing
A6197	Alginate or other fiber gelling dressing, sterile, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6198	Alginate or other fiber gelling dressing, sterile, wound cover, pad size more than 48 sq. in., each dressing
A6199	Alginate or other fiber gelling dressing, sterile, wound filler, per 6 inches
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6204	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6206	Contact layer, sterile,16 sq. in. or less, each dressing
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6208	Contact layer, sterile, more than 48 sq. in., each dressing
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6215	Foam dressing, wound filler, sterile, per gram
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing

A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 square inches, but less than or equal to 48 square inches, without adhesive border, each dressing
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 square inches, without adhesive border, each dressing
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, sterile, without adhesive border, each dressing
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6233	Gauze, impregnated, hydrogel for direct wound contact, sterile, pad size more than 48 sq. in., each dressing
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. But less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per fluid ounce
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	Hydrogel dressing, wound filler, gel, sterile, per fluid ounce
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing
A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6259	Transparent film, sterile, more than 48 sq. in., each dressing
A6260	Wound cleansers, sterile, any type, any size
A6261	Wound filler, gel/paste, sterile, per fluid ounce, not otherwise specified.
A6262	Wound filler, dry form, sterile, per gram, not otherwise specified.
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard
A6410	Eye pad, sterile, each
A6411	Eye pad, non-sterile, each
A6412	Eye patch, occlusive, each
A6413	Adhesive bandage, first aid type, any size, each
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than

	or equal to 5 inches, per yard
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6457	Tubular dressing with or without elastic, any width, per linear yard
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated
A6502	Compression burn garment, chin strap, custom fabricated
A6503	Compression burn garment, facial hood, custom fabricated
A6504	Compression burn garment, glove to wrist, custom fabricated

A6505	Compression burn garment, glove to elbow, custom fabricated
A6506	Compression burn garment, glove to axilla, custom fabricated
A6507	Compression burn garment, foot to knee length, custom fabricated
A6508	Compression burn garment, foot to thigh length, custom fabricated
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A6512	Compression burn garment, not otherwise classified
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each
A6541	Gradient compression stocking, waist length, 40-50 mmhg, each
A6544	Gradient compression stocking, garter belt
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each
A6549	Gradient compression stocking/sleeve, not otherwise specified
A9270	Non-covered item or service

For additional information regarding HCPCS codes pertaining to Compression Burn Garments codes A6501-A6513 see Pressure Gradient Garments and Support Stockings.

Documentation Requirements

1. The compression wrap is limited to **one per 6 months per leg**. Quantities exceeding this amount will be denied as not reasonable and necessary.

2. The treating practitioner's order must specify:

   - The type of qualifying wound (see above); and,
   - Information regarding the location, number, and size of qualifying wounds being treated with a dressing; and,
   - Whether the dressing is being used as a primary or secondary dressing or for some noncovered use (e.g., wound cleansing); and,
   - Amount of drainage; and,
   - The type of dressing (e.g., hydrocolloid wound cover, hydrogel wound filler, etc.); and,
   - The size of the dressing (if applicable); and,
   - The number/amount to be used at one time; and,
   - The frequency of dressing change; and,
   - Any other relevant clinical information.
   - The source of the information and date obtained must be documented.

3. A new order is needed if a new dressing is added or if the quantity of an existing dressing to be used is increased. A new order is not routinely needed if the quantity of dressings used is decreased. However, a new order is required at least every 3 months for each dressing being used even if the quantity used has remained the same or decreased.

4. Information defining the number of surgical/debrided wounds being treated with a dressing, the reason for dressing use (e.g., surgical wound, debrided wound, etc.), and whether the dressing is being used as a primary or secondary dressing or for some non-covered use (e.g., a dressing being used for wound cleansing) must be obtained from the treating practitioner or home care nurse. The source of that information and date obtained must be documented and sent in with the claim.

5. Current clinical information which supports the reasonableness and necessity of the type and quantity of surgical dressings provided must be documented and

sent in with the claim. Evaluation of a Member's wound(s) must be performed at least on a monthly basis unless there is documentation sent in with the claim which justifies why an evaluation could not be done within this timeframe and what other monitoring methods were used to evaluate the Member's need for dressings.

Evaluation is expected on a more frequent basis (e.g., weekly) in Members with heavily draining or infected wounds. The evaluation may be performed by a nurse, physician or other health care professional. This evaluation must include the type of each wound (e.g., surgical wound, pressure ulcer, burn, etc), its location, its size (length x width in cm.) and depth, the amount of drainage, and any other relevant information. This information must be documented and sent in with the claim.

6. When codes A4649, A6261 or A6262 are billed, the claim must include a narrative description of the item (including size of the product provided), the manufacturer, the brand name or number, and information justifying the medical necessity for the item. This information must be entered in the narrative field of the electronic claim.

7. The RT and/or LT modifiers must be used with codes A6531, A6532, and A6545 for gradient compression stockings and wraps. Effective for claims with dates of service (DOS) on or after 3/1/2019, when the same code for bilateral items (left and right) is billed on the same date of service, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line. Do not use the RTLT modifier on the same claim line and billed with 2 UOS. Claims billed without modifiers RT and/or LT, or with RTLT on the same claim line and 2 UOS, will be rejected as incorrect coding.

8. If a treating practitioner applies surgical dressings as part of a professional service that is billed to Medicare, the surgical dressings are considered incident to the professional services of the health care practitioner and are not separately payable.

9. When dressing codes are billed for items covered under another benefit (e.g., gauze for a continent ostomy which is covered under the prosthetic device benefit) claims must be billed according to the documentation requirements specified in the applicable policy (see Ostomy Supplies policy for details).

Classification Systems

Pressure Ulcer Staging System (National Pressure Injury Advisory Panel, 2019 Revision): The pressure ulcer classification staging system describes the severity level of a pressure ulcer.

Stage 1 Pressure Injury: Non-blanchable erythema of intact skin
Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis
Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).

Stage 3 Pressure Injury: Full-thickness skin loss
Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

Stage 4 Pressure Injury: Full-thickness skin and tissue loss
Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss
Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable

eschar (i.e., dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

FOR HEALTH NEW ENGLAND MEMBERS

The staging above does **not** apply to **diabetic** wounds/ulcers as different factors are taken into account. Diabetic wounds have different assessment methodology utilizing multiple grading systems.

Some practitioners may use the following guides to describe a diabetic foot ulcer.

Diabetic Foot Ulcer Classification Systems: The diabetic foot ulcer classification grading system is used to describe the severity level of an ulcer resulting from complications of diabetes. Some examples are:

1) **Wagner Diabetic Foot Ulcer Grade Classification System**
The Wagner Classification System (sometimes referred to as Merritt-Wagner) comprises six ulcer grades, ranging from 0 to 5. This system assesses ulcer depth and the presence of osteomyelitis or gangrene. The grades are as follows:

   - Grade 0: Intact skin
   - Grade 1: Superficial ulcer – Skin and subcutaneous tissue only
   - Grade 2: Deep ulcer to tendon, muscle, joint capsule, or bone
   - Grade 3: Deep ulcer with abscess, osteomyelitis, or tendinitis
   - Grade 4: Partial foot gangrene
   - Grade 5: Whole foot gangrene

Note: Grade 2 and above is considered a full thickness wound.

2) **University of Texas Diabetic Foot Ulcer Classification System**
This system uses four grades (0–3) and four stages (A–D) to classify DFUs. The grades correspond to depth, whereas the stages account for the severity of the wound by marking the presence of infection, ischemia, or both.

Grade:
   - Grade 0: Pre- or post-ulcerative (Stages A to D)
   - Grade 1: Full-thickness ulcer not involving tendon, capsule, or bone (Stages A to D)
   - Grade 2: Tendon or capsular involvement without bone palpable (Stages A to D)
   - Grade 3: Probes to bone (Stages A to D)

Stage:
   - Stage A: Noninfected
   - Stage B: Infected
   - Stage C: Ischemic
   - Stage D: Infected and ischemic

Type of tissue in the wound	Therapeutic goal	Role of dressing	Treatment options		
			Wound bed preparation	**Primary dressing**	**Secondary dressing**
Necrotic, black, dry.	Remove devitalized tissue. Do not attempt debridement if vascular insufficiency suspected. Keep dry and refer for vascular assessment.	Hydration of wound bed. Promote autolytic debridement.	Surgical or mechanical debridement.	Hydrogel Honey	Polyurethane film dressing.
Sloughy, yellow, brown, black or grey. Dry to low exudate.	Remove slough. Provide clean wound bed for granulation tissue.	Rehydrate wound bed. Control moisture balance. Promote autolytic debridement.	Surgical or mechanical debridement, if appropriate. Wound cleansing (consider antiseptic wound cleansing solution).	Hydrogel Honey	Polyurethane film dressing. Low adherent (silicone) dressing.
Sloughy, yellow, brown, black or grey. Moderate to high exudate.	Remove slough. Provide clean wound bed for granulation tissue. Exudate management.	Absorb excess fluid. Protect periwound skin to prevent maceration. Promote autolytic debridement.	Surgical or mechanical debridement, if appropriate. Wound cleansing (consider antiseptic wound cleansing solution). Consider barrier products.	Absorbent dressing (alginate/ CMC/foam). For deep wounds, use cavity strips, rope or ribbon versions.	Retention bandage or polyurethane film dressing.
Granulating, clean, red. Dry to low exudate.	Promote granulation. Provide healthy wound bed for	Maintain moisture balance. Protect new tissue growth.	Wound cleansing.	Hydrogel. Low adherent (silicone)	Pad and/or retention bandage. Avoid

	epithelialization.			dressing. For deep wounds use cavity strips, rope or ribbon versions.	bandages that may cause occlusion and maceration. Tapes should be used with caution due to allergy potential and secondary complications.
Granulating, clean, red. Moderate to high exudate.	Exudate management. Provide healthy wound bed for epithelialization.	Maintain moisture balance. Protect new tissue growth.	Wound cleansing. Consider barrier products.	Absorbent dressing (alginate/CMC /foam). Low adherent (silicone) dressing. For deep wounds, use cavity strips, rope or ribbon versions.	
Epithelializing, red, pink. No to low exudate.	Promote epithelialization and wound maturation (contraction).	Protect new tissue growth.		Hydrocolloid (thin). Polyurethane film dressing. Low adherent (silicone) dressing.	
Infected. Low to high exudate.	Reduce bacterial load. Exudate management. Odor control.	Antimicrobial action. Moist wound healing. Odor absorption.	Wound cleansing (consider antiseptic wound cleansing solution). Consider barrier products.	Antimicrobial dressing.	

The purpose of this table is to provide guidance about appropriate dressings and should be used in conjunction with clinical judgement and local protocols. Where wounds contain mixed tissue types, it is important to consider the predominant factors affecting healing and address accordingly. Where infection is suspected, it is important to regularly inspect the wound and to change the dressing frequently. Wound dressings should be used in combination with appropriate wound bed preparation, systemic antibiotic therapy, pressure offloading, and diabetic control.

CMC (carboxymethyl cellulose)

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01	12-2008	Changed descriptions for the staging of pressure ulcers and added HCPC codes A6413 and A6545	Susan Glomb	Ken Fasse	n/a	
02		Annual Review – no additional changes	Susan Glomb	Ken Fasse	Dec.2008	
03	01/01/09	Added A6545 Revised A6010-A6024 A6196-A6199 A6203-A6215	Susan Glomb	Ken Fasse		

		A6219-A6248 A6251-A6266 A6407 Codes were changed to reflect items as "sterile"				
04	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	
05	01-05-10	Narrative change: A6549. Gradient compression stocking/sleeve not otherwise specified. Discontinued codes: A6200; Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing. Now A6251. A6201; Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq.in., without adhesive border, each dressing. Now A6252. A6202; Composite dressing, pad size more than 48 sq.in. without adhesive border, each dressing. Now A6253. A6542; Gradient compression stocking, custom made. Now A6549. A6543; Gradient compression stocking, lymphedema. Now A6549	Susan Glomb	Ken Fasse		
06	12-03-10	Annual Review – No Changes	Susan Glomb	Ken Fasse	Dec.2010	
07	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
08	11-7-11	Annual Review. Policy References Added. Inclusion of Abdominal Binder/Abdominal Support into this Policy.	Susan Glomb	Dr. B. Almasri	November 2011	

09	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
10	12-4-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12	
11	12-30-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
12	11-25-14	Annual Review. Removed references to Compression stockings from policy since this information is included in Pressure Gradient Garments and Support Stocking policy.	Susan Glomb	Dr. B. Almasri		
13	12-11-15	Annual Review. Policy updated per Medicare policy guidelines. Medicare reference updated	Susan Glomb	Dr. B. Almasri	12-11-15	
14	5-24-16	Clarified # 4- added that dressings are not covered for use in wound cleansing.	Susan Glomb	Dr. B. Almasri		
15	12-08-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
16	12-16-17	Annual review. Revised: Staging guidelines to reflect NPUAP 2016 Staging Consensus Conference.	Carol Dimech	Dr. C. Lerchin	December 2017	
17	12-7-18	Annual review. Medicare references updated.	Carol Dimech	Dr. C. Lerchin	December 2018	
18	10-22-19	Policy updated to reflect A4217 for NH Medicaid only coverage and non-covered wound care items.	Susan Glomb	Dr. C. Lerchin	October 2019	October 22, 2019
19	12-19-19	Annual review. Per CGS, removed “expected duration of need” from order specifications. Added RT and/or LT modifier instructions.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019

20	9-3-20	Clarification of 1st paragraph regarding cellulitis – added: (*with an open wound).*	Carol Dimech	Dr. C. Lerchin	September 3, 2020	September 3, 2020
21	12-10-20	Annual Review. Updated 'physician' to 'treating practitioner.' Per CMS: defined qualifying wound guidelines. Added statement about noncovered items may not apply to Medicaid per state guidelines.	Lisa Wojno	Lisa Wojno	December 2020	December 2020
22	12-10-21	Annual review. Added NCD and LCD verbiage to "Important Note." Revised National Pressure Ulcer Advisory Panel to National Pressure Injury Advisory Panel 2019 Revision.	Carol Dimech	Dr. C. Lerchin	December 10, 2021	December 10, 2021
23	12-12-22	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	December 12, 2022	December 2022
24	3-8-23	Added Diabetic Foot Ulcer Classification Systems and Wound Management Dressing Guide for HNE members. Added references.	Carol Dimech	Dr. C. Lerchin	March 8, 2023	March 8, 2023
25	12-18-23	Annual review. Policy updated per CMS guidelines.	Carol Dimech	Dr. C. Lerchin	12/18/23	12/18/23