



**MEDICAL COVERAGE GUIDELINES (CLINICAL CRITERIA) FOR UM DECISIONS**  
**Wound Treatment Centers**

Capital Health Plan (CHP) will provide coverage for treatment of wounds at a **contracted wound treatment center** outside of the CHP Wound Care Center when the following criteria are met. Prior authorization is required.

**Outpatient Referrals:**

1. The member requires a hooyer lift.  
**OR**
2. The member has been evaluated by their primary care physician (PCP) **AND** at the CHP Wound Care Center, with referral or recommendation for treatment at a wound treatment center.  
**OR**
3. The member has been evaluated by a contracted network Infectious Disease physician with a recommendation for treatment outside of the CHP Wound Care Center.

**Inpatient Referrals:**

1. The member has received inpatient wound care, and the attending physician has recommended to continue outpatient care at a contracted wound treatment center outside of the CHP Wound Care Center.

Medical Necessity Approvals to be made by:

- ☒ Medical Director
- ☒ Physician Reviewer
- ☒ Utilization Management Nurse
- ☒ Nurse Reviewer or CHP Wound Care staff
- ☒ Authorized CCD staff when UM criteria are met

These criteria apply to the following products when determined to be included in the member's benefit package:

- ☒ Commercial

Approved by QIMT: 11/15/12, 12/5/13, 12/4/14

Approved by G&A: 11/3/16, 11/30/17

Approved by UMWG: 6/26/15, 8/30/18, 11/7/19, 12/10/20, 4/8/21, 12/8/22, 12/14/23, 12/12/24, 12/11/25

*Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.*