

**Policy #: 812**

**Posted: 9/24/08**

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**Title**

**Managed Care, Indemnity and PPO Guidelines Processing Information**

**Wound healing: Vacuum assisted wound healing therapy authorization information**

For medical policy on wound healing, see policy [435](#).

**Managed care guidelines**

- Authorizations are required.
  - BCBSMA will automatically approve (authorize) the first 60 days of therapy when ordered by a physician authorized to care for a BCBSMA member.
  - Day 61 and forward will require review by the Plan. BCBSMA Clinical Reviewers will review requests to determine if continuation of therapy is medically necessary. All current Clinical Coordination Policies and Procedures will be followed regarding Provider and Member notification of determination.
  - An authorization extension request must be faxed to our Clinical Review Department on day 45 of therapy and at least 3 days prior to the next review. Along with this request, please fax the patient's treatment plan, the initial evaluation and updated treatment notes. Please include wound dimensions, description of base, and amount of exudate. BCBSMA will then make a determination to authorize or deny continuation of services based upon the clinical information submitted. *Please note: Authorization is based on medical policy and medical necessity and does not guarantee reimbursement. All Authorizations are subject to all plan limitations, including, but not limited to, benefit maximums.*

**Indemnity and PPO guidelines**

All authorization requirements are determined by the members' subscriber certificate, however:

- Authorizations are required for this service.
- Referrals to a specialist are not required.
  - BCBSMA will automatically approve (authorize) the first 60 days of therapy when ordered by a physician authorized to care for a BCBSMA member.
  - Day 61 and forward will require review by the Plan. BCBSMA Clinical Reviewers will review requests to determine if continuation of therapy is medically necessary. All current Clinical Coordination Policies and Procedures will be followed regarding Provider and Member notification of determination.
  - An authorization extension request must be faxed to our Clinical Review Department on day 45 of therapy and at least 3 days prior to the next review. Along with this request, please fax the patient's treatment plan, the initial evaluation and updated treatment notes. Please include wound dimensions, description of base, and amount of exudate. BCBSMA will then make a determination to authorize or deny continuation of services based upon the clinical information submitted. *Please note: Authorization is based on medical policy and medical necessity and does not guarantee reimbursement. All Authorizations are subject to all plan limitations, including, but not limited to, benefit maximums.*

This document is designed for informational purposes only and is not an authorization, or an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

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