The 18th Annual Cutting Edge Wound Care Symposium

November 14, 2025

8:30 AM - 9:30 AM

From Assessment to Supplies: CMS's Latest Wound Care Rules

Cheryl Carver, LPN, WCC, CWCA, FACCWS, MAPWCA, CDME

Cheryl Carver is a wound care specialist nurse, educator, and content expert with more than 25 years of experience. A lifelong caregiver, she was inspired to dedicate her career to advancing patient outcomes through education and advocacy after losing her mother to complications from diabetes, amputation, and pressure ulcers. Over the course of her career, Cheryl has authored more than 250 white papers, eBooks, blogs, and articles, sharing her expertise to elevate wound care practice and awareness worldwide.

Cheryl has held significant leadership roles, including serving as a member of the Board of Directors for the American Professional Wound Care Association (APWCA) and being designated as a Master (MAPWCA) in 2022. She is also active in the Association for the Advancement of Wound Care (AAWC) Speakers Bureau and serves as Vice President of the Board of Directors for the International Alliance of Wound Care Scholarship Foundation (IAWCSF). In addition, she is deeply involved in Second Chances advocacy, serving as a Prison Fellowship Justice Ambassador for Ohio.

Cheryl is currently the Vice President of Clinical Excellence & Chief Compliance Officer at Clara Care, a Nurse-Led DME based in Uniontown, Ohio.

Northeast Surgical Wound Care

From Assessment to Supplies: CMS's Latest Wound Care Rules

CHERYL CARVER, LPN, WCC, CWCA, FACCWS, MAPWCA, CDME
VP OF CLINICAL EXCELLENCE & CHIEF COMPLIANCE OFFICER
CLARA CARE, NURSE-LED DME

Disclosures

- No relevant financial interests to disclose.
- Any specific products or brand names mentioned are for **educational illustration purposes only** and **do not imply endorsement** by the presenter, Clara Care, or the NESWC conference organizers.

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Objectives

Describe
- Describe the current CMS guidelines impacting wound care documentation, ordering, and billing.

Identify
- Identify key language and terminology required in wound assessment supply orders per CMS compliance.

Recognize
- Recognize common documentation pitfalls that lead to denials or delays in reimbursement.

Apply
- Apply updated CMS requirements to real-world wound care scenarios to ensure appropriate coverage and payment.

Develop
- Develop effective communication strategies between clinical billing teams to align on CMS compliance= documentation.

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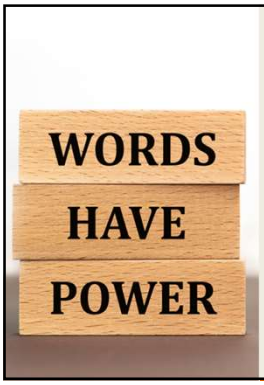

One Word Matters

CMS reviews wound documentation line by line.

If the language doesn't match the coverage criteria, medical necessity is not established, even when care is clinically appropriate.

Commercial and private payors mostly follow CMS guidelines.

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Tell the Story – Tell the Why

Nursing School: If it's not documented, it didn't happen.

Bedside to Billing: If it's not documented, it didn't happen – but it it's not aligned, it won't be covered.

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Ripple Effects of Poor Documentation

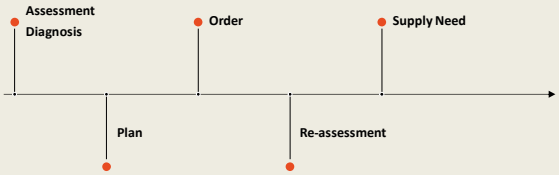
When ONE word is WRONG:

- The order stalls at DME clinical review
- The provider resubmits documentation
- The patient waits
- Delay in care

When ONE word is RIGHT:

- The order moves quickly through review and processing
- The patient receives supplies quickly
- Healing stays on track and measurable

Documentation Hierarchy



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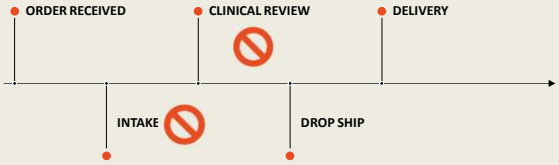
DME Care Pathway



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Wound Type	ICD-10 or Etiology
Location	Left, Right
Size	Length, Width, Depth *Unable to determine - WHY
Dressing Purpose	Primary, Secondary, Securement, Non-Covered Items?
Exudate	None, Minimal, Moderate, Heavy
Dressing Type	Hydrocolloid, Collagen Pad, Alginate Rope i.e.
Duration of Need	15- or 30-day order
Frequency of Change	Once daily, three times a week, weekly
Signed Order by Provider	NPI, Date

Required Documentation Elements

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Common Pitfalls

- Missing wound depth
- “Improving” wound without justification for continued use
- Drainage not described
- Dressing mismatch to wound type

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Long Term Care Facilities

Weekly evaluation is required for patients residing in nursing home facilities or for those with wounds that are heavily draining or infected.

Documentation should include wound size, depth, drainage, and overall healing progress.

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Other Care Settings

DOCUMENTATION EVERY 30 DAYS

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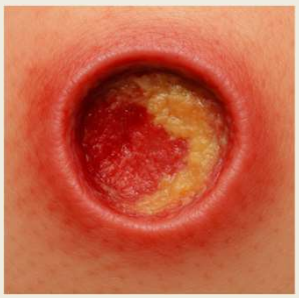
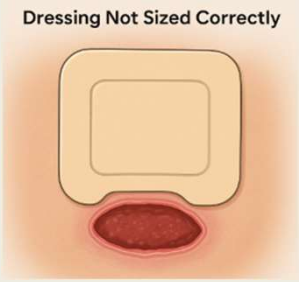
Wound Size Determines Dressing Size

- <5cm L x W = 16 sq in or less
- 5cm to 12 cm = 16 to 48 sq in
- >12cm = 48 sq in or >
  - If the depth is unable to be determined, there must be documentation to support WHY
  - Wound thickness (Partial or Full)
  - Stage 2, 3, 4

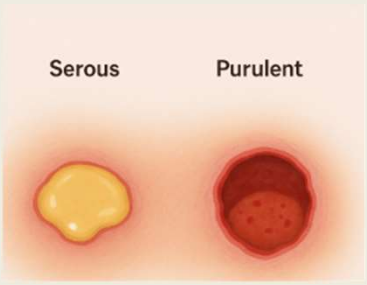


Wound Size → Exudate → Depth → Dressing Type → Coverage Alignment

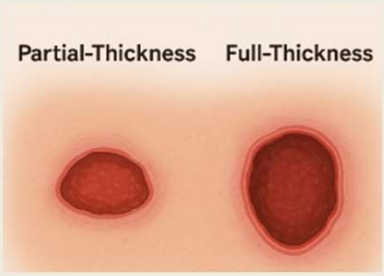
- **WOUND SIZE** - Always match dressing size to wound dimensions — too large = not reasonable and necessary.
- **WOUND EXUDATE** - Drainage drives the decision on moisture balance and absorption capacity needed.
- **WOUND DEPTH** - Depth dictates whether you fill it or cover it.



Wound Size → Exudate → Depth → Dressing Type → Coverage Alignment



Wound Size → **Exudate** → Depth → Dressing Type → Coverage Alignment



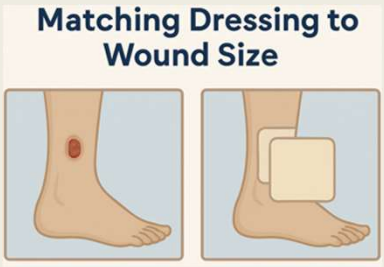
Wound Size → Exudate → **Depth** → Dressing Type → Coverage Alignment

Medical Necessity is Based on Product Function, Not Brand of Dressing

HCPCS category not manufacturer

By writing **"foam dressing with border, 4x4, change every 3 days"**, the provider gives the supplier flexibility to choose a **covered equivalent**, avoiding:

- Back orders or supply chain delays
- Non-covered product substitutions
- Unnecessary order rework or new provider signatures
- Not all dressings are created equal
- DAWs
- Formularies



Dressing Selection

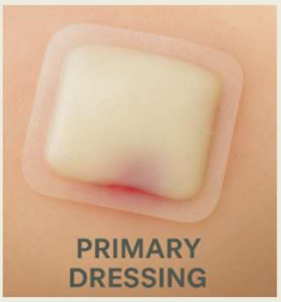
- Dressings should be appropriate for the size and type of wound being treated.
- Pad size should usually extend about 2 inches beyond the wound margins for proper coverage and secure adherence.
- Exception: Alginate dressings and conformable dressings that should be closer to the wound size to prevent maceration and or waste.

Frequency of Dressing Change

- Depends on type of dressing
- Intervals should be similar for combinations of:
  - Primary dressings
  - Secondary dressings
- Product in contact with wound determines frequency

Dressing Quantity

Quantity justification (size × frequency × wounds = total per month)



Primary Dressing

- Direct contact with the wound
- The primary dressing determines the frequency of change.
- It may be used alone or with a secondary dressing that covers and secures it in place.
- Alginates, Impregnated Gauze, Hydrogel Filler, Collagens, Packing Strips/Ropes, Contact Layers, Hydrogel gauze / Cover i.e.

Secondary Dressing

- Materials that serve therapeutic or protective function that are needed to secure primary dressings.
- A secondary dressing is used to cover or secure a primary dressing in place and/or absorb excess drainage.
- Composites, Bordered Gauze, Gauzes (ABDs, roll gauze), Transparent Films, Hydrocolloids i.e.

Wound Packing Materials

- Gauze pads or Rolled Gauze/Kerlix
- Alginate Rope
  - Allowable amount is dependent on length of the rope.
  - 12" long = 30 per month per wound
  - 18" long = 18 per month per wound
- Packing Strips
- Available in ¼", ½", 1" and 2"
- Foam Fillers

Resupply / Reorder

- For a 30-day supply, Medicare allows to send supply reorder up to (10) days early
- For example, Tom received a 30-day supply on 10/01/2025, his actual reorder date is 10/31/2025, however we can send as early as 10/21/2025.
- Keep in mind, if shipped early, Tom's next reorder date will be 30 days from 010/31/2025.

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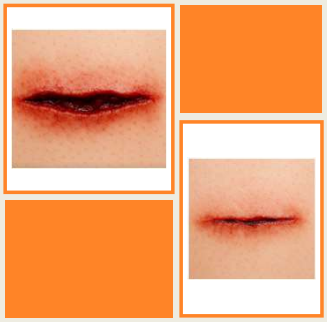

Change in Treatment Plan

For a 30-day If a patient's treatment changes prior to their reorder date, we must receive documentation from the facility explaining why the treatment has changed.

A treatment change note should contain all the following:

- The reason for the change
- What product they are changing from
- What product they are moving to
- Physician/Provider signature

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Non-Covered Items

- Small adhesive or first aid type bandages
- Silicone gel sheet Skin sealants or barriers
- Wound cleansers/solutions
- Saline solutions
- Topical antiseptics/antibiotics
- Enzymatic debriding agents
- Gauze dressings used for cleaning or debriding the wound
- Non-elastic binder for an extremity

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Over-Limit Orders & ABN Requirements

Advanced Beneficiary Notice (ABN)

If a healthcare provider is ordering dressings to be changed more frequently than allowed, the patient must either agree to purchase the additional supplies out-of-pocket or have a secondary insurance.

If the wounds do not meet Medicare's coverage criteria, the patient must either agree to purchase the additional supplies out-of-pocket or have a secondary insurance.

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Surgical Dressing Coverage

ADVANCED WOUND CARE DRESSINGS

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Surgical Dressings Reference Chart

The Surgical Dressings Reference chart provides a quick look at what surgical dressings are covered for various wound depths and exudates, along with Medicare's recommended frequency of change coverage information.

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Chart Data

(last updated June 10, 2025)

Dressing Type	Dressing Category
Exudate Level	Minimal Moderate Heavy
Wound Thickness	Partial Thickness Full Thickness
Frequency of Change	Once daily 3 times a week Once weekly

HTTPS://MED.NORIDIANMEDICARE.COM/WEB/JDDME/DMEPOS/SURGICAL-DRESSINGS/REFERENCE-CHART-DATA 31

Advanced Wound Care Dressings

- Alginate – Moderate to Heavy – Full – Once Daily
- Collagen – Min to Mod – Fully – Up to 7 days
- Composite – Mod to Heavy – Any – Up to 3 times a week
- Contact Layer – Any – Any – 1 time a week

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Advanced Wound Care Dressings

- Foams – Mod to Heavy – Full – Up to 3 times a week
- Gauze – Impregnated – Any – Any – Once daily
- Gauze – Non-Impregnated (no-border) – Any – Any – 3 times a day
- Gauze – Non-Impregnated (border) – Any – Any – Once daily
- Hydrocolloid (cover/filler) – Min to Mod – Any – Up to 3 times a week

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Advanced Wound Care Dressings

- Specialty Absorbative (no border) – Mod to Heavy – Full – Once daily
- Specialty Absorbative (border) – Mod to Heavy – Full – Every other day
- Tapes – Securement device - must be a wound
- Wound Filler (not hydrocolloid) – Any – Any – Once Daily
- Zinc Paste Impregnated Bandage – Any – Any – 1 time a week

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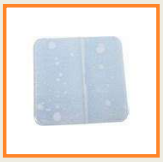

Advanced Wound Care Dressings

- Hydrogel (no border) – Minimal – Full – Once daily
- Hydrogel (border) – Minimal – Full – Up to 3 times a week
- Hydrogel (filler) – Minimal – Full – 3 units per wound/per 30 days
- Transparent Films – Minimal – Partial/Closed – Up to 3 times a week
- Wound Pouch – Any – Any – Up to 3 times a week

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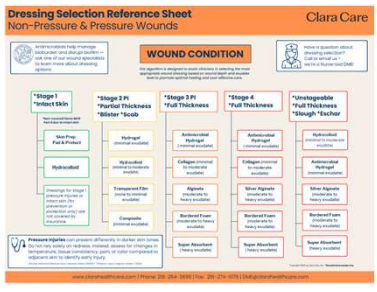

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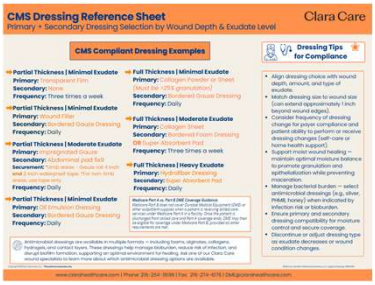
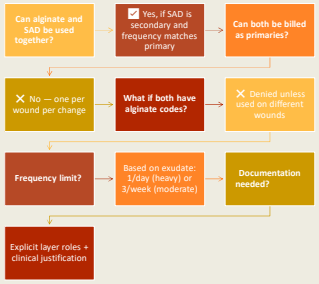


Type of Dressing	Minimal Exudate	Moderate Exudate	Heavy Exudate	Usual Dressing Change
Alginate	Not Covered	Full Thickness		once daily
Collagen	Full Thickness		Not Covered	up to 7 days
Composite	Not Covered	Any		up to 3 times a week
Contact Layer		Any		3 times a week
Foam	Not Covered	Full Thickness		up to 3 times a week
Gauze Impregnated		Any		once daily
Gauze Non-Impregnated (non-bordered)		Any		3 times a day
Gauze Non-Impregnated (bordered)		Any		once daily
Hydrocolloid (cream/filler)		Any	Not Covered	up to 3 times a week
Hydrogel (no border)	Full Thickness	Not Covered		once daily
Hydrogel (bordered)	Full Thickness	Not Covered		up to 3 times a week
Hydrogel Filler	Full Thickness	Not Covered		3 units per wound (per 30 days)
Specialty absorptive (no border)	Not Covered	Full Thickness		once daily
Specialty absorptive (border)	Not Covered	Full Thickness		every other day
Transparent Film	Partial Thickness or Closed	Not Covered		up to 3 times a week
Wound Filler		Any		once daily
Wound Pouch		Any		up to 3 times a week

Super Absorbent = "Absorptive Dressings" in CMS Language

- CMS evaluates the **dominant mode of action**, not composition.
- HCPCS Codes do exist – they're just not labels "Super Absorbent"
- If the **alginate content** is just part of a **multi-layer absorptive pad** that traps fluid (SAP or cellulose layers), then it **belongs under A6251–A6254**.
- If the **alginate is the main contact layer** and the dressing **forms a cohesive gel**, then it **belongs under A6196–A6199**.



If Both Dressings are Coded as "Alginate"

MEDICARE

Documentation Case Scenarios

Clark Kent, M.D.

Right below-knee amputation stump wound measures 3.0 × 1.5 cm. The wound appears pink and moist with minimal drainage. NPWT was initiated at 125 mmHg continuous. Daily canister changes ordered. The patient was educated on maintaining seal and monitoring for leaks.

Order: NPWT pump with disposable canisters, change daily.

Electronically Signed: Clark Kent, MD NPI: 4433221100 Date: 10/15/2025

❌ **DENIED** – **Discrepancy:** Depth not documented; NPWT requires a deep, draining wound after standard therapy failure.

Dr. Bruce Brenner

The patient presents for follow-up of a right lower leg ulcer. The wound measures 4.2 × 3.5 cm with red moist tissue and moderate drainage. There are no signs of infection. Hydrogel and bordered foam were applied after cleansing, and compression wrap was applied to the lower extremity. The patient was instructed on leg elevation and to continue daily dressing changes.

Order: Hydrogel filler QD with bordered foam 4×4 in for 30 days.

Electronically Signed: Bruce Banner, MD NPI: 1234567890 Date: 10/10/2025

❌ **DENIED** – **Discrepancy:** Wound depth not documented. CMS requires L×W×D measurements to confirm an open wound and justify moist-environment dressings.

Linda Carter, NP-C

The coccyx wound is described as clean and improving. The wound continues to appear moist and granulating. Periwound skin is intact, and there is no odor. Alginate dressing was placed with bordered foam cover and low-air-loss mattress remains in use. Patient instructed to continue repositioning every two hours.

Order: Alginate 4×5 in QD + bordered foam 6×6 in QD for 30 days.

Electronically Signed: Linda Carter, NP-C NPI: 1122334455 Date: 10/12/2025

❌ **DENIED – Discrepancy:** No updated wound size or exudate level. Alginate not justified for a "clean, improving" wound.

Tony Stark, DPM

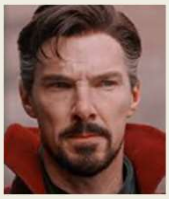
Patient evaluated for chronic diabetic ulcer on the plantar surface of the left great toe. The wound measures 2.5 × 2.5 × 0.3 cm. The bed contains pink granulation tissue with calloused edges. Collagen with silver and bordered gauze were applied. Offloading shoe continues. Follow-up scheduled in one week.

Order: Collagen 2×2 in QD + bordered gauze 4×4 in QD for 30 days.

Electronically Signed: Tony Stark, DPM NPI: 1098765432 Date: 10/14/2025

❌ **DENIED – Discrepancy:** Drainage amount omitted. Exudate level is required to justify both primary and secondary dressings.

Stephen Strange, D.O.



Midline abdominal wound from prior surgery measures 5.0 × 2.0 × 0.5 cm. Light serous drainage noted. The wound bed is mostly red granulation tissue. Hydrocolloid dressing applied to maintain moisture. Patient instructed on signs of infection and to change dressing daily.

Order: Cleanse abdominal wound with NS. Apply Hydrocolloid 4×4 QD for 30 days.

Electronically Signed: Stephen Strange.DO NPI: 9988776655 Date: 10/08/2025

❌ **DENIED – Discrepancy:** Hydrocolloid not appropriate for a wound with measurable depth and drainage; not reasonable and necessary.

Christopher Reeves, DPM

Wound 1 RLE	Order Date 10/1/2025	Exudate Moderate	Bioburden NO	1. Collagen Sheet 2x2 x 1 -QD 2. Bordered Gauze 4x4 x 1 -QD
Thickness Full Thickness	Etiology/ICD-10 L97.221	Size (LxW cm.) 1.2 x 1.2	Depth 0.3	
Tunneling None	Undermining None	Debridment Autolytic	Topical Medication Ordered None	

Provider: *Dr. Christopher Reeves, DPM*
Practice: *Superman Foot & Ankle*
Order Date: 10/01/2025

Etiology/ICD-10: L97.221 – Non-pressure chronic ulcer of right calf with breakdown of skin.

The patient presents with a **full-thickness wound** to the **right lower extremity (RLE)** measuring **1.2 cm × 1.2 cm × 0.3 cm** in depth. The wound bed exhibits **healthy granulation tissue** with **serosanguineous exudate** and **no evidence of bioburden or infection**. There is **no tunneling or undermining** observed.

A **collagen sheet dressing (2 × 2 in)** is ordered **once daily (QD)** as the **primary dressing** to maintain a moist wound environment and promote granulation. A **bordered gauze dressing (4 × 4 in)** is ordered **once daily (QD)** as the **secondary dressing** to manage moderate drainage and protect the periwound skin. No topical medication indicated at this time.

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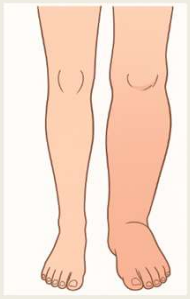

Lymphedema Compression Treatment Items

- Coverage of lymphedema compression treatment items is available under the new benefit for use in treating beneficiaries with any diagnosis of lymphedema. Lymphedema, not elsewhere classified **(I89.0)**
- Hereditary Lymphedema **(Q82.0)**
- Postmastectomy Lymphedema Syndrome **(I97.2)**
- Other postprocedural complications and disorders of the circulatory system, not elsewhere classified **(I97.89)**

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Lymphedema Compression Treatment Items

- Daytime gradient compression garments
- Nighttime gradient compression garments
- Custom
- Accessories, such as zippers, linings, paddings, or fillers, necessary for the effective use of a gradient compression garment or wrap
- Compression bandaging systems and supplies

The frequency limitations for replacement of lymphedema compression treatment items are:

- Once every 6 months for 3 gradient compression garments or wraps with adjustable straps per each affected extremity or part of the body
- Once every 2 years for 2 nighttime garments per each affected extremity or part of the body

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Documentation

IF IT'S **NOT DOCUMENTED**, IT'S **NOT COVERED** — DOCUMENT **WHO**, **WHAT**, **WHERE**, **WHY**, AND **HOW OFTEN**.

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Key Takeaways

- Documentation alignment drives coverage
- Follow documentation rules by using reference sheets
- Wound assessment details clinically justify frequency and quantity
- We can bridge the bedside to billing gap together
- EMPOWER CLINICAL TEAMS THROUGH EDUCATION

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References

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Thank you

QUESTIONS?

WORK: CHERYL.CARVER@CLARAHEALTHCARE.COM

PERSONAL: NURSE4WOUNDS@AOL.COM

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