

Wound care treatment request update

Effective April 12, 2021, Amerigroup Community Care will require all wound care requests to show current clinical documentation. This includes clear documentation of wound care medical necessity, including history, effectiveness of treatment and plan of care (POC).

Requests for wound care services without the below documentation may adversely impact the outcome of the requested services.

What documentation is required?

Required documentation for a wound care POC:

- Patient information:
 - Date the patient was last seen by the PCP and/or specialist for the wound/wounds
 - The start date of wound treatment
 - Determination regarding whether the member was seen by a wound care specialist or at a wound clinic
 - Accurate diagnostic information that pertains to the underlying diagnosis and condition, as well as any other medical diagnoses and conditions, which include the patient's overall health status
 - Examples:
 - Off-loading pressure and good glucose control for a patient who has a diabetic ulcer
 - Adequate circulation present for a patient who has an arterial ulcer
 - Patient's permitted functional limitations and activities, both current and prior
 - Any nutritional deficits or needs
 - Dose and frequency of any medications
- Description of wound:
 - Wound measurements including length, width, depth and any tunneling and/or undermining
 - Wound color, drainage (type and amount) and odor, if present
 - Percent of base with granulation tissue
 - Whether eschar is present or absent
- Wound treatment:
 - Current prescribed wound care regimen including frequency, duration and supplies needed
 - All previous wound care therapy regimens, if appropriate
 - The current treatment regimen of any present infection
 - If wound debridement is prescribed, documentation to support the level and number of debridements:
 - Documentation indicating if the debridement involves muscle or bone
 - Evidence of maintaining a clean, moist bed of granulation tissue

* Avallity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.

- Equipment used for wound treatment:
 - Use of pressure-reducing support surface, mattress and/or cushion
 - Use of compression system (for example, a patient who has a venous ulcer)
 - Wound vac therapy
 - Hyperbaric therapy

A physician must see the patient within 30 days of the initial start of care and, at minimum, once every six months, thereafter, unless the patient's condition changes.

A revised POC is required for every change request in home health visits. The revised POC must include all continuing and new orders. It must also be updated to document any changes in the patient's condition or diagnosis.

What authorization form do I use?

For service requests, use the *Precertification Request Form* or the *Prior Authorization Request Form* that are located on our provider website <https://providers.amerigroup.com/GA>. The forms are important and must be complete with all supporting clinical documentation provided. Requests without the required documentation will be returned as incomplete. Fax prior authorization (PA) requests with the required clinical information to **1-866-333-4818**.

This PA can also be submitted electronically by logging in to the secure provider Availity* website at <https://www.availity.com>, where you can view the status of the request after it is submitted.

What will I receive from Amerigroup after I submit the request?

Amerigroup will call and send a letter to the servicing provider in response to requests that include a reference ID number and determination letter within three business days of receipt of request or no more than 14 days from original receipt date if additional information is required.

What if I have questions related to this change?

If you have questions about this communication or need assistance with any other item, contact your local Provider Services representative or call **1-800-454-3730** for PA-specific questions.