

Home health wound care treatment request update

Summary of change: Effective June 1, 2019, Amerigroup Washington, Inc. will require all home health wound care requests to include current clinical documentation. This must include clear documentation of medical necessity of wound care including history, effectiveness of treatment and plan of care (POC).

What this means to me

Requests for home health wound care services without the below documentation may adversely affect the outcome of the 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
 - The start date of wound treatment
 - Accurate diagnostic information that pertains to the underlying diagnosis and condition as well as any other medical diagnoses and conditions including 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
 - Nutritional deficits or required needs
 - Dose and frequency of any medications
- Description of wound:
 - Wound measurements including length, width, depth, any tunneling and/or undermining
 - Wound color, drainage (type and amount) and odor, if present
- Wound treatment:
 - Current prescribed wound care regimen including frequency, duration and supplies needed
 - 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 continuing and new orders. It must also be updated to document any changes in the patient's condition or diagnosis.

Please note that CMS *Form 285* will not be accepted.

What authorization form do I use?

The *Precertification Request Form* located on the Amerigroup provider website must be used for service requests. It is important that the form is complete with all supporting clinical documentation provided. Requests without the required documentation will be returned as incomplete. Fax prior authorization requests with the required clinical information to 1-844-528-3681.

This prior authorization can also be submitted electronically by logging in to the secure provider 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?

The health plan will fax responses to requests with a reference ID number and determination letter to the servicing provider within five business days of receipt of request. This may be extended to fourteen days if additional clinical documentation is required.

What if I have questions related to this change?

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