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| **A.** | **Patient has documentation of type of graft/flap, date performed, name of surgeon**  |
|  |  | **Documentation of at least one of the following conditions:** |
|  | [ ]  | **Compromised/Failing/Failed flap** *(must have at least one of the following documented)* |
|  |  | [ ]  | Mottling/random pattern ischemia |
|  |  | [ ]  | Suture line dehiscence |
|  |  | [ ]  | Areas of eschar |
|  |  | [ ]  | Threatened/partial loss of flap |
|  |  | [ ]  | Threatened/complete loss of flap |
|  | [ ]  | **Compromised split/full thickness skin graft** *(must have at least one of the following documented)* |
|  |  | [ ]  | Failure of adherence |
|  |  | [ ]  | Partial loss of skin graft |
|  |  | [ ]  | Complete loss of skin graft |
|  |  [ ]  | **Preparation of previously failed skin graft site** *(must have all of the following documented)* |
|  |  | [ ]  | Present site matches previous anatomical site of failure |
|  |  | [ ]  | Granulation tissue adequate to support new graft placement |
|  |  | [ ]  | Tissue oxygenation (tcpO2) adequate to support new graft |
| **B.** | **Assessment of nutritional status has been performed & optimized** *(must have documented results of at least one of the following diagnostics & measures taken to optimize)* |
|  | [ ]  | Albumin |
|  | [ ]  | Prealbumin |
|  | [ ]  | Total Protein |
|  | [ ]  | Measures to address deficiencies are undertaken and documented |
| **C.** | **Assessment of glucose control has been performed & optimized in diabetic patients** *(must have documented results of at least one of the following two diagnostics & 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”)* |
| **D.** | **Devitalized tissue is addressed** *(must have documentation of one of the following)* |
|  | [ ]  | There is no devitalized tissue present |
|  | [ ]  | Plan for debridement (by any means) to remove devitalized tissue |
| **E.** | **Presence or absence of infection must be documented** *(must have documentation of one of the following)* |
|  | [ ]  | Ulcer is free of infection |
|  | [ ]  | Measures taken to address treating any existing infection  |
| **F.** | **Local wound care must include documentation of all of the following:** |
|  | [ ]  | Maintenance of a clean, moist bed of granulation tissue |
|  | [ ]  | Utilization of appropriate moist wound dressings |
|  | [ ]  | Offloading, as appropriate to anatomical location  |
| **Additional Guidance** |
| 1. | Approximation of dehisced surgical incision margins does not meet the definition of a skin flap. |
| 2. | Skin substitutes do not qualify as a failed graft for reimbursement purposes (i.e. Apligraf, Dermagraft, etc.). |
| 3. | Documentation stating only that the patient has a non-healing amputation stump open wound does not meet medical necessity criteria. Documentation must clearly state and patient condition must clearly support a compromised skin flap at the amputation stump site.  |
| 4. | Diabetes and vascular insufficiency do not qualify the patient for treatment with HBO in the absence of the other specific medical necessity criteria noted above. |