

MEDICAL NECESSITY CHECKLIST FOR HBO TREATMENT OF SKIN/INTEGUMENT RADIONECROSIS AND RE-EVALUATION

- A. Skin/integumentary system radionecrosis diagnosis is confirmed in the medical record by documentation of history of radiation portal at the injury site and at least one of the following:** *(check all that apply)*
- Pain
 - Telangiectasia
 - Ulceration
 - Tissue necrosis or breakdown
 - Failed skin graft
 - Compromised/failed skin flap
- B. Documentation includes all of the below related oncology history and referral details**
- Date cancer first diagnosed
 - Tumor type
 - Tumor anatomical location
 - Dates radiation treatments started and completed
 - Radiation dose and number of treatments provided
 - Name(s) of person(s) who provided previous care:
 - Surgeon Dr. _____
 - Wound care physician Dr. _____
 - Other Specialty: _____ Dr. _____
 - Dates and types of all previous treatment
 - Date radionecrosis 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 (include date last checked)
 - Residual/recurrent tumor
- D. Documentation of previous skin/integument radionecrosis management** *(check all that apply)*
- Pain Control
 - Surgical intervention
 - Regular narcotic
 - Regular non-narcotic
 - Occasional non-narcotic
 - Ulceration/necrosis
 - Surgical intervention
 - Debridement
 - Skin graft
 - Skin flap
 - Local wound care

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), which are listed from the most to the least aggressive.
3. A common 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.