

Surgical Dressings

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Overview

Surgical dressings are sterile materials that are used to promote wound healing. Surgical dressings include a primary dressing, which is used as a protective covering applied directly to the wound or lesion. A secondary dressing may be applied to secure a primary dressing in place.

Eligible Providers

The following providers are eligible to provide surgical dressings:

- Federal qualified health centers
- Indian Health Services
- Home health agencies
- Hospitals
- Medical suppliers
- Pharmacies
- Rural health clinics

Eligible Members

Surgical dressings are covered for eligible Medical Assistance and MinnesotaCare members to treat a wound or opening in the skin, to remove dead or infected material from a wound or lesion, to treat pressure ulcers, or to promote skin integrity from physical trauma, chemical or pressure injuries, infections, and thermal factors.

Covered Services

Codes: A6010, A6011, A6021-A6025, A6154, A6196-A6199, A6203-A6224, A6228-A6248, A6251-A6259, A6261, A6262, A6266, A6402-A6404

Minnesota Health Care Programs (MHCP) covers the following types of surgical dressings:

- Alginate dressings
- Collagen dressings
- Composite dressings
- Contact layers
- Foam dressings
- Gauze
- Gel sheets
- Hydrocolloid dressings
- Hydrogel dressings
- Specialty absorptive dressings
- Transparent films
- Wound fillers
- Wound pouches

Review the following categories of surgical dressings for specific coverage criteria.

Alginate dressings (A6196-A6198)

Alginate dressings provide a moist cover to prevent wounds from drying out and expedite healing. Alginate dressings are considered medically necessary for treatment of moderate to heavy exudative full-thickness wounds, diabetic foot ulcers, partial thickness burns, surgical incisions, and wound cavities.

Alginate dressings may be used as primary dressings. One dressing change per day is considered medically necessary, unless the medical necessity of more frequent changes is documented. These dressings are of no proven benefit on dry wounds or wounds covered with eschar. These dressings are not appropriate for wounds that are bleeding heavily. It is usually inappropriate to use alginates in combination with hydrogels.

Collagen dressings (A6021-A6023)

Collagen dressings are composed of collagen fibers, which target specific defects in the wound healing environment. Collagen dressings are considered medically necessary for treatment of minimal to moderate exudative full-thickness wounds, donor sites, skin grafts, and surgical wounds.

Collagen dressings may be used as primary dressings. Up to two dressing changes per week are considered medically necessary, unless the medical necessity of more frequent changes is documented. These dressings are contraindicated for members with allergies to collagen or bovine products and typically for dry wounds.

Composite dressings (A6203-A6205)

Composite dressings combine physically distinct components into a single dressing that provide multiple functions. Composite dressings are considered medically necessary for treatment of minimal to heavy exudative wounds.

Composite dressings may be used as primary or secondary dressings. Up to three dressing changes per week are considered medically necessary, unless the medical necessity of more frequent changes is documented.

Contact layers (A6206-A6208)

Contact layer dressings are thin nonadherent sheets applied directly on the open wound bed to protect the wound tissue from direct contact with other agents or dressings. Contact layers are considered medically necessary for treatment of open wounds, donor sites, and split-thickness skin grafts.

Contact layer dressings may be used as primary dressings. One change per week is considered medically necessary, unless the medical necessity of more frequent changes is documented. Contact layers are used to line the entire wound; they are not intended to be changed with each dressing change.

Foam dressings (A6209-A6214)

Foam dressings are composed of semipermeable polymers, with a contact area that is nonadherent and repels lint. Foam dressings are considered medically necessary for treatment of moderate to heavy exudative full-thickness wounds. Foam dressings are medically necessary to cover abrasions, diabetic foot ulcers, IV sites, lacerations, and skin grafts, protect skin in friction areas of feeding tubes and infusion pumps, and secure catheters.

Foam dressings may be used as primary or secondary dressings. Usual dressing change for a foam dressing used as a primary dressing is up to three dressing changes per week. When a foam dressing is used as a secondary dressing for wounds with heavy exudate, dressing changes may be medically necessary up to three per week. One dressing change per day is considered medically necessary, unless the medical necessity of more frequent changes is documented. These dressings are typically inappropriate for wounds with minimal exudate and third-degree burns.

Impregnated gauze (A6222-A6224, A6228-A6230)

Impregnated gauzes have medicated substances added that are intended to heal and provide moisture to the wound. Gauzes are considered medically necessary for treatment of minimal to heavy exudative wounds or other medical conditions. One dressing change per day is considered medically necessary, unless the medical necessity of more frequent changes is documented.

Nonimpregnated gauze (A6216-A6221, A6402-A6404)

Nonimpregnated gauzes do not have medicated substances added and are intended to cover and secure wounds. Up to three dressing changes per day are considered medically necessary for nonimpregnated gauzes without a border, unless the medical necessity of more frequent changes is documented. One dressing change per day is considered medically necessary for nonimpregnated gauzes with a border. It is usually not considered medically necessary to apply two gauze pads on top of each other in one area.

Gel sheets (A6025)

Gel sheets are considered medically necessary for treatment of wounds with little to no drainage. Up to two dressing changes per week are considered medically necessary, unless the medical necessity of more frequent changes is documented.

Hydrocolloid dressings (A6234-A6239)

Hydrocolloid dressings provide a moist and insulating healing environment for uninfected wounds. Hydrocolloid dressings are considered medically necessary for treatment of minimal to moderate exudative wounds, diabetic foot ulcers, lacerations, skin tears, and wounds with necrosis.

Hydrocolloid dressings may be used as primary or secondary dressings. Up to three dressing changes per week are considered medically necessary, unless the medical necessity of more frequent changes is documented. These dressings are contraindicated for wounds with heavy exudate and infected wounds.

Hydrogel dressings (A6242-A6247)

Hydrogel dressings are composed of hydrogels, which absorb wound exudates and permit oxygen diffusion to expedite healing. Hydrogel dressings are considered medically necessary for treatment of minimal exudative full-thickness wounds, donor sites, minor burns, radiation dermatitis, skin tears, and wounds with necrosis.

Hydrogel dressings may be used as primary dressings. One dressing change per day is considered medically necessary for hydrogel dressings without a border, unless the medical necessity of more frequent changes is documented. Up to three dressing changes per week are considered medically necessary for hydrogel dressings with a border, unless the medical necessity of more frequent changes is documented. These dressings are contraindicated for wounds with heavy exudate.

Hydrogel filler used for each wound should not exceed the amount needed to line the surface of the wound. Documentation must demonstrate the medical necessity for filler. Use of both a hydrogel filler and cover on the same wound simultaneously is not considered medically necessary.

Specialty absorptive dressings (A6251-A6256)

Specialty absorptive dressings are multilayer wound covers that provide a nonadherent layer combined with highly absorptive layers of fibers. Specialty absorptive dressings are considered medically necessary for treatment of moderate to heavy exudative full-thickness wounds, abrasions, donor sites, lacerations, skin grafts, surgical incisions, and any exudating wound.

Specialty absorptive dressings may be used as primary or secondary dressings. One dressing change per day is considered medically necessary for specialty absorptive dressings without a border, unless the medical necessity of more frequent changes is documented. One dressing change every other day is considered medically necessary for specialty absorptive dressings with a border, unless the medical necessity of more frequent changes is documented.

Transparent films (A6257-A6259)

Transparent film dressings are composed of polymer membranes that are impermeable to liquids and bacteria but permeable to moisture. Transparent film dressings are considered medically necessary for treatment of open partial-thickness wounds with minimal exudate or closed wounds and wounds with necrosis. Transparent film dressings are medically necessary to cover abrasions, donor sites, IV sites, lacerations, second-degree burns, and surgical incisions, protect skin in friction areas of feeding tubes and infusion pumps, and secure catheters.

Transparent film dressings may be used as primary or secondary dressings. Up to three dressing changes per week is considered medically necessary, unless the medical necessity of more frequent changes is documented. These dressings are inappropriate for wounds with moderate to heavy exudate.

Wound fillers (A6010, A6011, A6024, A6199, A6215, A6240, A6241, A6248)

Wound fillers are nonadherent formulations that fill the wound, maintain a moist environment, and absorb the exudate. Wound fillers come in hydrated forms, dry forms, or other forms. One dressing change per day is considered medically necessary, unless the medical necessity of more frequent changes is documented.

Wound pouches (A6154)

Wound pouches are waterproof collection devices with drainable ports that adhere to the skin around a wound. Up to three dressing changes per week are considered medically necessary for wound pouches, unless the medical necessity of more frequent changes is documented.

Surgical Dressings Table

Refer to the Surgical dressings coverage and usual dressing change frequency table to review surgical dressings coverage guidelines for wounds, lesions, and ulcers and the frequency of dressing changes that is considered medically necessary for most members.

Surgical dressings coverage and usual dressing change frequency

| Type of Dressing | Minimal Exudate | Moderate Exudate | Heavy Exudate | Usual Dressing Change Frequency |
|-------------------------|------------------------|-------------------------|----------------------|--|
| Alginate | Not covered | Full thickness | Full thickness | Once per day |
| Collagen | Full thickness | Full thickness | Not covered | Up to two times per week |
| Composite | Any | Any | Any | Up to three times per week |
| Contact layer | Any | Any | Any | Once per week |

| | | | | |
|---|-----------------------------|----------------|----------------|----------------------------|
| Foam | Not covered | Full thickness | Full thickness | Up to three times per week |
| Impregnated gauze | Any | Any | Any | Once per day |
| Nonimpregnated gauze (no border) | Any | Any | Any | Up to three times per day |
| Nonimpregnated gauze (border) | Any | Any | Any | Once per day |
| Gel sheets | Any | Any | Not covered | Up to two times per week |
| Hydrocolloid | Any | Any | Not covered | Up to three times per week |
| Hydrogel (no border) | Full thickness | Not covered | Not covered | Once per day |
| Hydrogel (border) | Full thickness | Not covered | Not covered | Up to three times per week |
| Specialty absorptive (no border) | Not covered | Full thickness | Full thickness | Once per day |
| Specialty absorptive (border) | Not covered | Full thickness | Full thickness | Up to once every other day |
| Transparent film | Partial thickness or closed | Not covered | Not covered | Up to three times per week |
| Wound filler | Any | Any | Any | Once per day |
| Wound pouch | Any | Any | Any | Up to three times per week |

Refer to the [Medical Supply Coverage Guide \(PDF\)](#) for quantity limits.

Surgical dressing size should be based on the approximate size of the wound, lesion, ulcer, or other medical condition. When a surgical dressing with an adhesive border is used, appropriate clinical judgment should be used as these dressings are more binding and are typically changed at frequencies less than daily. Tape is considered medically necessary to hold on a surgical dressing or gauze without an adhesive border. Additional tape is not considered medically necessary when a surgical dressing with an adhesive border is used. Document the medical necessity of the number of units of tape being dispensed. Quantities of tape should reasonably indicate the size of the surgical dressing being used.

When composite, foam, hydrocolloid, and transparent film dressings are used as secondary dressings, appropriate clinical judgment should be used as these dressings are typically changed at frequencies less than daily. While a heavy exudative wound may require such a combination initially, the wound should continue to heal with proper management, and appropriate selection of dressings should result in less frequent dressing changes.

Noncovered Services

MHCP does not cover the following:

- Combinations of hydrating and absorptive dressings on the same wound
- Enzymatic debriding agents

- Gauze or other dressings used to cleanse or remove dead or infected material from a wound but not left on the wound
- Skin sealants or barriers for indications other than dialysis
- Topical antibiotics or antiseptics

Authorization

Authorization is only required for quantities over MHCP monthly quantity limits. Submit authorization to the [Medical Review Agent](#).

Billing

Providers are responsible to [coordinate services](#). Refer to the [Billing Policy Overview](#) section of the MHCP Provider Manual for general billing information.

Bill surgical dressings using [MN-ITS 837P Professional](#). Refer to the [Billing for Durable Medical Equipment, Medical Supplies, Prosthetics, Orthotics, and Augmentative Devices](#) MN-ITS user manual for general billing requirements and guidance when submitting claims.

- Use modifier NU for purchases.
- Use modifiers A1 to A9 for wounds, lesions, or ulcers.
- Bill all units of A HCPCS codes on one line with the appropriate A modifier, if applicable.

Surgical dressings are purchase items only. MHCP requires that providers bill surgical dressings with modifiers A1 to A9 to indicate the number of wounds, lesions, or ulcers on which the dressing is being used. Modifiers A1 to A9 are not required if dressings are not being used to treat wounds, lesions, or ulcers. Document the medical necessity of the number of units of dressings being dispensed. MHCP per-wound quantity limits apply if A HCPCS codes are not billed with modifiers A1 to A9 for covered indications other than wounds, lesions, or ulcers.

The original documentation must be less than 30 days old. A new order or ongoing supporting documentation explaining a change in required number of units is required only if there is a major change in the member's condition. No more than one month's supply of dressings may be provided at one time, unless the medical necessity of greater quantities is documented.

Documentation must include:

- Member's diagnosis
- Order
- Item to be dispensed
- Quantity of item needed per dressing change
- Anticipated frequency of dressing change
- Number, location, size, and stage of wounds, lesions, pressure ulcers, or other skin condition

Dressings used with feeding tubes, infusion pumps, and parenteral nutrition are included in payment for the kit. MHCP pays for additional dressings if the dressings from kits are exhausted. Document the medical necessity of the number of units of dressings being dispensed beyond the quantity included in the kit.