

MEDICAL NECESSITY CHECKLIST FOR HBO TREATMENT OF DIABETIC FOOT ULCER AND RE-EVALUATION

- 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