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| **A.** | **Patient has a documented ulcer related to diabetes of the foot/lower extremity** |
| **B.** | **Diabetic Ulcer is a Wagner Grade III or IV:** |
|  |  | **Wagner Grade III** (Deep ulcer, in addition to at least one of the following conditions) |
|  |  | [ ]  | Abscess (confirmed in operative report or other appropriate documentation) |
|  |  | [ ]  | Osteomyelitis (confirmed by x-ray, bone scan, MRI, bone biopsy or other appropriate test) |
|  |  | [ ]  | Pyarthrosis (bacterial joint infection) |
|  |  | [ ]  | Infection of a tendon or tendon sheath |
|  | [ ]  | **Wagner Grade IV** - deep ulcer with wet or dry gangrene of some part of the foot-lower extremity |
| **C.** | **Ulcer has failed to respond to documented standard wound therapy for at least 30 days**  |
|  | [ ]  | Name(s) of person(s) who provided previous care |
|  | [ ]  | Dates of previous treatment |
|  | [ ]  | Types of previous treatment (antibiotics, debridement, local wound care, etc.) |
| **D.** | **Assessment of vascular status has been performed & optimized during 30 days prior to HBO***(must have documented pulses, results of at least one of the following diagnostic test, & measures to optimize)* |
|  | [ ]  | Documentation of presence or absence of lower extremity pulses |
|  | [ ]  | TcpO2 evaluation and documented physician interpretation |
|  | [ ]  | Segmental Doppler evaluation and documented physician interpretation |
|  | [ ]  | Arteriogram and documented physician interpretation |
|  | [ ]  | Documentation of procedures performed to maximize patient’s vascular status, or that no additional revascularization or other flow augmentation procedures are possible |
| **E.** | **Assessment of nutritional status has been performed & optimized during 30 days 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 are taken and documented |
| **F.** | **Assessment of glucose control has been performed & optimized during 30 days prior to HBO***(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”)* |
| **G.** | **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 |
| **H.** | **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 present |
| **I.** | **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 |
|  | [ ]  | Appropriate offloading utilized during 30 days of standard care |
| **Guidelines for On-going Treatment with HBO THERAPY** |
|  | **Measureable signs of wound healing must have occurred during each 30-day period (+/- every 20 treatments) with HBO, as evidenced by documentation of at least one of the following:** |
|  | [ ]  | Decrease in wound size either in surface area or volume |
|  | [ ]  | Decrease in amount of exudates |
|  | [ ]  | Decrease in amount of necrotic tissue |
|  | [ ]  | Improvement in tissue perfusion |
|  | [ ]  | New epithelial tissue growth and/or granulation |