



**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 that 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

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