WO Therapy Dressing Selection Guide

Optimize Your Oxygen Delivery

TWO2 therapy works by delivering oxygen directly to wounded tissue.

Ideal Moisture Balance: Oxygen diffuses more easily in an ideal, moisture-balanced environment **Dressing Permeability:** Dressing combinations are only as permeable as the least permeable layer

| DRESSING PERME | ABILITY COLOR CODE* | EXCELLENT | GOOD | FAIR | FAIL | |
|--|--|---------------|-------------|------------|-------------------|--|
| Dressing Type | Dry/Scant Exudate | Light Exudate | Moderate Ex | udate Heav | y/Copious Exudate | |
| Calcium Alginate | All single component alginates (i.e. Kaltostat, Maxorb, Melgisorb, etc.) | | | | | |
| | Medihoney alginate | | | | | |
| Hydrofiber | All single component hydrofibers (i.e. Aquacel, Durafiber, Exufiber, Kerracel, etc.) | | | | | |
| Collagen | All single component collagens (i.e. Promogran Prisma, Promogran Ag, Puracol, Fibracol, Endoform, etc.) | | | | | |
| Polymer | Phoenix, Altrazeal, Microlyte AG | | | | | |
| Super Absorber | All single component super absorbers (i.e. Sorbion, Kerramax, etc.) | | | | | |
| Gels | Tegaderm Hydrogel, Iodoflex, Iodosorb GelSurg-X/Blast-X, Medihoney Gel Tube | | | | | |
| Ointments/Creams | Santyl, Silvadene (petrolatum-based ointments are not recommended) | | | | | |
| Contact Layer (single layer only) | Mepitel, Mepitel One, Adaptic Touch, Restore Silver Contact, McKesson Contact Silicone, Adaptic (single layer) | | | | | |
| | Xeroform, Vaseline gauze, petrolatum gauze (petrolatum-based contact layers are not recommended) | | | | | |
| Foams | All foams that do not have a film backing, such as Hydrofera Blue Classic and Polymem WIC, Hydrofera Blue Ready, Aquacel Pro Foam Border, Aquacel Foam Adhesive, Allevyn Life, Allevyn Gentle Border, Mepilex Border, Tegaderm HP Border, Permafoam, Mepilex Border Flex, Tielle, Kendall Hydrophilic Foam | | | | | |
| | Mepilex AG Border, Medifoam Ag Border, Optifoam Border, Biatain Silicone, Optifoam Gentle, Kliniderm Foam Silicone Border, Suprasorb | | | | | |
| | Allevyn Classic, Allevyn Classic Gentle Border, Allevyn Ag Border, Urgotul Foam Border, Polymem Border, Kerrafoam Gentle Border, Polymem Ag Border | | | | | |
| | Lyofoam Extra | | | | | |
| Hydrocolloids | Hydrocolloids are not recommended (i.e. Kendall Alginate Hydrocolloid, Medihoney Hydrogel Colloidal, DuoDerm, etc.) | | | | | |
| Skin Substitutes (Cellular and Tissue Based Products and scaffolds) | All products without a silicone or acrylic backing (i.e. Matristem Wound Matrix, Kerecis, Oasis, BTM, etc.) | | | | | |
| Multi-Layer Compression System | Coban-2, Profore, UrgoK2, UrgoK2 Lite | | | | | |
| UNNA Boot | | | | | | |
| Total Contact Cast | TCC, TCC EZ, Other | | | | | |
| *Based on internal bench testing and published permiability/moisture vapor transmission rate (MVTR) data | | | | | | |

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Amputation

Prevention

Alliance



Multi-Modality OXYGEN Medicare Dressing Coverage Guidelines¹

This guide provides a quick reference for the types of dressings Medicare covers for different wound depths and levels of exudate, along with recommended frequency of dressing change.

| Type of Dressing | Minimal Exudate | Moderate Exudate | Heavy Exudate | Usual Dressing Change | |
|---|--------------------------------|---------------------|------------------|-------------------------------|--|
| Alginate | Not Covered | Full Thickness | | Once Daily | |
| Collagen | Full Thi | ckness Not Covered | | Up to 7 Days | |
| Composite | Not Covered | Any | | Up to 3 Times a Week | |
| Contact Layer | | Any | 1 Time per Week | | |
| Foam | Not Co | overed | | Up to 3 Times a Week | |
| Gauze Impregnated | | Any | Once Daily | | |
| Gauze Non-impregnated (no border) | Any | | | 3 Times Daily | |
| Gauze Non-impregnated (border) | | Any | Once Daily | | |
| Hydrocolloid (cover/filler) | Aı | ıy | Not Covered | Up to 3 Times a Week | |
| Hydrogel (no border) | Full Thickness | Not Covered | | Once Daily | |
| Hydrogel (border) | Full Thickness | Not Covered | | Up to 3 Times a Week | |
| Hydrogel Filler | Full Thickness | Not Co | overed | 3 Units per Wound/per 30 days | |
| Specialty Absorbative (no border) | Not Covered | Full Th | ickness | Once Daily | |
| Specialty Absorbative (border) | Not Covered | Full Th | ickness | Every Other Day | |
| Transparent Film | Partial Thickness or Closed | Not Co | overed | Up to 3 Times a Week | |
| Wound Filler | Any | | | Once Daily | |
| Wound Pouch | Any | | | Up to 3 Times a Week | |

1. REFERENCE: Noridian Surgical Dressings Reference Chart: https://med.noridianmedicare.com/web/jddme/dmepos/surgical-dressings Disclaimer: Providers must adhere to regional policies. Medical record documentation must demonstrate medical necessity.

Controller

Medium

Large

Multi-Patch









Multi-Pa