



## Medicare and Surgical Dressings (Jurisdiction C)

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Hello and welcome to Medicare Minute MD<sup>SM</sup>, a video and podcast series produced by the DME MACs for the benefit of physicians and healthcare providers. I'm Dr. Robert Hoover, medical director at CGS Administrators, the Jurisdiction C DME MAC. This series of videos, also available as podcasts, are tailored to provide important Medicare policy information for physicians and other healthcare providers who prescribe durable medical equipment or other services when treating Medicare beneficiaries.

In our video series introduction, I compared reasonable and necessary determinations with benefit category decisions. Today I'm going to dig a little deeper into one of the benefit categories administered by the DME MACs – Surgical Dressings. I encourage you to read the entire local coverage determination and related policy article on Surgical Dressings for additional information.

Coverage of surgical dressings is an often misunderstood benefit because everything that practitioners clinically think is covered as a surgical dressing may not be covered by Medicare. It is important to note the "surgical" part of this benefit category's name because it is critically important to understanding the limitations of this benefit.

To be considered for coverage by Medicare, a surgical dressings must serve as a therapeutic and protective covering applied to surgical wounds or debrided wounds. Debridement of a wound may be any type of debridement – surgical, mechanical, chemical or autolytic. Dressings used for mechanical debridement, to cover chemical debriding agents, or to cover wounds to allow for autolytic debridement are covered although the debriding agents themselves are noncovered.

Surgical dressings include both primary dressings, that is therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin and secondary dressings, or materials that serve a therapeutic or protective function and that are needed to secure a primary dressing.

Now that you've heard the basic criteria to be considered for coverage under the surgical dressings benefit, you can better understand why the following examples shown on your screen are considered non-covered under this benefit:

As you can see, the examples given are either situations where there is no surgically-created wound or the wound does not require debridement.

Medicare also does not consider as surgical dressings things that are used to cleanse a wound, clean intact skin, or provide protection to intact skin. In addition, antibiotic-impregnated dressings or items listed in the Orange Book for drugs are considered drugs and non-covered



under this benefit. Finally, irrigation supplies that are used to irrigate the skin or wounds are also not covered under this benefit.

While a particular dressings may not qualify for coverage under the Surgical Dressings benefit, it may also be eligible for potential payment under a different benefit category.

On your screen now you'll see some examples of other benefits under which dressings may be covered. For example, dressings used with a feeding tube are covered as a supply to the tube and enteral nutrition and are reimbursed under the supply allowance for that benefit, not under the surgical dressings benefit.

Now let's think about two of the more commonly prescribed surgical dressings – foam dressings and collagen dressings.

A foam dressings are a sterile, non-linting, absorptive dressing which is made of open cell, medical grade expanded polymer. It has a non-adherent property over the wound site and the dressings come in many different forms and sizes. Foam dressings are covered when used on full thickness wounds, for example, stage III or IV ulcers, with moderate to heavy exudate.

The 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. If you're using a foam wound fillers, the usual change is up to once per day.

Collagen dressings are products that come in a variety of sizes and forms and tend to be derived from porcine or bovine sources that are then rendered non-antigenic. The primary function of a collagen dressing is to maintain a moist wound environment. Collagen-based dressings or collagen wound fillers tend to be used on full thickness wounds, for example stage III or IV ulcers, typically with light to moderate exudate. Rarely, if ever, are collagen based dressings used for wounds with heavy exudate, severe burns, or when an active vasculitis is present.

In addition, you often see collagen dressings use on wounds that have stalled or have not progressed toward a healing goal. Many collagen dressings can stay in place up to 7 days, depending on the specific product.

So to summarize, the Surgical Dressings benefit has some limitations with regard to the type of wound – surgically-created or debrided – and the types of products considered for coverage under the benefit. In addition, while a dressing might not be covered under the Surgical Dressings benefit, there may be coverage under other Medicare benefits.

That does it for this edition of Medicare Minute MD. As a reminder, you can download and print a written transcript of this program. And, don't forget, this information is also available on podcast. Our complete library is located under the Education menu on <https://www.cgsmedicare.com>.

As with all of CGS' educational offerings, this is only a summary of certain policy requirements. I encourage you to read the applicable LCD and related Policy Article for a complete description of the coverage, coding and documentation requirements.

Thank you for watching and have a nice day.