

MEDICAL NECESSITY MUST-HAVES: HYPERBARIC OXYGEN THERAPY

PROCESS	DIABETIC FOOT ULCER	ORN/STRI	GRAFT/FLAP	CHRONIC OSTEO
Document all elements to support medical necessity	<ol style="list-style-type: none"> 1. Thirty days of conventional wound care and what it included (can be from referring provider.) 2. Debridements, antibiotics, surgical interventions. 3. Include correspondence with whom, what & when for above. 4. Wound volume currently & that there has been no measureable improvement over the last thirty days. 5. Ongoing wound care- what are you currently doing & photos. 6. Smoking cessation education. 7. Glycemic control & HgbA1C as well as education. 8. ABI or other quantifier of vascular flow. 	<ol style="list-style-type: none"> 1. All correspondence with the specialist: (Urology, Oral Surgery, Plastics, etc.) 2. Radiation history-what, where, when, how much? Delayed radiation injury diagnoses require 6+ months post radiation. 3. Anatomical Location 4. What care has been delivered & will continue to be delivered. 5. Photos- for STRI, not required, but supports dx. 6. Procedures- scope? 7. Patient's symptoms: <ul style="list-style-type: none"> -Pain, bleeding? -Urine: clots, frequency? -Stools: diarrhea, urgency? 	<ol style="list-style-type: none"> 1. Date & time of Graft/Flap. 2. Anatomical location & type of Graft/Flap. 3. Date compromised & description. 4. All correspondence with specialists including operative note. 5. Other clinical correspondence. 	<ol style="list-style-type: none"> 1. Diagnostic imaging- type & result 2. Labs- type & result 3. ABX- type, course, delivery 4. Wound care- what care has been delivered. 5. Surgical intervention- or documentation as to why surgical intervention was not performed. 6. Specialists engaged in care. 7. Smoking cessation education (if smoker) 8. Glycemic Control, HgbA1C and education (if diabetic) 9. ABI or other quantifier of vascular flow. N/A for non-extremity wounds.
Orders	All components of the treatment.	All components of the treatment.	All components of the treatment.	All components of the treatment.
Goals/ Plan of Care	To support Medical Necessity. What is your expected outcome?	To support Medical Necessity. What is your expected outcome?	To support Medical Necessity. What is your expected outcome?	To support Medical Necessity. What is your expected outcome?
Daily Treatment	See template.	See template.	See template.	See template.
Re-Assessment	Most recent wound assessment w/ improving wound volume Off loading Smoking & glucose/nutrition ed. Revisit & update the POC	Clinical Improvement: Pain Blood Stools & Urine Revisit & update POC	What does the Graft/Flap site look like? Has it declared itself, did it survive, will the patient be re-grafted? Revisit & update POC	Clinical Improvement Education Improving Wound Volume Revisit and Update POC