

Provider Update

Wound care: medical review criteria changes

Summary of change: Effective November 1, 2018, Amerigroup Iowa, Inc. will require that all wound care requests be supported by clinical documentation of medical necessity, including history, effectiveness of current treatment and plan of care (POC).

What is the impact of this change?

New documentation will be required, including:

- Patient information:
 - Date the patient was last seen by the PCP and/or specialist for wound(s)
 - Start date of wound treatment
 - Accurate information pertaining to the underlying diagnosis as well as any other medical diagnoses and conditions, which include the patient's overall health status, for example:
 - Offloading pressure and glucose control for a diabetic ulcer
 - Adequate circulation present for an arterial ulcer
 - Patient's current and prior functional limitations and activities
 - Nutritional deficits or needs
 - Dose and frequency of medications
- Description of wound:
 - Measurements including length, width, depth, tunneling and undermining
 - Color, drainage (type and amount) and odor
- Wound treatment:
 - Current wound care regimen, including frequency, duration and supplies
 - All previous wound care therapy regimens
 - Current treatment regimen if an infection is present
 - Level and number of debridements, if prescribed, including if debridement involves muscle or bone tissue
 - Evidence of maintenance of a clean, moist bed of granulation tissue
- Equipment used:
 - Pressure-reducing support surface, mattress and/or cushion
 - Compression system (e.g., a patient who has a venous ulcer)

A POC must be signed and dated by the physician or accompanied by the physician's signed and dated orders. The patient must be seen by a physician within 30 days of the initial start of care and at least once every six months thereafter unless the patient's condition changes.

A revised POC is required for every change request in-home visit. 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.

<https://providers.amerigroup.com>



What authorization form do I use?

To obtain prior authorization (PA), use the *Precertification Request Form* or *Prior Authorization Request Form* located at <https://providers.amerigroup.com/IA>. Please complete the form and provide all supporting clinical documentation. Requests submitted without required documentation will be returned as incomplete. Fax PA requests with the required clinical information to 1-800-964-3627. PA requests can also be submitted electronically via the Availity Portal at <https://www.availity.com>. You may use the Availity Portal to check the status of the request after it is submitted. Please note that we will not accept CMS *Form 285*.

How will Amerigroup process PA requests?

Amerigroup will fax responses to requests with a reference ID number and determination letter within 14 business days of receipt of request. Requests for wound care services without necessary documentation may be denied. Amerigroup will review requests for medical necessity using the clinical guideline *Wound Care in the Home Setting (CG-MED-71)*. Please review this policy by visiting https://medicalpolicies.amerigroup.com/medicalpolicies/guidelines/gl_pw_d079035.htm.

What if I need assistance?

If you have questions about this communication, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730, Monday-Friday, 7:30 a.m.-6 p.m. Central time.