



The Benefits of Better Health

Wound Care Authorization

(Negative-pressure wound therapy, HBO, skin, other treatments)

Hyperbaric oxygen HBO Skin substitute products NPWT Other: _____

NOTE:

***Split thickness and full thickness skin graft procedures do NOT require prior authorization.**

***Outpatient wound care performed by a therapist does NOT require prior authorization.**

Patient ID number: _____ Patient name: _____

Patient phone: _____ Date of birth: _____

Member address: _____

Weight: _____ Height: _____ BMI: _____ M F

HCPCS/CPT codes: _____

Total number of skin substitute product units requested: _____

Total number of applications requested: _____

Diagnosis: _____

How progressive is the patient's condition? _____

Treatment start date: _____ Length of need: ____ months, ____ days, ____ years

Billing provider information

Physician name: _____ Tax ID: _____

Physical address: _____ (no P.O. boxes)

City: _____ State: _____ ZIP: _____

Contact name: _____

Contact phone: _____ Ext: _____ Fax: _____

- Detailed history of tried and failed wound treatments chronologically comparable over 4-6 weeks prior to requested therapy, and off-loading status.
- Recent history and physical including physical impairments and activity status, recent albumin/pre-albumin reports, HbA1c in the last 90 days for diabetics, dietary assessment, and care management plan for patients with diabetes or compromised nutrition status.
- Detailed wound bed description and weekly wound measurements that are chronologically comparable over time.
- Vascular studies for lower extremity wounds.
- For wounds with a history or signs/symptoms of infection include consults with specialties including infectious disease, updated lab including: Wound Cultures, Sedimentation Rate, CRP, and plan of care to treat the infection.
- Any other additional information pertinent to your request.

Fax this form and requested information to 816.257.3255.