



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.**