

## MEDICAL NECESSITY CHECKLIST FOR HBO TREATMENT OF COMPROMISED/FAILED SKIN GRAFT OR FLAP

- 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 (tcpO<sub>2</sub>) 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.