



WOUND CARE DRESSING SUPPLIES

Surgical Dressings (wound Care)

The following documentation is required to be in clinic visit/therapy notes from the treating provider within 12 months of the prescription for consideration of payment.

Document in the clinic visit note:

Diagnosis responsible for the needed wound care dressing/supplies.

Document one of the following criteria is met:

1. The dressings and supplies are required for the treatment of a wound caused by, or treated by, a surgical procedure; or
2. The dressings and supplies are required after debridement of a wound. Debridement of a wound may be any type of debridement surgical, mechanical, chemical or autolytic.

Medicare Requirements

The dressing prescription must specify:

- a. Type of dressing (e.g., hydrocolloid wound cover, hydrogel wound filler, etc.)
- b. Size of the dressing
- c. Number of dressings to be used at one time
- d. Frequency of dressing change
- e. Expected dressings duration of need

Required documentation in medical record (not on prescription) defined as physician's office records, hospital records, nursing home records, home health agency records and other healthcare professionals and tests.

1. Wound location
2. Type of each wound (e.g., surgical wound, pressure ulcer, burn, etc.)
3. Date of debridement if applicable
4. Description of ulcer either Partial or Full thickness or stage of the ulcer
5. Wound's size (length x width in cm) and depth. 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.
6. Wound(s) amount of drainage

Our Locations

Baraboo · 1111 Eighth Street · 800-924-2273
Fond du Lac · 307 Camelot Drive · 800-732-1313
Janesville · 3700 E. Racine Street · 800-924-2273
Madison · 4639 Hammersley Road · 800-924-2773
Reedsburg · 164 Second Street · 800-924-2273

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7. Whether the dressing is being used as a primary or secondary dressing
8. Reason/necessity of the quantity of dressings ordered. If more than what is allowed by Medicare for frequency of dressing change or quantity of dressing allowed by Medicare, a description of medical need must be described in the patient's medical record.
9. Wound's other relevant information (e.g., eschar, tunneling, undermining, etc.)
10. Wound's evaluation must be performed at least on a monthly basis for continued supply coverage. A new prescription is required every three months for continued supply coverage.
11. Evaluation is expected on a more frequent basis (e.g., weekly) with patients in a nursing facility or in patients with heavily draining or infected wounds.