

December 2019

## Home Health wound care update

Effective March 1, 2020, Anthem Blue Cross and Blue Shield (Anthem) will require all wound care requests for members in the Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect programs 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).

Requests for wound care services without the below documentation may adversely affect the outcome of the requested services.

### Required documentation

Required documentation for wound care POC must include:

- Patient information:
  - Date the patient was last seen by the primary medical provider (PMP) and/or specialist for the wound(s)
  - 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, 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 current and prior functional limitations and activities
  - Any nutritional deficits or needs required for the patient
  - Dose and frequency of any medications
- Description of wound:
  - Weekly wound measurements, which include length, width, depth, any tunneling and/or undermining
  - Wound color, drainage (type and amount) and odor, if present
- Wound treatment:
  - Describe current prescribed wound care regimen, which includes frequency, duration and supplies needed.
  - Describe 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.

### [www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc)

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- Equipment used for wound treatment:
  - Use of pressure-reducing support surface, mattress and/or cushion
  - Use of compression system (e.g., for patients with venous ulcers)

To initiate home health services, the face-to-face encounter must occur no more than 90 days before or 30 days after the start of services.

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.

Providers will submit a prior authorization (PA) every 8 weeks if performing wound care.

### **What authorization form do I use?**

The Indiana Health Coverage Programs PA form located on our provider website must be used for service requests. Go to [mediproviders.anthem.com/in/Pages/prior-authorization.aspx](https://mediproviders.anthem.com/in/Pages/prior-authorization.aspx) and select **Universal Authorization Form**. 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 PA requests with the required clinical information to **1-844-765-5157**.

This PA can also be submitted electronically by logging in to the secure provider portal at <https://www.availity.com>, where you can view the status of the request after it is submitted.

### **Where can I find the Anthem wound care guideline CG-MED-71?**

Please visit our provider website at: [mediproviders.anthem.com/in/Pages/prior-authorization.aspx](https://mediproviders.anthem.com/in/Pages/prior-authorization.aspx). Then click on Medical Policies and Clinical UM Guidelines Search. Enter the guideline in the search field.

### **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 Provider Relations representative or call Provider Services toll free at the following numbers:

- **1-866-408-6132** — Hoosier Healthwise
- **1-844-533-1995** — Healthy Indiana Plan
- **1-844-284-1798** — Hoosier Care Connect