## 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.

## 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:
$\square$ Medical Director
V Physician Reviewer
V Utilization Management Nurse
$\square$ Nurse Reviewer or CHP Wound Care staff
$\square$ 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:
V Medicare

CMS website (cms.gov): No NCDs or LCDs found for wound treatment centers.

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: 8/21/15, 8/30/18, 11/7/19, 12/10/20, 4/8/21, 12/8/22, 12/14/23

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

