

SUBJECT: Obtaining "PRIOR AUTHORIZATION" (PA) Order Coordination of Wound Care Services for DermaWound® Insurance Reimbursement	REFERENCE # 01
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DEPARTMENT: Billing / Prior Authorizations / Insurance DermaWound USA	OF: 4
	EFFECTIVE: 2-1-2019
APPROVED BY: David Dixon, MD – Medical Director	REVISED: 10-15-2021

PURPOSE:

- To ensure effective and appropriate coordination and continuity of care using a supervised wound care treatment plan that will promote positive client outcomes.
- To support client rights by implementation of their ordered wound care treatments.
- To prevent duplication and conflict of treatment; and to provide timely initiation of wound care services.
- To obtain a Prior Authorization (PA) order in a coordinated manner of care following Standard Operating Procedure (SOP) and a proven workflow algorithm.

POLICY:

- Services and wound care treatment plans will be provided by DermaWound USA (DW) in an interdisciplinary, collaborative manner as appropriate to the needs of the client and the organization's scope of service.
- Company personnel maintain liaison with other team members both within and external to the organization to ensure effective coordination and continuity of treatment, services and/or wound care.
- All equipment and supplies are labeled with the company name, address and telephone number.
- Whenever possible: service, treatment and/or care delivery is provided by a limited number and consistent team of personnel.
- The organization ensures that the responsibilities of the company and other organizations/providers are collaborative and exclusive.
- Open communication is maintained between those providing services regarding changes in the client's needs, services, treatment and/or care.
- When the client is referred to another provider, the client/family shall be informed of any financial benefit to the referring organization.

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- The individuals designated to coordinate services, treatment and/or care within and outside the organization are qualified through education, training and/or experience and:
 - Understand the scope and types of services, treatment and/or care that are provided.
 - Understand the required personnel standards and knows which personnel within DW are qualified to provide the required services, treatment and/or care.
 - Understand the needs of the client population served by DW either directly or through contractual arrangements.

PROCEDURE:

- Verified orders/prescriptions for services; treatment and/or care are communicated to appropriate company personnel/departments. PA's are thoroughly completed and sent to the Ordering Provider for signature.
- PA is received, entered into company database and forwarded to the Clients Insurance Company/ Payor.
- PA is verified by Phone by an DW customer service provider.
- PA documentation sent to provider shall include:
 - A. Signed Letter of Medical Necessity.
 - B. Face Sheet of client including Insurance information.
 - C. Provider notes regarding History & Physical, Labs, Diagnostic studies and other supporting documentation for Prior Authorization submission.
 - D. **Appendix A below contains all submission forms necessary for PA submission.**
- Clients are notified by telephone of the proposed therapy for wound care treatment and initiation of treatment orders. Supplies and other needs for care will be verified to meet all the client's healthcare needs.
- If it is determined either at the time of the initial provider visit or at any time while services, treatment and/or wound care are being provided by DW that another organization/provider is providing duplicate care, treatment and/or services to the client - the Operations Manager is to be notified immediately. The Operations Manager will contact the other organization/provider to resolve the conflict or duplication order.

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- Clients and/or their legal representatives may be involved, as appropriate, in all aspects of wound care services and any additional treatment modalities deemed necessary.
- Other organizations/providers that are involved in the client's treatment, services and/or care:
 - Shall be notified of the proposed delivery and/or initiation of services, treatment and/or wound care program.
 - Are notified when DermaWound® has been delivered to the client's place of residence; or when treatment and/or wound care has been initiated.
- Copies of written plans of care/service are provided to outside organizations/providers within five (5) days of the initiation of services, treatment and/or wound care.
- Weekly interdepartmental meetings provide a venue for effective and efficient coordination and continuity of services, treatment and/or care.
- Verbal and written reports are provided to external organizations/providers weekly or when there is a significant change in the client's clinical status/condition or needs to ensure effective and efficient coordination and continuity of services, treatment and/or wound care.
- Clients and any organizations or individuals involved in the client's treatment, services and/or care are notified of any significant changes in the agreed-upon schedule of treatment, services and/or care at least two (2) hours before the agreed-upon scheduled time, except in the event of an emergency when notification may be less than two (2) hours.
- A written report is sent to the prescribing Physician whenever there are changes in the client's clinical status or needs; or as required by professional standards of practice or applicable laws and/or regulations.

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APPENDIX A