| KAISER PERMANENTE® Mid-Atlantic States | **Wound Supplies Medical Coverage Policy** |
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**UTILIZATION * ALERT***

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage MUST be verified in the member's EOC or benefit document.
- Please refer to state issued guidelines for Medicaid Members.
- Please review the Medicare coverage database for Medicare Advantage members.
- Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines

## I. Durable Medical Equipment: Wound Supplies

## II. Indications for Referral

The use of a surgical or wound dressing is considered medically necessary when the dressing meets the following requirements:

A. For treatment in the presence of a **qualifying wound**, defined as any of the following:
   1. A wound caused by or treated by a surgical procedure; or
   2. Debridement of the wound when performed by physician or licensed healthcare personnel, regardless of debridement technique such as the following (the list is not all-inclusive):
      a. Surgical (using surgical instrument or laser);
      b. Autolytic (such as application of occlusive dressings to an open wound);
      c. Chemical (like topical application of enzymes); or
      d. Mechanical (such as irrigation or wet-to-dry dressing); or
   3. A wound over a percutaneous catheter or tube that remains in place, or until the wound heals after removal of the tube or catheter; or
   4. Prophylactic use of acute wound or treatment of a wound with localized, spreading, or systemic infection as described in section III (silver wound dressing) of the policy.

B. The surgical or wound dressing is classified as either primary or secondary dressing or a combination of both.

C. The wound dressing is prescribed by a physician or wound specialist after examination/evaluation of the wound and should meet ALL of the following prescription requirements:
   1. Documentation is made on:
      a. Type of qualifying wound;
      b. Stage of wound;
      c. The presence of drainage, smell, new tissue growth and other related information such as inflammation and wound color;

d. Location, number, and size of qualifying wounds to be treated by the type of dressing; and
e. Classification of dressing, whether used as primary or secondary dressing

2. Prescribing requirements:
   a. Type of dressing, appropriate for the type of qualifying wound as described in section III of this policy;
   b. Size of dressing, appropriate to the size of the wound;
   c. Frequency of dressing change, appropriate to the type and stage of wound; and
   d. Number and amount of dressing to be used at one time; and
   e. Expected duration of need

## III. Qualifying Wound Dressing

The following wound supplies are medically necessary with established evidence of safety and efficacy when used as described in this policy.

| Type of Dressing | Examples/HCPC | Clinical Indication, Frequency of Dressing Change, Size of Dressing |
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| **Alginate or other fiber gelling dressing** | Example:<br><br>Aquacel Superabsorber<br><br>A6196<br>A6197<br>A6198 | Indication:<br>• Moderately to highly exudative full thickness wounds such as stage III or IV ulcers<br>• Moderately to highly exudative full thickness wound cavities such as stage III or IV ulcers<br>Not indicated for dry wounds or wounds covered with eschar<br>Frequency of dressing change: once daily<br>Size of dressing: one wound cover sheet of the approximate size of the wound or up to 2 units of wound filler |
| **Collagen based or wound filler** | Example:<br><br>Polymem Rope (filler)<br>Puracol<br>Fibracol<br><br>A6215-filler<br><br>Dressing:<br>A6021, A6022, A6023, A6024 | Indication:<br>• Full thickness wounds such as stage III or IV ulcers<br>• Wounds with light to moderate exudate<br>• Wounds that have stalled or have not progressed toward a healing goal<br>Medical necessity not established for:<br>• Wounds with heavy exudate<br>• Third degree burns, or<br>• Presence of active vasculitis<br>Frequency of dressing change: once every 7 days |

| Type of Dressing | Examples/HCPC | Clinical Indication, Frequency of Dressing Change, Size of Dressing |
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| **Composite Dressing** | Example:<br><br>Covaderm<br><br>A6203, A6204, A6205 | Indication: moderate to highly exudative wound<br>Frequency of dressing change: up to 3x/week<br>Size of dressing: one wound cover per dressing change |
| **Contact Layer** | Example:<br><br>Acticoat Flex<br>Profore contact<br>Telfa contact<br><br>A6206, A6207, A6208 | It is medically necessary to line the entire wound to prevent adhesion of the overlying dressing to the wound.<br>Non-indicated for any dressing that has non-adherent or semi-adherent layer as part of the dressing<br>Frequency of dressing change: up to 1x/week |
| **Foam Dressing or Wound Filler** | Example:<br><br>Hydrofera Blue<br>Allevyn<br>Mepilex<br>Polymem<br><br>*No border*:<br>A6209, A6210, A6211<br><br>*With border*:<br>A6212, A6213, A6214 | Indication: full thickness wounds (such as stage III-IV ulcers) with moderate to heavy exudate.<br>Frequency of dressing change - when used as:<br>• As primary dressing: up to 3x/week<br>• As secondary dressing for wounds with very heavy exudate: up to 3x /week<br>• As foam wound fillers**:** once per day<br><br>1. Non-impregnated dressing, with border - once daily<br>2. Non- impregnated dressing, without border - 3x daily<br><br>Dressing size: more than 2 stack of gauze pads on top of each other in any one area is not medically necessary |
| **Hydrocolloid Dressing (wound covers or hydrocolloid wound fillers)** | Example: Duoderm<br><br>*Without border*:<br>A6234, A6235, A6236<br><br>*With border*:<br>A6237, A6238, A6239 | Indication: wounds with light to moderate exudate.<br>Frequency of dressing change: up to 3x/week |

| Type of Dressing | Examples/HCPC | Clinical Indication, Frequency of Dressing Change, Size of Dressing |
|---|---|---|
| **Hydrogel dressing** | Example: Aquaderm<br><br>(includes filler, gel, liquid, and dressing)<br><br>A6248 | Medically necessary for full thickness wound (i.e., stage III or IV ulcers) with minimal or no exudate.<br>Medical necessity not established for:<br>• Stage II ulcer<br>• Additional amount of dressing exceeding the amount needed to line the surface of the wound or to fill a cavity<br>*or*<br>• Use of more than one type of hydrogel dressing (filler, cover, or impregnated gauze) on the same wound at the same time<br><br>Size of dressing: must not exceed the amount needed to line the surface of the wound.<br>Frequency of dressing change:<br>1. Hydrogel dressing without adhesive border or hydrogel wound fillers – once daily<br>2. Hydrogel dressing with adhesive border – up to 3x/week |
| **Specialty Absorptive Dressing** | Example: EXU-DRY<br><br>*Without border*: A6251, A6252, A6253<br><br>*With border*: A6254, A6255, A6256 | Indication: moderately or highly exudative full thickness wounds (e.g., Stage III or IV ulcers).<br><br>Frequency of dressing change:<br>1. Without adhesive border – once daily<br>2. With adhesive border – every other day |
| **Transparent Film** | Example: Tegaderm<br><br>A6257, A6258 | Indication: open partial thickness wounds with minimal exudate or closed wounds.<br><br>Frequency of dressing change: up to 3x/week |
| **Wound Filler, Not Elsewhere Classified** | | Medically necessary upon the characteristics of the underlying material(s).<br>Frequency of dressing change: up to once a day |

| Type of Dressing | Examples/HCPC | Clinical Indication, Frequency of Dressing Change, Size of Dressing |
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| **Wound Pouch** | | Frequency: up to once a week |
| **Zinc Paste Impregnated Bandage** | Example:<br>Unna Boot Bandage<br>A6456 | Indication: for the treatment of venous leg ulcers that meet the requirements for a qualifying wound (surgically created or modified, or debrided)<br>Not indicated - without a qualifying wound or when used for other nonqualifying conditions<br>Frequency of dressing change: weekly |
| **Compression bandages and multi-layer systems**<br>• **Light Compression**<br>• **Moderate/High Compression**<br>• **Self-Adherent**<br>• **Conforming or Padding Bandage** | *Light Compression*<br>Example:<br>ACE Bandage<br>A6448, A6449, A6450<br><br>*Self-Adherent*<br>Example:<br>Coban<br>A6453, A6454, A6455 | Medically necessary as primary or secondary dressing over a qualifying wound (surgically created, modified or debrided).<br>Frequency of dressing change: not more than once per week unless<br>part of a multi-layer compression bandage system.<br>Size of dressing: conforming bandage dressing change is determined by the frequency of change of the selected underlying dressing |
| **Gradient Compression Wrap** | | Medically necessary as a primary or secondary dressing over wounds that meet the requirements for a qualifying wound (surgically created, modified, or debrided).<br>Not indicated without a qualifying wound or when used for other non-qualifying conditions<br>Frequency of dressing change: limited to one per 6 months per leg. |
| **Silver wound dressing** | Examples:<br>(indicated by "Ag" in name)<br>SilvaSorb<br>Aquacel Ag<br><br>*Without border*:<br>A6242, A6243, A6244<br><br>*With border*:<br>A6245, A6246, | Indication:<br>▪ To control or manage wound bioburden in the presence of localized, spreading, systemic infection or chronic wounds such as diabetic foot ulcers, venous leg ulcers, arterial leg/foot ulcers, or pressure ulcers.<br><br>▪ To prevent infection on acute wounds that are at high risk such as surgical or traumatic wounds or burns<br>○ Prophylactic use: as a barrier to microorganisms in wounds at high risk of infection or re-infection such as 2nd degree burns or higher, surgical wounds, pressure |

| Type of Dressing | Examples/HCPC | Clinical Indication, Frequency of Dressing Change, Size of Dressing |
|---|---|---|
| | A6247 | ulcers near anus, wounds with exposed bone or wounds on patients who are immunocompromised, have poor circulation, unstable diabetes, or neoplastic disease.<br>○ To prevent entry of bacteria on medical device entry/exit such as tracheostomy sites, externally placed orthopedic pins, post-surgical drains, chest drains, nephrostomy sites, central venous lines, dialysis catheters and epidural catheters.<br><br>Amount of dressing: dressings should be used for two weeks initially with re-evaluation of the wound after the initial two-week period to assess efficacy. It should not be used for extended period (not greater than 12 weeks), particularly if infection is not present<br><br>Contraindication: Silver dressing should not be used:<br>▪ In the absence of localized spreading or systemic infection (overt or covert), unless there are clear indicators that the wound is at high risk of infection or re-infection.<br>▪ In the absence of signs of localized (overt or covert), spreading or systemic infection<br>▪ Clean surgical wounds at low risk of infection, such as donor sites, closed surgical wounds<br>▪ Chronic wound healing as expected according to comorbidities and age<br>▪ Small acute wounds at low risk of infection<br>▪ Patients who are sensitive to silver or any of the dressing components<br>▪ Wounds being treated with enzymatic debridement<br>▪ During pregnancy or lactation<br>▪ During magnetic resonance imaging (MRI), or on/near body sites undergoing radiotherapy |
| **Tape** | Example:<br>*Waterproof:*<br>Silk, Cloth, Medipore<br>A4452 | Medically necessary: when needed to hold on a wound cover, elastic roll gauze or non-elastic roll gauze<br>Not required when a wound cover with an adhesive border is used. |

| Type of Dressing | Examples/HCPC | Clinical Indication, Frequency of Dressing Change, Size of Dressing |
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| | Example:<br>*Non-Waterproof*<br>Paper tape<br>A4450 | Size of dressing: determined by the frequency of dressing change.<br>The quantities of tape per dressing change must reasonably reflect the size of the wound cover that are being secured:<br>• 16 square inches or less is up to 2 units<br>• 16 to 48 square inches, up to 3 units<br>• Greater than 48 square inches, up to 4 units |
| **Impregnated Gauze** | Example:<br>Xeroform Adaptic<br>Vaseline gauze<br>A6222, A6223, A6224 | |
| **Packing Strips** | Example:<br>Iodoform<br>Iodoflex<br><br>A6407, A6266 | |
| **Abdominal Pads** | *Without border*:<br>A6252, A6253<br><br>*With border*:<br>A6219, A6220 | |
| **Wound Cleanser and Irrigation** | Betadine/Iodine:<br>A4246 (bottle)<br><br>Saline/Sterile water:<br>A4217 (bottle)<br><br>Wound Cleanser, any type: A6260 | |
| **Gauze** | 2x2 or 4x4<br>A6402 Sterile<br>A6216 non-sterile | |

## IV. Non-Covered

A wound dressing is not medically necessary and not covered for the following.

A. Non-qualifying wound, as there is lack of evidence that wound dressings are of benefit to these situations.
   1. Venipuncture or arterial puncture site (such as blood sample) except sites of indwelling catheter or needle;
   2. First degree burn;
   3. First degree pressure ulcer;
   4. Superficial wound caused by injury or trauma that does not require surgical closure or debridement such as abrasion and bruises; or
   5. Cutaneous fistula drainage, not caused by or treated by a surgical procedure

B. Wound care supplies other than those listed in section III of this policy, as there is lack clinical evidence to support their safety and effectiveness. The list is not exhaustive:
   1. Honey;
   2. Balsam of Peru in castor oil;
   3. Carbon Fiber;
   4. Copper;
   5. Iodine – other than iodoform gauze packing; and
   6. Charcoal

C. A Multi-component dressing composed of a clinically predominant component not recognized as effective even if it also comprises clinically recognized effective materials in minor proportion.

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## Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill HB 798 – Health Insurance – Reporting

| Date approved by RUMC | Date of Implementation |
|---|---|
| 11/18/2020 | 11/18/2020 |
| 10/19/2021 | 10/19/2021 |
| 10/20/2022 | 10/20/2022 |
| 09/27/2023 | 09/27/2023 |

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.