

MAV-PUB-001 / COVERAGE & ORDERING

Post-Surgical Dressing Coverage & Supply Guide

A practical starting point for the wound, the prescription, and the supply pathway.

Start with the patient and the benefit

A post-surgical dressing request begins with the treating provider's assessment and prescribed plan. Under Original Medicare, surgical dressings have their own benefit requirements. A surgical procedure can establish the qualifying-wound requirement, but it does not automatically establish coverage for every product, quantity, or application.

Three questions guide the review

Question	What to establish
Does the wound qualify?	The wound was caused or treated by surgery, or has undergone debridement.
Does the product qualify?	Its role as a primary or secondary dressing and its material-specific coverage requirements.
Is the supply supported?	The prescription, clinical findings, expected use, and applicable payer rules.

Primary dressings cover the wound directly. Secondary dressings help secure or protect the primary dressing. Common home supplies are not automatically covered simply because they are included in a pack. Product selection remains the treating provider's responsibility.

Review the actual plan

This guide summarizes Original Medicare concepts. Identify the patient's exact plan, responsible supplier, and setting before relying on a coverage pathway. Verification or authorization is not a promise of claim payment.

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Match the product and quantity to the wound

A collagen configuration is a starting point for discussion, not a standing prescription. The Medicare LCD describes collagen coverage for full-thickness wounds, wounds with light to moderate drainage, or wounds that have stalled or are not progressing toward a healing goal. It excludes collagen use for heavy drainage, third-degree burns, or active vasculitis.

- Confirm the exact product, dressing size, primary or secondary role, and clinical reason for use.
- For collagen fillers, including powder, confirm the open-wound use described in the policy article. Do not assume that every closed incision supports filler use.
- For collagen sheet codes requiring PDAC verification, confirm the exact product's listing and assigned code.
- Base quantities on the ordered amount per application, dressing-change schedule, expected need, and supplies already available.

Collagen dressings may remain in place for up to seven days under the LCD. That statement does not establish a universal daily-change schedule or an automatic quantity. The provider's documented plan and applicable policy determine the supported regimen.

Pack contents are not claim units

Evaluate each component individually. A pack is not a fixed Medicare allowance, and incision length alone does not establish a quantity of collagen powder or a reimbursement amount.

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Coordinate a complete supply request

Clarify whether dressings are being applied during a billed professional service or supplied for use at the patient's residence. Under the policy article, dressings applied as part of a Medicare professional service are included in that service. Eligible take-home dressings may follow a separate supply pathway when the applicable requirements are met.

- Identify who will furnish and bill for the supplies; confirm that party's enrollment and other applicable requirements.
- Provide the order and relevant clinical records, including wound characteristics, drainage, dressing type, amount per use, and change frequency.
- Confirm payer-specific requirements and the patient's estimated responsibility before presenting a supply plan as covered.
- Retain delivery records and maintain follow-up information supporting continued use and any refill request.

For recurring Medicare supplies, monitor actual utilization and document the patient's or caregiver's affirmative refill request. Ordinarily, no more than a month's supply is furnished at once; an exception requires individualized documentation supporting greater home-setting quantities.

Make the next step clear

MAVRAN market access staff can assist with verification and prior authorization as needed. Send patient information only through your authorized workflow. Keep the order, supporting records, and current request status connected.

Official sources

[CMS LCD L33831 - Surgical Dressings \(open source\)](#)

[CMS Policy Article A54563 - Surgical Dressings \(open source\)](#)

[CMS Surgical Dressings - Compliance Education \(open source\)](#)

[CMS - Surgical Dressings Benefit and Payment Overview \(open source\)](#)

Use the policy version effective for the actual date of service. Sources reviewed October 22, 2026.