**Wound Care DME Prior Auth Sheet**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rep Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**am/pm **Reference #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Questions to ask the rep (every time):

1. Is this a **COVERED** service? ⎕**Yes**  ⎕**No**
2. Are there any **EXCLUSIONS** to the policy? ⎕**Yes**  ⎕**No**
3. Do these codes Require **AUTH**? ⎕**Yes**  ⎕**No**
4. Are there any paperwork requirements? (Medical Documents) ⎕**Yes**  ⎕**No**
5. Any Frequency Limitations? (Ex. Every Calendar Year or 5 Years) ⎕**Yes** ⎕**No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Patient Currently receiving Home Health?**  ⎕**Yes**  ⎕**No**

**Primary Dressings**

**PRODUCT HCPCS UNITS FREQUENCY AUTH REQUIRED**

Hydrogel 3oz A6248 3 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Hydrogel AG 1.5oz A6248 3 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Collagen Particles 1 gram A6010 30 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Collagen Matrix 2x2 A6021 30 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Collagen Matrix 4x4 A6021 30 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Calcium Alginate 2x2 A6196 30 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Calcium Alginate 4x4 A6196 30 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Silver Alginate 2x2 A6196 30 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Silver Alginate 4x4 A6196 30 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Foam non-bordered 2x2 A6209 12 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Foam non-bordered 4x4 A6209 12 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Silver Alginate A6196 12 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

**Secondary Dressings**

**PRODUCT HCPCS UNITS FREQUENCY AUTH REQUIRED**

Silicone Absorbent A6196 30 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Dressings 2x2 or 4x4

Silicone Absorbent A6197 30 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Dressings 6x7

Bordered Gauze 4x4 A6219 30 / 12 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Bordered Gauze 6x6 A6220 30 / 12 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Sterile Gauze 4x4/2pk A6402 60 / 24 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Conform Gauze 4”x4.1yd A6446 120/ 48 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Foam Bordered 3x3 A6212 12 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

ABD Pad 5x9 A6252 30 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Tape Retention 2”x10yds A4452 40/80 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

Wound Cleanser 8oz A6260 1 ⎕Q24 hrs ⎕q48HRS ⎕q72HRS ⎕**Yes**  ⎕**No**

**Authorization #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Range:\_\_\_\_\_\_\_\_\_\_\_\_**