

December 2019

Wound care treatment request update

Effective March 15, 2020, Anthem Blue Cross and Blue Shield (Anthem) will require all home care requests for wound care to include current clinical documentation. This must include clear documentation of wound care medical necessity, including history, effectiveness of treatment and plan of care (POC). Requests for wound care services without the below documentation may adversely impact 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
 - Start date of wound treatment
 - Determination regarding whether the member was seen by a wound care specialist or at a wound clinic
 - Accurate diagnostic information that pertains 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 functional limitations and activities, both current and prior
 - Any nutritional deficits or needs
 - Dose and frequency of any medications
- Description of wound:
 - Wound measurements, including length, width, depth, and 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
 - The current treatment regimen of any present infection
 - If wound debridement is prescribed, documentation to support 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:
 - Use of pressure-reducing support surface, mattress and/or cushion
 - Use of compression system (for example, a patient who has a venous ulcer)
 - Wound vac therapy
 - Hyperbaric therapy

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

A physician must see the patient within 30 days of the initial start of care and, at minimum, 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.

What authorization form do I use?

For service requests, use the *Precertification Request Form* or the *Prior Authorization Request Form* that are located on our provider website. The form is important and must be complete with all supporting clinical documentation provided. Requests without the required documentation will be returned as incomplete.

Fax prior authorization (PA) requests with the required clinical information to **1-800-964-3627**.

This PA can also be submitted electronically by logging in to the secure provider website at <https://mediproviders.anthem.com/wi/pages/precertification-forms.aspx> where you can view the status of the request after it is submitted.

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

Anthem will respond to the servicing provider's requests via fax or letter, including a reference ID number and determination, no more than 14 days from original receipt date.

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 **1-855-558-1443**.