

# Medicare Guidelines

## Indications and Limitations of Coverage for Surgical Dressings

Dressing Type	Minimal Exudate	Moderate Exudate	Heavy Exudate	Dressing Change
Alginate	Not Covered	Full Thickness		Once Daily
Collagen*	Full Thickness		Not Covered	Up to 7 days
Composite	Not Covered	Any		Up to 3 Times/Week
Contact Layer	Any			1 Time/Week
Foam	Not Covered	Full Thickness		Up to 3 Times/Week
Gauze Impregnated	Any			Once Daily
Gauze Non-Impregnated (no border)	Any			3 Times/Day
Gauze Non-Impregnated (border)	Any			Once Daily
Hydrocolloid (cover/filler)	Any		Not Covered	Up to 3 Times/Week
Hydrogel (no border)	Full Thickness	Not Covered		Once Daily
Hydrogel (border)	Full Thickness	Not Covered		Up to 3 Times/Week
Hydrogel Filler	Full Thickness	Not Covered		3 Units per wound per 30 days
Specialty absorbative (no border)	Not Covered	Full Thickness		Once Daily
Specialty Absorbative (border)	Not Covered	Full Thickness		Every Other Day
Transparent film	Partial Thickness or Closed	Not Covered		Up to 3 Times /Week
Wound Filler	Any			Once Daily
Wound Pouch	Any			Up to 3 Times/Week
Zinc Paste Impregnated Bandage	Any			1 Times/Week

\*In addition to the coverage matrix, collagen-based dressings or wound filler are covered for wounds that have stalled or have not progressed toward a healing goal.

**Bordered Dressing:** When a wound cover with an adhesive border is being used, no other dressing is needed on top of it and additional tape is usually not required.<sup>1</sup>

**Dressing Combination:** It is not appropriate to use combinations of a hydrating dressing on the same wound at the same time as an absorptive dressing (e.g., hydrogel and alginate).<sup>1</sup>

**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.<sup>1</sup>

**Tape:** Tape is covered when needed to hold on a wound cover, elastic roll gauze or non-elastic roll gauze.<sup>1</sup>

**Wound Filler and Wound Cover:** Use of more than one type of wound filler or more than one type of wound cover in a single wound is rarely medically necessary.<sup>1</sup>

**Frequency of Change:** The product in contact with the wound determines the change frequency. It is not reasonable and necessary to use a combination of products with differing change intervals... such claims will be denied as not reasonable and necessary.<sup>1</sup>



Use the QR Code to access Charlie the Chart video or visit: <https://vimeo.com/391551007>

To learn more, please contact your local Byram Account Manager

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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