Capital Health PLAN℠

An Independent Licensee of the Blue Cross and Blue Shield Association

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 hoyer 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.