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Medicare Part B Documentation

Requirements for Surgical Dressing

Qualifying Wound

Surgical dressings are covered when a qualifying wound is present.

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

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:**

- **Type of dressing** (e.g., hydrocolloid, hydrogel wound filler, etc.)
- **Number/amount to be used at one time** (if more than one)
- **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 months.¹

Clinical Documentation

Initial Wound Evaluations

The treating practitioner's medical record, nursing home, or home care nursing records must specify:

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



Monthly 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**
- **Dressing change frequency**

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
- Wound evaluations are expected on a weekly basis for beneficiaries with heavily draining or infected wounds

**To learn more please
call: 877-742-1972**

1. Local Coverage Determination (LCD) for Surgical Dressings- Effective Date 1/1/2024 (L33831). <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33831>

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Scan QR Code to view Charlie the Chart Wound Documentation video.



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