

## Requesting wound care in the home setting

Amerigroup Community Care requires that the request for wound care in the home setting be medically necessary and effective for treatment of these wounds. Wounds that may be treated in the home setting include, but are not limited to, ulcers secondary to pressure sores, venous or arterial insufficiency, or neuropathy.

In order to evaluate wound care treatment requests, Amerigroup requires clear documentation of medical necessity. Documentation of medical necessity must be provided in accordance with the *Clinical UM Guideline CG-MED-71 Wound Care in the Home Setting* available on the provider website at <http://www.providers.amerigroup.com/NJ> under *Provider Resources & Documents: Quick Tools*.

Effective treatment of wounds means that there continues to be measureable improvement in wound healing as a result of the plan of care that is in place. Home health wound care providers, including private duty nurses and skilled home health professionals, must keep and provide accurate medical records for their wound care patients. Effective January 1, 2020, all requests for wound care in the home setting will be strictly evaluated based on the specifics discussed above.

### What does this mean for me?

Requests for wound care services submitted without documentation of medical necessity will result in authorization delays or denials.

### What documentation is required?

Included below is a selective list of requirements. Please refer to *Clinical UM Guideline CG-MED-71 Wound Care in the Home Setting* for a complete list. A wound plan of care (POC) **must** include:

- Patient information:
  - Date the patient was last seen by the PCP or specialist for the wounds
  - The start date of wound treatment
  - Accurate diagnostic information pertaining to the underlying diagnosis and conditions
    - Should include documentation that these conditions are being actively managed (unmanaged chronic conditions such as venous insufficiency and diabetes can contribute to delay in wound healing)
  - Patient's current and prior functional limitations and activities
  - Nutritional assessment for deficits with documentation regarding interventions
  - Dose and frequency of medications
- Description of wound:
  - Wound measurements including length, width, depth, tunneling and undermining

- Wound characteristics such as color, drainage (type and amount) and odor, if present
- Wound treatment:
  - Describe current prescribed wound care regimen including frequency, duration and supplies needed.
  - Specify type of dressings used.
  - Describe all previous wound care therapy regimens, if applicable.
  - 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:
  - Pressure-reducing support surface, mattress and/or cushion
  - Compression system (for example, if a patient has a venous ulcer)

The 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 continuing and new orders and document any changes in the patient's condition or diagnosis.

#### **How do I request an authorization?**

The request can be submitted electronically through the secure provider website at [www.providers.amerigroup.com/NJ](http://www.providers.amerigroup.com/NJ) or <https://www.availity.com>. The status of the request can be viewed here after it is submitted.

The *Outpatient Prior Authorization Form* may also be used. The form is on the provider website at [www.providers.amerigroup.com/NJ](http://www.providers.amerigroup.com/NJ) under *Provider Resources & Documents: Forms*.

#### **What will I receive after I submit the request?**

We will respond to requests for routine services within 14 days. We will respond to urgent or expedited requests within 24-72 hours.

#### **What if I need assistance?**

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services toll free at 1-800-454-3730.