

Medicare Guidelines

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Medicare Part B – Documentation Requirements for Surgical Dressings

PHYSICIAN ORDER

An order for each item billed must be signed and dated by the treating physician and kept on file by the supplier.

The order must specify:

- The **type of dressing** (e.g., hydrocolloid, hydrogel wound filler, etc.)
- The **size of the dressing** (if appropriate)
- The **number/amount to be used at one time** (if more than one)
- The **frequency of dressing change**
- The **expected duration of need**

A new order is needed if a new dressing is added or if the quantity of an existing dressing to be used is increased. However, a new order is required at least every 3 months¹

CLINICAL DOCUMENTATION

Information defining clinical documentation:

- **Number of surgical/debrided wounds** being treated
- **Reason for dressing use** (e.g., surgical wound, debrided wound, etc.)
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
- **Dressing is being used as a primary or secondary dressing**

The source of this information and date obtained must be documented in the supplier's records.

Evaluation of a patient's wound(s) must be performed at least on a monthly basis.

This evaluation must include:

- **Type of each wound** (e.g., surgical wound, pressure ulcer, burn, etc.)
- **Location**
- **Size** (length x width in cm) **and depth**
- **Amount of drainage**, and any other relevant information¹

¹ Local Coverage Article for Surgical Dressings - Policy Article - Effective November 2013 (A23903).

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