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| **A.** | **Osteomyelitis diagnosis is confirmed in the medical record by one of the following: Check all that apply** *(exposed bone is not a sufficient diagnosis)* |
|  | [ ]  | X-ray |
|  | [ ]  | Bone biopsy |
|  | [ ]  | Three phase bone scan |
|  | [ ]  | CT |
|  | [ ]  | MRI |
| **B.** | **Documentation of failed first line osteomyelitis interventions for at least six weeks to all of the below to support a chronic and refractory diagnosis** *(lack of adequate response)* |
|  | [ ]  | Antibiotics for six weeks (name, dose, dates started & stopped) |
|  | [ ]  | Date(s) of previous debridement, or reason why debridement has not been performed |
|  | [ ]  | Types of previous local wound care |
|  | [ ]  | Means to offload, as appropriate to anatomic site |
|  | [ ]  | Name(s) of person(s) who provided previous care |
|  | [ ]  | Dates of previous treatments |
| **C.** | **Assessment of nutritional status has been performed & optimized during six weeks prior to HBO** *(must have documented results of at least one of the following diagnostics & measures taken to optimize)* |
|  | [ ]  | Albumin |
|  | [ ]  | Prealbumin |
|  | [ ]  | Total Protein |
|  | [ ]  | Measures to address deficiencies have been undertaken and documented |
| **D.** | **Assessment of glucose control has been performed & optimized during six weeks prior to HBO for diabetic patients***(must have documented results of at least one of the following two diagnoses’ & measures taken to optimize)* |
|  | [ ]  | Serial blood glucose |
|  | [ ]  | Hemoglobin A1C |
|  | [ ]  | Documentation of measures taken to address poorly controlled blood glucose *(must be more than “it is being managed by PCP”)* |
| **E.** | **Any related local wound care provided during treatment with HBO must include all of the following:** |
|  | [ ]  | Documentation of maintenance of a clean, moist bed of granulation tissue |
|  | [ ]  | Documentation of utilization of appropriate moist wound dressings |
|  | [ ]  | Offloading, as appropriate to anatomical location |
| **Additional Guidance** |
| 1. | Diabetes is an integral and required diagnosis for HBO when provided for the treatment of a diabetic ulcer, Wagner III or higher. |
| 2.  | Diabetes is not an integral or required diagnosis for HBO when provided for the treatment of chronic refractory osteomyelitis. |
| 3. | Vascular status should be evaluated and approached appropriately when lower extremities are involved, but abnormal perfusion does not qualify the patient for HBO without meeting the other specific medically necessary criteria.  |