LOUISIANA BLUE

Wound Care Supplies

Policy # 00960
Original Effective Date: 07/01/2026
Current Effective Date: 07/01/2026

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Investigational or experimental services are not covered. This includes any drug, device, procedure, or service provided under the investigational arm of a clinical trial or clinical study. These services are excluded from coverage under benefits.

Note: Amniotic Membrane and Amniotic Fluid is addressed separately in medical policy 00458.

Note: Bioengineered Skin and Soft Tissue Substitutes is addressed separately in medical policy 00572.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider the use of surgical or wound care supplies when the dressing meets the following requirements to be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility will be considered when the following dressing requirements are met:

- The wound dressing is prescribed by a physician or wound specialist after examination/evaluation of the wound when following requirements are met:
    - Documentation requirements:
        - Type and stage of wound; **AND**
        - The presence of drainage, smell, new tissue growth and other related information such as inflammation and wound color; **AND**
        - Location, number, and size of wounds to be treated by the type of dressing; **AND**
        - Classification of dressing, whether used as primary or secondary dressing.
    - Prescription requirements:
        - Type of dressing, appropriate for the type of wound as described in Wound Care Supplies section (table) of this policy; **AND**
        - Size of dressing, appropriate to the size of the wound; **AND**
        - Frequency of dressing change, appropriate to the type and stage of wound; **AND**

- Number and amount of dressing to be used at one time; **AND**
- Expected duration of dressing need.

Wound Care Supplies
The following wound care supplies are **eligible for coverage**** with established evidence of safety and efficacy when used as described below:

Type of Dressing	Examples/HCPC	Clinical Indication, Frequency of Dressing Change, Size of Dressing
Alginate or other fiber gelling dressing	Example: Algesite Aquacel Agile Biosorb A6196 A6197 A6198 A6199	Indication: • Moderately to highly exudative full thickness wounds such as stage III or IV ulcers • Moderately to highly exudative full thickness wound cavities such as stage III or IV ulcers Not indicated for dry wounds or wounds covered with eschar Not used in combination with hydrogels Frequency of dressing change: once daily 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: Puracol Fibracol Dressing: A6010, A6011, A6021, A6022, A6023, A6024	Indication: • Full thickness wounds such as stage III or IV ulcers • Wounds with light to moderate exudate • Wounds that have stalled or have not progressed toward a healing goal Medical necessity not established for: • Wounds with heavy exudate • Third degree burns, or • Presence of active vasculitis Frequency of dressing change: once every 7 days
Composite Dressing	Example: Covaderm DermaDress	Indication: moderate to highly exudative wound, fistulas or sinuses with exudate, surgical wounds with significant exudate, complex traumatic wounds Frequency of dressing change: up to 3x/week

	A6203, A6204, A6205	Size of dressing: one wound cover per dressing change
Contact Layer	Example: Mepitel Cuticell Contact Adaptic A6206, A6207, A6208	Used to line the entire wound to prevent adhesion of the overlying dressing to the wound. Non-indicated for any dressing that has non-adherent or semi-adherent layer as part of the dressing Frequency of dressing change: up to 1x/week
Foam Dressing or Wound Filler	Example: Betafoam Optifoam Mepilex PolyMem Rope (filler) No border: A6209, A6210, A6211 With border: A6212, A6213, A6214 A6215-foam filler	Indication: full thickness wounds (such as stage III-IV ulcers) with moderate to heavy exudate. Frequency of dressing change - when used as: • As primary dressing: up to 3x/week • As secondary dressing for wounds with very heavy exudate: up to 3x /week • As foam wound fillers: once per day
Hydrocolloid Dressing (wound covers or hydrocolloid wound fillers)	Example: Comfeel Duoderm Exuderm Replicare *Without border*: A6234, A6235, A6236 *With border*: A6237, A6238, A6239	Indication: wounds with light to moderate exudate. Frequency of dressing change: up to 3x/week

	A6240 paste *A6241 filler*	
Hydrogel dressing	Example: Aquaderm Intrasite Solosite Duoderm gel (includes filler, gel, liquid, and dressing) A6231-A6233 A6242-A6248	Medically necessary for full thickness wound (i.e., stage III or IV ulcers) with minimal or no exudate. Medical necessity not established for: • Stage II ulcer • Additional amount of dressing exceeding the amount needed to line the surface of the wound or to fill a cavity • Use of more than one type of hydrogel dressing (filler, cover, or impregnated gauze) on the same wound at the same time Size of dressing: must not exceed the amount needed to line the surface of the wound. Frequency of dressing change: 1. Hydrogel dressing without adhesive border or hydrogel wound fillers – once daily 2. Hydrogel dressing with adhesive border – up to 3x/week 3. Maximum utilization of code A6248 is 3 units (fluid oz) per wound in 30 days
Specialty Absorptive Dressing	Example: ConvaMax Drawtex EXU-DRY *Without border*: A6251, A6252,	Indication: moderately or highly exudative full thickness wounds (e.g., Stage III or IV ulcers). Frequency of dressing change: 1. Without adhesive border – once daily 2. With adhesive border – every other day

	A6253 *With border*: A6254, A6255, A6256	
Transparent Film	Example: Tegaderm A6257, A6258, A6259	Indication: open partial thickness wounds with minimal exudate or closed wounds. Frequency of dressing change: up to 3x/week
Wound Filler, Not Elsewhere Classified	A6261 A6262	Medically necessary upon the characteristics of the underlying material(s). Frequency of dressing change: up to once a day
Wound Pouch	A6154	Wound pouch is a waterproof collection device with a drainable port that adheres to the skin around a wound. Frequency: up to 3 dressing changes per week
Zinc Paste Impregnated Bandage	Example: Unna Boot Bandage A6456	Indication: for the treatment of venous leg ulcers Frequency of dressing change: weekly

Compression bandages and multi-layer systems • **Light Compression** • **Moderate/High Compression** • **Self-Adherent** • **Conforming** • **Padding Bandage**	*Light Compression* Example: ACE Bandage A6448, A6449, A6450 *Moderate/High Compression* A6451, A6452 *Self-Adherent* Example: Coban A6453, A6454, A6455 *Conforming bandage* A6442-A6447 *Padding Bandage* A6441	Medically necessary as primary or secondary dressing Most compression bandages are reusable. Frequency of dressing change: not more than once per week unless part of a multi-layer compression bandage system. Conforming bandage dressing change is determined by the frequency of change of the selected underlying dressing
Gradient Compression Wrap	A6545	Medically necessary as a primary or secondary dressing, for treatment of venous stasis ulcer. Frequency of dressing change: limited to one per 6 months per leg.

Tape	Example: *Waterproof:* Silk, Cloth, A4452 Example: *Non-Waterproof* Paper tape A4450	Medically necessary: when needed to hold on a wound cover, elastic roll gauze or non-elastic roll gauze Not required when a wound cover with an adhesive border is used. Tape change is determined by the frequency of dressing change. The quantities of tape per dressing change must reasonably reflect the size of the wound cover that are being secured: • 16 square inches or less is up to 2 units • 16 to 48 square inches, up to 3 units • Greater than 48 square inches, up to 4 units
Impregnated Gauze	Example: Xeroform Adaptic Vaseline gauze A6222, A6223, A6224, A6266 A6228-A6230	Gause impregnated with other than water or normal saline, hydrogel or zinc paste- coverage is based upon the characteristics of the underlying material(s). Dressing change is up to once per day. Gauze impregnated with 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.

Note:
Listed procedure codes are included for informational purposes. Inclusion or exclusion of a procedure or device code(s) does not constitute or imply member coverage or provider reimbursement policy.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers all other uses of listed products to be **not medically necessary.****

Patient Selection Criteria

Wound dressings are considered **not medically necessary****in following situations:

- Indications with lack of evidence that wound dressings are of benefit:
  - Venipuncture or arterial puncture site (e.g., blood sample) other than the site of an indwelling catheter or needle; **OR**
  - First degree burn; **OR**
  - Stage I pressure ulcer; **OR**

- Superficial wound caused by injury or trauma that does not require surgical closure or debridement such as abrasion and bruises.

When Services Are Considered Investigational

Based on review of available data, the Company considers the following wound dressings to be **investigational:***

- Following wound care supplies are considered investigational as there is lack of clinical evidence to support their safety and effectiveness. The list is not exhaustive, may include any material with insufficient evidence other than those described above (i.e., alginate, collagen, foam, gauze, hydrocolloid, hydrogel, etc.):
  - Carbon Fiber;
  - Copper;
  - Honey;
  - Balsam of Peru in castor oil;
  - Charcoal;
  - Amino acid dressing for the management of chronic wounds
- 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.

Policy Guidelines

LA Blue covers medically necessary surgical dressings when prescribed by a physician and supplied by a home care agency in conjunction with covered home health care services or when dispensed and used by a participating health care provider in conjunction with treatment of the member. Supplies are not covered when they do not require a prescription and can be purchased by the member over-the counter or when they are given to the member as take-home supplies.

Covered surgical dressings include both medically necessary primary dressings (i.e., therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin) and medically necessary secondary dressings (i.e., materials that serve a therapeutic or protective function and that are needed to secure a primary dressing). Items such as adhesive tape, roll gauze, or elastic bandages are examples of secondary dressings. Elastic stockings, support hose, foot coverings, leotards, knee supports, surgical leggings, gauntlets, and pressure garments for the arms and hands are examples of items that are not ordinarily covered as surgical dressings.

Surgical dressings are covered for as long as they are reasonable and necessary. Dressings over a percutaneous catheter or tube (e.g., intravascular, epidural, nephrostomy, etc.) are covered as long as the catheter or tube remains in place and after removal until the wound heals.

When a wound cover with an adhesive border is being used, no other dressing is needed on top of it and additional tape is not required. Reasons for use of additional tape must be well documented.

Use of more than one type of wound filler or more than one type of wound cover in a single wound is not reasonable and necessary. The exception is a primary dressing composed of: (1) an alginate or other fiber gelling dressing; or, (2) a saline, water, or hydrogel impregnated gauze dressing. Either of these might need an additional wound cover.

It is not appropriate to use combinations of a hydrating dressing on the same wound at the same time as an absorptive dressing (e.g., hydrogel and alginate).

The frequency of recommended dressing changes depends on the type and use of the surgical dressing. When combinations of primary dressings, secondary dressings, and wound filler are used, the change frequencies of the individual products should be similar. For purposes of this policy, the product in contact with the wound determines the change frequency. It is not reasonable and necessary to use a combination of products with differing change intervals. For example, it is not reasonable and necessary to use a secondary dressing with a weekly change frequency over a primary dressing with a daily change interval. Such claims may be denied as not reasonable and necessary.

It is not reasonable and necessary to use secondary dressing with primary dressings that contain an impervious backing layer with or without and adhesive border.

Dressing size must be based on and appropriate to the size of the wound. For wound covers, the pad size is usually about 2 inches greater than the dimensions of the wound. For example, a 2 in. x 2 in. wound requires a 4 in. x 4 in. pad size.

The quantity and type of dressing dispensed at any one time must take into account the status of the wound(s), the likelihood of change, and the recent use of dressings.

Dressing needs may change frequently (e.g., weekly) in the early phases of wound treatment and/or with heavily draining wounds. Suppliers are required to monitor the quantity of dressings that the individual is actually using and to adjust their provision of dressings accordingly.

Surgical dressings must be tailored to the specific needs of an individual. When surgical dressings are provided in kits, only those components of the kit that meet the definition of a surgical dressing, that are ordered by the treating practitioner, and that are reasonable and necessary are covered.

For all items that are provided on a recurring basis, suppliers are required to have contact with an individual or caregiver and document an affirmative response, prior to dispensing a new supply of items. Suppliers must not deliver refills without a refill request and an affirmative response from a beneficiary. Items delivered without a valid, documented refill request will be denied as not reasonable and necessary.

Suppliers must not dispense a quantity of supplies exceeding a individual's expected utilization. Suppliers must stay attuned to changed or atypical utilization patterns on the part of their clients. Suppliers must verify with the treating practitioner that any changed or atypical utilization is

warranted. Regardless of utilization, no more than a month's supply of dressings may be provided at one time, unless there is documentation to support the necessity of greater quantities in the home setting in an individual case.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to regulations, other plan medical policies, and accredited national guidelines.

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Policy History

Original Effective Date: 07/01/2026
Current Effective Date: 07/01/2026
04/02/2026 Medical Policy Committee review
04/10/2026 Medical Policy Implementation Committee review.
04/16/2026 Medical Quality Management Committee approval. New policy.
Next Scheduled Review Date: 04/2027

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or

B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
    1. Consultation with technology evaluation center(s);
    2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
    3. Reference to federal regulations.

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

NOTICE: If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from

carrier A to Louisiana Blue), Louisiana Blue may honor the previous health plan's authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Louisiana Blue health plan. This provision does not apply to medications covered under the plan's pharmacy benefit.