
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

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18.2.27 Wound Care Supplies

Surgical dressings, bandages, and other wound care supplies may receive prior authorization (PA) approval for three months at a time. The PA request must reflect the submitted prescription and document the factors below in order to meet criteria.

To request PA for wound care supplies, the following documentation must be provided:

1. Accurate diagnostic information pertaining to the underlying diagnosis/condition as well as any other medical diagnoses/conditions, to include the beneficiary's overall health status;
2. Appropriate medical history related to the current wound;
3. Wound measurements to include length, width and depth, any tunneling and/or undermining;
4. Wound color, drainage (type and amount) and odor, if present;
5. Prescribed wound care regimen, to include frequency, duration and supplies needed;
6. Treatment for infection, if present;
7. Beneficiary's use of a pressure reducing mattress and/or cushion, when appropriate; and
8. Whether or not a home health agency is involved in the care.

The prescription must be updated for any extensions to be granted.

A Medicaid approved home health agency must be involved in the care of the beneficiary for consideration of approval for wound care supplies. Any routine supplies provided by the home health agency that are not covered by the Durable Medical Equipment, Prosthetics/Orthotics and Supplies (DMEPOS) Program must be provided in the skilled nursing visit rate.

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Wound Care Reimbursement

When prior authorized as medically necessary, reimbursement is manually priced. The fiscal intermediary will determine the reimbursement for manually priced durable medical equipment (DME) items based on 70 percent of the Medicare fee schedule or 70 percent of the manufacturer's suggested retail price (MSRP) amount, or billed charges, whichever is the lesser amount. If an item is not available at 70 percent of the Medicare fee schedule amount or 70 percent of the MSRP amount, the flat fee that will be utilized is the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community.

Wound Care System

Wound care systems may be considered for reimbursement when prior authorized. A wound care system may be considered for reimbursement for beneficiaries with a Stage III or IV chronic, non-healing wound, such as a pressure, venous stasis, and diabetic ulcers, postsurgical wound dehiscence, non-adhering skin grafts, or surgical flaps required for covering such wounds.

Types of wound care systems include the following:

1. Thermal wound care system; and
2. Sealed suction wound care system.

Portable hyperbaric oxygen chambers that are placed directly over the wound and provide higher concentrations of oxygen to the damaged tissue are not covered.

NOTE: This list of covered services may not be all inclusive (see the fee schedule located on the Louisiana Medicaid web site). Refer to the Section 18.5 for information regarding prior authorization.

Surgical Dressings and Bandages

The below surgical dressings and bandages are approved only for wound dressing and post-operative care with documentation of medical necessity:

1. Gauze;
2. Tape;
3. Sponges;

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4. Cement; and
5. Disposable gloves.

Burn Garments and Stockings

Burn garments and stockings are approved only for severe burns and major vascular problems.