



FAX Completed Form To: 586-755-2322
Phone: 1-888-246-7667

WOUND CARE TREATMENT PLAN

Patient Name _____ Patient DOB _____ Patient ID _____

FOR MEDICAID PATIENTS ONLY - REASON FOR MEDICAL NECESSITY OTHER THAN DIAGNOSIS:

Coverage Criteria	Have the patient's wound (s) ever been debrided? (Debridement is required by Medicare)	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is the patient currently seen by a Home Health Agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Has the wound been caused or treated by a surgical procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Wound Information	ICD-10 / DESCRIPTION	LOCATION	Wound Size (cm) (L x W x D)	Drainage (Exudate)
	Wound #1			
	Wound #2			
	Wound #3			
	Wound #4			
Drainage Information <input type="checkbox"/> none <input type="checkbox"/> light <input type="checkbox"/> moderate <input type="checkbox"/> high				

Dressing Supplies	Select Requested Supplies	Drainage Required	Frequency of Change				Quantities Requested
			Wound #1	Wound #2	Wound #3	Wound #4	
	Impregnated Gauze <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x4 <input type="checkbox"/> 8x8	Any					
	Collagen <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x4	Any					
	Hydrocolloid	Light/Mod					
	Calcium Alginate w/Silver <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x4 Other _____	Mod/Heavy					
	Calcium Alginate <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x4 Other _____	Mod/Heavy					
	Gelling Fiber w/Silver <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x4 <input type="checkbox"/> 6x6 <input type="checkbox"/> 4x8 Other _____	Mod/Heavy					
	Gelling Fiber <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x4 <input type="checkbox"/> 6x6 <input type="checkbox"/> 4x8 Other _____	Mod/Heavy					
	Hydrogel (3 oz) <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x5	None/Low					
	Foam Dressing (Sacral) <input type="checkbox"/> 2x2 <input type="checkbox"/> 3x3 <input type="checkbox"/> 4x4 Other _____	Mod/Heavy					
	Foam Dressing w/Border (Sacral) <input type="checkbox"/> 2x2 <input type="checkbox"/> 3x3 <input type="checkbox"/> 4x4 Other _____	Mod/Heavy					
	ABD Pad <input type="checkbox"/> 5x9 <input type="checkbox"/> 8x10	Mod/Heavy					
	Gauze Pad <input type="checkbox"/> 2x2 <input type="checkbox"/> 3x3 <input type="checkbox"/> 4x4	Any					
	Tape (2" paper unless specified) _____	Any					
	Coban	Any					
	Roll Gauze	Any					

Signature	Provider Signature _____ RX Date _____
	Provider NPI Number _____ Signature Date _____

DRESSINGS The following are specific guidelines for individual product types.

Alginate or Other Fiber Gelling Dressing (A6196-A6199)

Alginate or other fiber gelling dressing covers are covered for moderately to highly exudative full-thickness wounds (e.g., stage 3 or 4 ulcers); and alginate or other fiber gelling dressing fillers for moderately to highly exudative full-thickness wound cavities (e.g., stage 3 or 4 ulcers). They are not reasonable and necessary on dry wounds or wounds covered with eschar. Dressing change is up to once per day. One wound cover sheet of the approximate size of the wound or up to 2 units of wound filler (1 unit = 6 inches of alginate or other fiber gelling dressing rope) is used at each dressing change.

Collagen Dressing or Wound Filler (A6010, A6011, A6021-A6024)

A collagen-based dressing or wound filler is covered for full-thickness wounds (e.g., stage 3 or 4 ulcers) wounds with light to moderate exudate, or wounds that have stalled or have not progressed toward a healing goal. They can stay in place for up to 7 days. Collagen-based dressings are not covered for wounds with heavy exudate, third-degree burns, or when active vasculitis is present.

Composite Dressing (A6203-A6205)

Composite dressings are covered for moderately to highly exudative wounds. Composite dressing change is up to 3 times per week, one wound cover per dressing change.

Contact Layer (A6206-A6208)

Contact layer dressings are used to line the entire wound to prevent adhesion of the overlying dressing to the wound. They are not reasonable and necessary when used with any dressing that has a non-adherent or semi-adherent layer as part of the dressing. They are not intended to be changed with each dressing change. Dressing change is up to once per week.

Foam Dressing or Wound Filler (A6209-A6215)

Foam dressings are covered when used on full-thickness wounds (e.g., stage 3 or 4 ulcers) with moderate to heavy exudate. 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 is up to 3 times per week. The dressing change frequency for foam wound fillers is up to once per day.

Gauze, Non-Impregnated (A6216-A6221, A6402-A6404, A6407)

non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not reasonable and necessary to stack more than 2 gauze pads on top of each other in any one area.

Gauze, Impregnated, With Other Than Water, Normal Saline, Hydrogel, Or Zinc Paste (A6222-A6224, A6266)

Coverage is based on the characteristics of the underlying material(s). Dressing change for gauze dressings impregnated with other than water, normal saline, hydrogel, or zinc paste is up to once per day.

Gauze, Impregnated, Water or Normal Saline (A6228-A6230)

There is no medical necessity for these dressings compared to non-impregnated gauze which is moistened with bulk saline or sterile water. When these dressings are billed, they will be denied as not reasonable and necessary.

Hydrocolloid Dressing (A6234-A6241)

Hydrocolloid dressings are covered for use on wounds with light to moderate exudate. Dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.

Hydrogel Dressing (A6231-A6233, A6242-A6248)

Hydrogel dressings are covered when used on full-thickness wounds (e.g., stage 3 or 4 ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage 2 ulcers. Dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers with adhesive border is up to 3 times per week.

The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.

Use of more than one type of hydrogel dressing (filler, cover, or impregnated gauze) on the same wound at the same time is not reasonable and necessary.

Specialty Absorptive Dressing (A6251-A6256)

Specialty absorptive dressings are covered when used for moderately or highly exudative full-thickness wounds (e.g., stage 3 or 4 ulcers). Specialty absorptive dressing change is up to once per day for a dressing without an adhesive border and up to every other day for a dressing with a border.

Transparent Film (A6257-A6259)

Transparent film dressings are covered when used on open partial-thickness wounds with minimal exudate or closed wounds. Dressing change is up to 3 times per week.

Wound Filler, Not Elsewhere Classified (A6261-A6262)

Coverage is based on the characteristics of the underlying material(s). Dressing change is up to once per day.

Zinc Paste Impregnated Bandage (A6456)

A zinc paste-impregnated bandage is covered for the treatment of venous leg ulcers that meet the statutory requirements for a qualifying wound (surgically created modified, or debrided). The dressing change frequency for A6456 is weekly. Claims for A6456 used for treatment of venous insufficiency without a qualifying wound or when used for other non-qualifying conditions will be denied as statutorily non-covered, with no benefit. Refer to the related Policy Article NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES for information about the statutory benefit requirements.

Light Compression Bandage (A6448-A6450), Moderate/High Compression Bandage (A6451, A6452), Self-Adherent Bandage (A6453-A6455), Conforming Bandage (A6442-A6447), Padding Bandage (A6441)

Compression bandages and multi-layer systems are only covered when they are used as a primary or secondary dressing over the wound(s) that meet the statutory requirements for a qualifying wound (surgically created modified, or debrided).

Claims for compression bandages and multi-layer systems used without a qualifying wound or when used for other non-qualifying conditions will be denied as statutorily non-covered, with no benefit. Refer to the related Policy Article NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES for information about the statutory benefit requirements. Most compression bandages are reusable. The frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.

Conforming bandage dressing change is determined by the frequency of change of the selected underlying dressing.