

MEDICAL NECESSITY CHECKLIST FOR HBO TREATMENT OF ACUTE PERIPHERAL ARTERIAL INSUFFICIENCY

A. Patient referred by:

- Vascular surgeon Dr. _____
- Interventional radiologist Dr. _____
- Other : Dr. _____ Specialty: _____

B. Patient referred with diagnosis of acute peripheral arterial insufficiency. Documentation of APAI by:

- Arteriography
- CT angiography
- MR angiography
- Other : Specify _____

C. Etiology of APAI:

- Reconstruction/graft thrombosis
- Iatrogenic trauma
- Native thrombosis
- Embolism
- Peripheral aneurysm with embolus or thrombus
- Other : Specify _____

D. Primary treatment of APAI:

(should have received anticoagulation and must have at least one of the other noted interventions; check all that apply)

- Heparin anticoagulation
- Pharmacologic thrombolysis
- Percutaneous aspiration thromboembolectomy (PAT)
- Percutaneous mechanical thromboembolectomy (PMT)
- Amputation
- Other : Specify _____

ADDITIONAL GUIDANCE

1. APAI is an acute and frequently limb-threatening event. This diagnosis is not appropriate for a patient with a chronic wound healing deficiency.
2. Immediate thromboectomy-embolectomy is first line therapy and considered imperative to support limb viability.
3. HBO represents secondary therapy. It is occasionally employed upon restoration of extremity perfusion if concern remains about the health of distal tissues. It has been provided pre-operatively on rare occasion when delays in surgical intervention are unavoidable. Any such pre-op use is likely to be the exception.
4. HBO therapy's benefit is likely to be optimized when started immediately post-interventional procedure, ideally within several hours. It is typically initiated twice or three times daily, dropping to once daily within 24-48 hours and as the clinical picture evolves. A typical hyperbaric course is 8-12 treatments, with utilization review at 14 treatments. If HBO is provided on an outpatient basis, treatments should not be interrupted over weekends.