

## Wound care treatment prior authorization request update

**Summary of change:** Effective July 1, 2019, Amerigroup District of Columbia, Inc. will require all wound care prior authorization (PA) requests to be submitted with current clinical documentation including confirmation of the medical necessity, history, the effectiveness of treatment and a plan of care (POC).

Requesting PA without the below documentation may adversely affect the outcome of the requested services. Requests without the required documentation will be returned as incomplete.

Required documentation for a wound care POC should include:

- Member information:
  - The date the member was last seen by the PCP and/or specialist for the wound/wounds
  - The start date of wound treatment
  - Accurate diagnostic information pertaining to the underlying diagnosis and condition, and any other medical diagnoses and conditions (including the member's overall health status)
  - Examples:
    - Off-loading pressure and good glucose control for a member with a diabetic ulcer
    - Adequate circulation present for a member with an arterial ulcer
  - The member's current and prior permitted functional limitations and activities
  - Nutritional deficits or other member needs required for the member
  - Dose and frequency of any medications
- Description of wound:
  - Wound measurements including length, width, depth tunneling and/or undermining
  - Wound color, drainage (type and amount) and odor, if present
- Wound treatment:
  - Description of current wound care regimen including frequency, duration and supplies needed
  - Description of all previous wound care therapy regimens (if appropriate)
  - If an infection is present, a description of the current treatment regimen
  - If wound debridement is prescribed, documentation supporting 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
  - Equipment used for wound treatment:
    - Pressure-reducing support surface, mattress and/or cushion
    - Compression system (e.g., a member with a venous ulcer)

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

A revised POC is required for every change requested 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 member's condition or diagnosis.

Fax the completed [Precertification Request Form](#) for service requests to 1-866-249-1271.

PA can also be submitted electronically via the secure provider website at <https://www.availity.com> to view the status of the request after it is submitted.

**What if I have questions related to this change?**

For questions, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.