



## Wound Care Progress Report

This form should be filled out and submitted by the home health or wound care provider when it is determined that the Anthem HealthKeepers Plus member will require home care visits to meet their wound care treatment goals. **The information below is needed for all wounds being treated.** An update on all wounds with appropriate physician orders will be required every 30 days. Please submit this form with a copy of the referring physician's prescription for wound care. For Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) members, fax forms to **1-844-864-7858**; for Medallion and FAMIS members, fax forms to **1-866-920-4096**.

Member information		
Last name:	First name:	
Member ID:	DOB:	Gender:
Provider information		
Provider name:	Provider NPI:	
Phone:	Fax:	
Contact name:	Extension:	

Wound characteristics		
<b>Date wound identified:</b> <input type="checkbox"/> New wound <input type="checkbox"/> Recurrence Same etiology/same location: Date of last recurrence: Etiology: Underlying medical condition:	<b>Depth of tissue destruction (only stage pressure ulcer/injuries)</b>	
	Nonpressure injury: <input type="checkbox"/> Partial <input type="checkbox"/> Full thickness	Pressure ulcer/injury: <input type="checkbox"/> Stg 1 <input type="checkbox"/> Stg 2 <input type="checkbox"/> Stg 3 <input type="checkbox"/> Stg 4 <input type="checkbox"/> DPTI
<b>Location:</b> Describe anatomically (for example, L-trochanter)		
<b>Measurements (cm):</b> L____cm W____cm D____cm  If UTD, describe why:  Undermining or tunneling (cm) U/T____@____o'clock  U/T____@____o'clock	<b>Wound bed</b> Tissue type/color and percent <input type="checkbox"/> Epithelial tissue <input type="checkbox"/> Dermal tissue (pink/red) <input type="checkbox"/> Granulation:_____% <input type="checkbox"/> Pink, red; healthy <input type="checkbox"/> Pale pink/red; hypogranular tissue <input type="checkbox"/> Hypergranulation tissue <input type="checkbox"/> Red/friable (fragile/bleeds) and/or dusky <input type="checkbox"/> Necrotic:_____% <input type="checkbox"/> Slough (white/yellow/gray) <input type="checkbox"/> Eschar (intact/stable) <input type="checkbox"/> Eschar (unstable/fluctuant/mushy/boggy) <input type="checkbox"/> Other: (tendon/muscle/bone)	
<b>Exudate</b> Amount: <input type="checkbox"/> None <input type="checkbox"/> Scant/min <input type="checkbox"/> Mod <input type="checkbox"/> Heavy/copious  Consistency: <input type="checkbox"/> Serous <input type="checkbox"/> Serosanguinous <input type="checkbox"/> Purulent		

<https://mediproviders.anthem.com/va>

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