

# TAKING IT TO THE LIMIT! HOW MANY AND MUCH OF HBOT IS NEEDED?

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# IS THERE A LIMIT ON THE # OF TREATMENT?

Answer

A- Yes

B- No

**The Answer is A-**

Both the Undersea & Hyperbaric Medical Society and the CMS have come up with Quality & Utilization Parameters.

Additionally, the CMS has come up with a maximum number of treatments per Calendar Year.

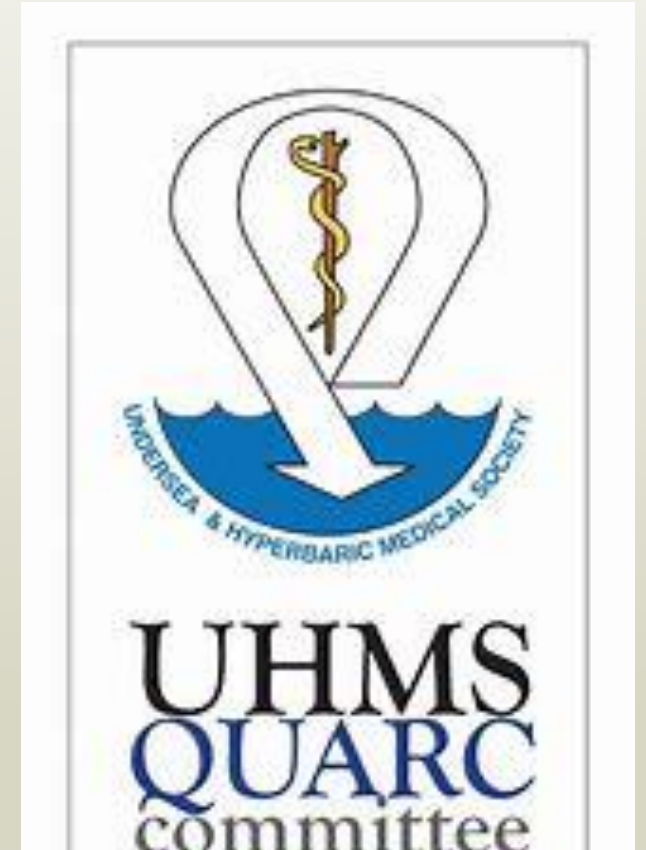
# THE REGULATORS



*NOTE: Use of HBOT exceeding the outlined frequencies in the covered indications will be considered Not Reasonable and Necessary. Reconsideration for extension of treatment duration will be available upon appeal.*

# The Science

A utilization review is presented for each approved HBOT indication. It is recommended that utilization review be obtained if the # of treatments exceed the recommended number of treatments for the indication being treated. The review should typically be discussed with an outside the institution HBOT provider (Dr. Serena). If agreement is determined and therapy warranted treatment may exceed the prescribed treatments.



# SO, WHAT ARE THE QR NUMBERS?

## CMS (Novitas LCD L350210)

Condition	#	Utilization Review
DFU	30	If measurable signs of healing have not been demonstrated within any 30-day period of treatment.
Osteo	60	as designated by the CMS pre-authorization project.
STRI	30	The Marx mandibular osteoradionecrosis protocol extends from 30-60 treatments based on stage I-III, adhering to the established principle that all necrotic bone must be debrided. Soft tissue radionecrosis usually responds with 30-40 treatments, followed by reconstruction if deemed necessary. An additional 10 treatments is usual following the reconstruction for support of the underlying and surrounding tissue.

## UHMS (HBOT Indication 13<sup>th</sup> edition)

Condition	#	Utilization Review
DFU	30	UR at 30 and at least that frequency thereafter
Osteo	30	Although mitigating clinical circumstances do exist, U/R is indicated at completion of 30/40 treatments.
STRI	60	U/R should be accomplished after 60 treatments, Characteristically, most treatment courses for radiation range in the 30-60 treatments when carried out daily.

# HOW DOES SG ACHIEVE IT?

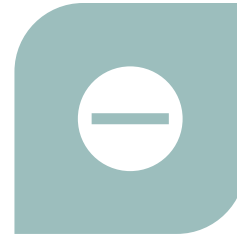
SerenaGroup® Hyperbaric Oxygen Therapy Checklist			
Hyperbaric Oxygen Therapy - Eval. Criteria and Pre-Treatment Checklist (Refer to either NCC 50.59 or regional LCD for correct ICD 10 codes)			
Consent must be done and each Patient Criteria below MUST be clearly described in Hyperbaric Evaluation located in the Intake/Impression Tab			
	Need	Atinomyiasis Prolonged administration of antibiotics	Acute Peripheral Arterial Insufficiency
	Need	Must document that disease is refractory to antibiotics and surgery.	Need Documentation of sudden occlusion of a major artery-documentation of acute vascular insufficiency or acute worsening of c
	Need	Documentation of osteomyelitis lowest infection	Need Vascular study to confirm
			Need Revascularization Candidate Yes / No
		Crush Injuries and Sclerotic of Severed Limb *RE-EVAL after 12 treatments	*If NO: reason in Hyperbaric evaluation note
	Need	Documentation of loss of function, limb or life being threatened	Acute Traumatic Peripheral Ischemia
	Supports	TCOM <30 mm/Hg	Need Documentation of loss of function, limb, or life threatened (i.e. injury that compromises circulation)
		Diabetic Foot Ulcers (regardless of Stage) *RE-EVAL Q 30 Days - Must show signs of measurable improvement to continue past 30 days	Supports TCOM <30 mm/Hg, LLNA, SP/PPVE Gas Compensate- A4B.0 *Adjust to antibiotic therapy & surgery
	Need	Documentation of Type I or Type II diabetes with lower extremity diabetic wound	Need Clinical sign and symptoms
			Supports X-ray findings
	Need	Documentation of Wagner III or higher	Progressive Necrotizing Infections
	Need	Documentation of standard wound care for 30 days with less than 50% closure in four weeks	Need Documentation of laboratory reports that confirms the diagnosis of progressive necrotizing infection
		Standard wound care must include all the following:	Need
	Need	Vascular Assessment and correction of base	
			Skin Graft/Flap Failure
	Need	Optimization of glucose & education	Need Documentation of graft date
	Need	Optimization of nutritional status & education	Need Documentation of compromised state of graft site
	Need	Debridement by any means to remove devitalized tissue	Complications of reattachment Extremity or Body Part
	Need	Maintenance of a clean moist wound bed	Need Documentation of flap date
	Need	Appropriate offloading	Need Documentation of compromised state of flap site
	Need	Treatment to resolve infection	Chronic Refractory Osteomyelitis
	Support	ABI >.6 or documentation of why it cannot be increased above 0.6.	Need Definitive evidence condition is chronic and unresponsive to conventional therapy i.e. ABX and wound care
		Diabetic Ulcer Wagner III	Need Definitive imaging (i.e. MRI, X-ray, Bone Scan)
	Need	Documentation of one or more Osteitis, Osteomyelitis, Tendonitis, Cellulitis of abscess, Pyarthrosis	
		Diabetic Ulcer Wagner IV	Need Failed antibiotic regimen
	Need	Documentation of Wet or Dry gangrene	Support Bone debridement and culture (when possible)
		of the toes or forefoot	Osteoradionecrosis
		Diabetic Ulcer Wagner V	Need Documented date and anatomical site of prior radiation
	Need	Documentation of gangrene involving entire foot	Need treatments include number of treatments
			Diagnosis from referring physician
			Need Plan to or documented debridement/resection of
YES	No	Absolute Contraindications NOTE: Can't Treat until corrected	Non-viable tissue and/or dental extraction.
		Untreated Pneumothorax	Soft Tissue Radionecrosis-Late Effects of Radiation
	YES	No	Need Documented date and anatomical site of prior radiation treatments, including number of treatments and cumulative dosage (i.e. Gray, ) treatments include number of treatments
			Need Documentation of treatment with conventional therapy

Relative Risk-Discuss with patient			
YES	NO	YES	NO
		1. Upper Respiratory Infections	10. Viral Infections
		2. Chronic Sinusitis	11. Congenital Spherocytosis
		3. Seizure Disorders	12. Asymptomatic Pulmonary Lesions on X-Ray
		4. Cardiomyopathy / CHF	13. Pregnancy
		5. Uncontrolled High Fever	14. Body Temperature
		6. History of Spontaneous Pneumothorax	15. Blood Glucose Levels
		7. History of Thoracic Surgery	16. History of previous ear or sinus surgery
		8. History of Surgery for Otosclerosis	17. Pulse and blood pressure
		9. Claustrophobia	1 History of Emphysema and COPD

**\*Please note that some commercial insurance companies have extended indications and criteria for HBOT which may not be included in the above CMS guidelines. Case managers will discuss these on a case-by-case basis with the attending physician during work up for HBOT based on the coverage guidelines of the patient policy.**

**Hyperbaric Evaluation Physician Notes- if a decision to not treat is decided please provide reasoning and rationale below**

# THE TAKE HOME MESSAGE



1- YES THERE ARE LIMITS ON HBOT. NOT ONLY CONDITION, BUT ANNUAL LIMITS



2-UTILIZATION OF THE SG QR FORM & SCAN INTO THE MEDICAL RECORD



3- UTILIZATION OF THE SG MEDICAL NECESSITY TEMPLATES



4- QUALITY REVIEW OF ALL CONDITIONS AT  $\leq$  **30 TREATMENTS**