



**Alliance Advocacy Update:**

**DMEMACs Update Coverage Policy to Include Payment for Alginate and Other Fiber Gelling Dressings as Secondary Dressings as a Result of Alliance Advocacy**

**October 30, 2020** – The Center for Medicare and Medicaid Services’ (CMS) Durable Equipment Medical Administrative Contractors (DMEMACs) updated its “Local Coverage Article: Surgical Dressings” to include payment for secondary, as well as primary, use of alginate and other fiber gelling dressings. Prior to the October 15, 2020 [Policy Article Update \(A54563\)](#), these products were only reimbursed when used as primary dressings - limiting healthcare providers’ discretion and choices in properly treating their wound patients.

By providing coverage and thus payment for these important wound care products, the updated policy now allows wound care clinicians further access to them to treat their patients. In addition, the DMEMACs’ coverage policies will now be in line with manufacturers’ existing instructions for use (IFUs), which specified that alginate and other fiber gelling dressings were intended for both primary and secondary use.

“This policy update is a direct result of the Alliance’s tenacious advocacy, which included months of conversations with the DMEMAC medical directors. In fact, the specific revision language we asked for was included in the Policy Article. This is a win for wound care patients, practitioners and manufacturers and is illustrative of the type of advocacy work the Alliance undertakes,” said Marcia Nusgart, executive director of the [Alliance of Wound Care Stakeholders](#). The Alliance is a multidisciplinary trade association of medical specialty societies and clinical associations that unites leading wound care organizations and business entities to advocate on public policy issues that may create barriers to patient access to treatments or care. Focusing on coding, coverage and reimbursement, quality measures, and wound care research, the Alliance educates and advocates private and public payers and regulators, policymakers and legislators about the impact that policies have on the quality of wound care.

The new policy is retroactive to January 1, 2020.

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