

Surgical Dressing Requirements

May 11, 2021

Recently both of the Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) steered a post-payment service-specific medical review of encounters where certain surgical dressings were supplied. The findings entailed many documentation insufficiencies, projected to result in extensive recoupments. It is crucial that members who dispense surgical dressings document thoroughly and meet the requirements outlined in the DMEMAC Surgical Dressing Local Coverage Determination (LCD) and Local Coverage Article (LCA), L33831 and A54563. Suppliers should also follow the guidelines provided in the DMEMAC LCA, "Standard Documentation Requirements for All Claims Submitted to DMEMACs" when dispensing surgical dressings. These documents list the documentation requirements associated with dispensing surgical dressings.

These documentation requirements include:

1. Medical necessity of the surgical dressing(s)
2. Each ulcer's location and measurements: length x width x depth (mm or inches)
3. Designation of ulcer(s) as either partial thickness or full thickness
4. Number of ulcers being treated
5. Etiology of each ulcer
6. Exudate quantity: none, mild, moderate, heavy, very heavy
7. Date and type of debridement. Debridement may be listed as:
 - o Autolytic
 - o Mechanical (e.g., whirlpool, hydrojet, etc).
 - o Sharp (scalpel, curette, etc.)
 - o Chemical or enzymatic (list name)
 - o Ultrasound
 - o Wet-to-dry
 - o Other (specify)
 - o Date of your exam if different than the date of debridement
8. Presence or absence of infection (e.g., S. Aureus)
9. Presence or absence of tunneling / undermining

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10. Whether patient can or cannot perform dressing changes and, if not, who is to perform them.
 11. Exact dressing(s) (including type) and size of each. (Match the dressing size with the size of the ulcer, allowing for a small dressing border.)
 12. Designation of whether each dressing is to be used as a primary dressing (applied directly to ulcer) or a secondary dressing (securing a primary dressing)
 13. Number of units for each dressing dispensed
 14. Frequency of change of each dressing
 15. Anticipated need of each dressing
- ⇒ An example of items 11-15 above is: one 2" X 2" foam dressing without adhesive border to left plantar first metatarsal head as primary dressing and one 3 sq. in adhesive bordered gauze as secondary dressing, both daily for seven days then every other day x 14 days. 28 pieces of foam and 28 pieces of gauze dispensed.
16. Date of initial need of dressing supplies
 17. Complete Proof of Delivery
 18. Complete Standard Written Order (may exist within progress notes if physician supplier)
 19. Supplier signature, date, and NPI

Be sure that the directions for each surgical dressing to be used are provided to the patient, warranty information is documented, and supplier standards are met. Oftentimes directions for use of a surgical dressing are found on the dressing's packaging.

Providers may order up to 90 days of surgical dressing supplies (30 days with two refills, but it may be best to limit the supply to 30 days and then reassess).

If at some point during the prescriptive time the provider changes the number of units, type, or name of the surgical dressing, a new order must be written.

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Providers of DME must always adhere to all National Supplier Clearinghouse requirements (proof of delivery, authorization for payment, complaint protocol, warranty info, etc.).

Click below for Noridian Surgical Dressings Documentation Checklist:

[Surgical Dressings - Documentation Checklist \(noridianmedicare.com\)](http://noridianmedicare.com)