DESCRIPTION OF PROCEDURE OR SERVICE

Wound Care Clinics specialize in the treatment of various chronic and/or slow healing wounds. Examples of wounds eligible for coverage include chronic diabetic ulcers, decubitus ulcers, third degree burns, venous stasis ulcers of the legs and wounds secondary to arterial insufficiency. Other wounds eligible for coverage may include those that require ongoing supervised therapy for healing or stabilization. Goals of wound care clinic therapy include wound healing/significant improvement or a long-term maintenance regimen for chronic non-healing wounds that is initiated under supervision and transitioned to home care through patient/family instruction and home health care as appropriate.

POLICY STATEMENT

BCBSNC/Blue Medicare will provide coverage for wound care clinics when it is determined to be medically necessary, as outlined in the below guidelines and medical criteria.

BENEFIT APPLICATION

Please refer to the member's individual Evidence of Coverage (E.O.C.) for benefit determination. Coverage will be approved according to the E.O.C. limitations if the criteria are met.

Coverage decisions will be made in accordance with:

- The Centers for Medicare & Medicaid Services (CMS) national coverage decisions;
- General coverage guidelines included in original Medicare manuals unless superseded by operational policy letters or regulations; and
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member's particular Evidence of Coverage (E.O.C.), the E.O.C. always governs the determination of benefits.
CRITERIA REQUIRED FOR COVERAGE APPROVAL

1. The member has a chronic (>1 month) wound that has not responded to initial therapy; AND

2. The following supporting information is required from the requesting provider for all initial wound care clinic requests:
   a. Photos of the wound must be submitted with all requests; AND

   b. Documentation to include:
      ● The name of the member’s ordering physician (PCP or specialist) who will be monitoring the member’s wound, AND
      ● Member history and physical exam of the affected area, to include a precise, detailed description of the wound(s) to be treated, including at a minimum:
         ○ Location of wound,
         ○ Wound size to include length, width and depth measurements,
         ○ The wound characteristics (clean, infected, necrotic, granulating, etc.) AND

   c. A description of any and all co-morbidities (edema, perfusion defects as suggested by absent pedal pulses, etc.), AND

   d. Treatment plan outlining:
      ● The specific type of care suggested and the rationale for it, AND
      ● Measurable short term goal(s) and time frame against which the member’s progress can be measured, AND
      ● The number and frequency of visits requested, AND

   e. Documentation to support wound treatment by the PCP or by a general, plastic, or vascular surgeon for a minimum of two (2) weeks, the physician has re-evaluated the member for one (1) or more follow-up visits over the two (2) week time frame, and the treatment has resulted in less than a 25% reduction in wound area as determined by the appropriate wound measurements.

3. The following supporting information is required for all subsequent wound clinic requests:

   a. Documentation to include:
      ● A statement of the nature and etiology of the wound, the date treatment began, and the number of treatments to date, AND
      ● Chronological wound measurement data from each prior visit to include detailed description of the wound(s), including at minimum
         ○ Location of wound
         ○ Wound size to include length, width and depth measurements,
The wound characteristics (clean, infected, necrotic, granulating, etc.), **AND**
- Treatment plan outlining the specific care suggested and the rationale for it, **AND**
- Number of additional visits requested.

b. Additional visits may be approved when there has been progressive healing during prior visits and complete resolution is expected within a reasonable and predictable time.

**COVERAGE WILL NOT BE AUTHORIZED FOR:**

- Acute wounds (< one (1) month in duration)
- Wounds which are in a clean, stable, non-healed condition where there has been no progressive healing for a period of three (3) weeks or more
- First and second degree burns
- Abrasions
- Ingrown nails
- Skin rashes and other problems related to venous stasis
- Suture removal
- Postoperative wound problems that are properly managed by the operating surgeon
- Patients with imminent need for vascular evaluation, re-vascularization, or amputation
- Patients at risk for potential hemorrhage or evisceration

**SPECIAL NOTES**

- All requests for Wound Care Clinic services are to be directed to the Case Management Department for review

  The Health Plan expects that the physician making the referral to the wound clinic will be responsible for periodic follow-up of the wound. The Health Plan recommends initial follow-up no less than one month and, at minimum, bimonthly thereafter.

- The Medical Services Coordinator (MSC) may initially approve 1 – 2 visits to the wound clinic upon receipt of the information required if one of the following applies:
  1. The wound shows black eschar that needs surgical debridement.
  2. The wound is covered with yellow slough that needs surgical debridement.

(Approval of an initial series of visits may be based on the criteria listed and other factors including cost effective and medically appropriate alternatives for receiving care.)
The MSC may approve 1 – 2 additional subsequent visits to the wound care clinic upon receipt of the information required if one of the following applies:

1. The wound shows black eschar that needs surgical debridement.
2. The wound is covered with yellow slough that needs surgical debridement.

Medical Director review of the wound clinic services will be required if all of the required information listed is not obtainable or if one of the criteria for the MSC review does not apply.

The member may be transitioned to home health therapy for routine care (Unna boots, etc.) if it appears to be the appropriate level of care (i.e., wound appears close to healing or ready to heal as demonstrated by wound with base of granulation tissue, no signs of infection, lack of necrosis tissue and no significant drainage).

A second opinion from a general, plastic, or vascular surgeon regarding further therapy options (such as grafting, etc.) may be required, particularly when there has been no or incomplete healing over 2-3 months. In cases where the Health Plan requests a second opinion, the member’s copay to the physician providing the second opinion will be waived.

References:
1. Medicare Local Coverage Determination for Wound Care (ID #L13570); Effective date: 12/15/2005; Accessed via Internet site www.cms.hhs.gov/mcd/viewlcd on 11/15/06.
2. Medicare Local Coverage Determination for Debridement of Ulcers and Wounds (ID#L10230); Effective date: 1/1/2006; Accessed via Internet site www.cms.hhs.gov/mcd/viewlcd on 11/15/06.

Policy Implementation/Update Information:
Revision Date: 6/22/05
Revision Date: 5/17/07 - Re-wording to make policy easier to interpret; Added directions on when nurses can approve visits without medical director review first; Added wound care requests are reviewed by the case management staff within Healthcare Services.
Revision date: September 2009: Removed prior approval criteria; Formatting changes.

Approval Dates:
Medical Coverage Policy Committee: July 7, 2009
Physician Advisory Group (PAG) Committee: September 21, 2009
Quality Improvement Committee (QIC): October 21, 2009

Medicare Contracts:
Applies to all HMO contracts (individual and groups): H3449

Policy Owner: Elaine Layland, RN, BSN, MBA/MHA
Medical Policy Review Specialist