

MEDICAL NECESSITY CHECKLIST FOR HBO TREATMENT OF RADIATION ENTERITIS AND RE-EVALUATION

A. Radiation enteritis diagnosis is confirmed in the medical record by documentation of history of radiotherapy and at least one of the following: (check all that apply)

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|--|--------------------------------------|
| <input type="checkbox"/> Intestinal pain | <input type="checkbox"/> Stricture |
| <input type="checkbox"/> Stool frequency | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Ulceration |
| <input type="checkbox"/> Melena | <input type="checkbox"/> Weight loss |

B. Documentation includes all of the below related oncology history and referral details

- ☐ Date cancer first diagnosed
- ☐ Tumor type and anatomical location
- ☐ Dates radiation treatments started and completed
- ☐ Radiation dose and number of treatments provided
- ☐ Name(s) of person(s) who provided previous care:
 - ☐ Radiation oncologist Dr. _____
 - ☐ Gastroenterologist Dr. _____
 - ☐ Other Specialty: _____ Dr. _____
- ☐ Dates and types of all previous treatment
- ☐ Date radiation enteritis first diagnosed (*generally at least 6 months after end of radiation treatments*)

C. Documentation of current cancer status (must have one of the following checked)

- ☐ Disease free (includes date last checked)
- ☐ Residual/recurrent tumor

D. Documentation of previous radiation enteritis management (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Pain control | <input type="checkbox"/> Stool frequency/consistency |
| <input type="checkbox"/> Surgical intervention | <input type="checkbox"/> Continuous narcotic anti-diarrheals |
| <input type="checkbox"/> Regular narcotic | <input type="checkbox"/> Regular non-narcotic anti-diarrheals |
| <input type="checkbox"/> Regular non-narcotic | <input type="checkbox"/> Diet modification |
| <input type="checkbox"/> Occasional non-narcotic | |
| | |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Ulceration |
| <input type="checkbox"/> Surgical intervention | <input type="checkbox"/> Surgical intervention |
| <input type="checkbox"/> Frequent transfusions | <input type="checkbox"/> Medical intervention |
| <input type="checkbox"/> Occasional transfusions | <input type="checkbox"/> Diet adaption required |
| <input type="checkbox"/> Iron therapy | <input type="checkbox"/> Occasional diet adaption |
| <input type="checkbox"/> Stricture | |
| <input type="checkbox"/> Surgical intervention | <input type="checkbox"/> Occasional dilation |
| <input type="checkbox"/> Regular dilation | <input type="checkbox"/> Diet modification |

ADDITIONAL GUIDANCE

1. Essentially all of the above noted management options are directed at relief of symptoms. It is common, therefore, for these patients to experience a remitting, relapsing clinical course prior to institution of HBO therapy.
2. HBO therapy is disease modifying. Once started, a measure of its therapeutic success will be a gradual reduction in the level of listed intervention(s), listed from the most to the least severe.
3. A commonly reason for failure to respond to HBO therapy is recurrent or residual tumor. It is important, therefore, to closely monitor each patient's clinical course. Failure to demonstrate a reasonable degree of improvement over four weeks (initial 20 treatments) should be viewed with a high index of suspicion.
4. Increasingly, HBO therapy is being adopted as first line therapy. It is possible, therefore, that some or all of the interventions listed in "D" above may not have been incorporated prior to referral.