

Wound care treatment request update

Summary of change: Effective September 1, 2018, Amerigroup Community Care will require all wound care requests to include current clinical documentation. This must include clear documentation of medical necessity of care including history, effectiveness of treatment and plan of care (POC).

What does this mean to me?

Requests for wound care services supporting documentation may adversely affect the outcome of requested services.

What documentation is required?

Required documentation for a wound care POC must include:

- Patient information:
 - Date the patient was last seen by the PCP and/or specialist for the wound/wounds
 - Start date of wound treatment
 - Accurate diagnostic information pertaining 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 current and prior functional limitations and activities
 - Any nutritional deficits or needs required for patient
 - Dose and frequency of any medications
 - Smoking history
- Description of wound, including:
 - Wound measurements (i.e., length, width, depth, and any tunneling and/or undermining)
 - Wound color, drainage (type and amount) and odor, if present
- Wound treatment:
 - Describe current prescribed wound care regimen, including frequency, duration and supplies needed.
 - Describe all previous wound care therapy regimens if appropriate.
 - If an infection is present, describe the current treatment regimen.
 - If wound debridement is prescribed, documentation must support the level and number of debridements.
 - Documentation should indicate if the debridement involves muscle or bone.
 - Provide evidence of maintaining a clean, moist bed of granulation tissue.
- Equipment used for wound treatment:
 - Use of pressure-reducing support surface, mattress and/or cushion
 - Use of 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 health visits. The revised POC must include all new and continuing orders. It must be updated to document any changes in the patient's condition or diagnosis.

What authorization form do I use?

The *Precertification Request Form* or the *Prior Authorization Request Form* located on our provider website may be used for service requests. It is important that the form is complete with all supporting clinical documentation provided. Fax prior authorization (PA) requests to 1-866-920-6180.

PA can also be submitted electronically by logging in to the secure provider website at <https://www.availity.com>. Once submitted, you can view the status of the request.

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

Upon receipt of the request, Amerigroup will fax a response with a reference ID number and determination to the servicing provider within two business days and no more than 14 calendar days.

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 Relations representative or call Provider Services at 1-800-454-3730.