



Meeting "Medical Necessity" for Diabetic Foot Ulcers

AUGUST 2021





Overview

The phrase "Medical Necessity" when used by Medicare is a specific term that means the service provided to ta patient is necessary and appropriate as judged by current medical standards. Accurate documentation is necessary to meet the medical necessity criteria established by Medicare. Medicare and their contractors publish these criteria in the form of national (NCD) and local (LCD) coverage determinations. Failure to meet medical necessity criteria can result in repayments and fines.

Check lists and documentation templates which contain the elements of medical necessity safeguard against fines and penalties. In this exercise, we will review the documentation template for a patient with a Wagner 3 or 4 diabetic foot ulcer under consideration for HBOT.



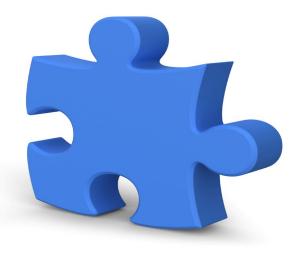
Checklist

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Templates



Patient is a Type I/ Type II Diabetic and he/she has a Wagner Grade 3/4/5 ulcer of the , as proven by (MRI/bone scan/x-ray/ Abscess/gangrene/etc). The patient has had 30 days of standard wound care without measurable sign of healing. Maintenance of clean, moist wound bed of granulation has been performed with serial debridements on (dates) and applying (dressings). Proper offloading has been provided by (offloading device). Debridement of infected bone has been performed on (date). Vascular assessment including (spell out all testing done and results, TCOM, ultrasound, CT angio, ABI) and no revascularization is required and /or revasculation has been provided by Dr. on (date) and optimized and/or patient is not a candidate for revascularization. Pre-albumin levels are within normal ranges (or skin turgor, multi-vitamins, Ensure, etc) indicating that the patient's nutritional status is optimized. Recent Hemoglobin A1C is _____. Glucose levels controlled/ being followed by and any changes/modifications to insulin/medications will be followed by this physician. Patient has been treated and/or is being treated with _____ to resolve any infection. Patient education regarding smoking cessation was provided. (if smoker)



SerenaGroup HBOT Checklist



Physician to dictate full review of systems
Review of Contraindications: The relative contraindications for
hyperbaric oxygen therapy have been reviewed and the patient risk vs
benefit considered regarding the following:

- Untreated pneumothorax, history of spontaneous pneumothorax
- Upper respiratory infections and chronic sinusitis.
- Retinal surgery in the preceding 6 weeks with use of intraocular gas.
- Seizure disorder
- Patient receiving anti-seizure medications should have drug levels addressed prior to initial treatment and as determined by the physician during the course of HBO therapy. Benzodiazepines (Diazepam or Lorazepam) may be administered to reduce the risk of oxygen seizures.





- Emphysema with CO2 retention.
- High fever >100.
- Pregnancy
- Medications: Steroids as they may decrease the threshold for oxygen seizures: Narcotics may lead to decreased respiratory drive and Phenergan predisposes to oxygen toxicity (utilize different antiemetic).

The potential risks associated with treatment were reviewed with patient including but not limited to fire, barotrauma, seizure and confinement anxiety as well as visual changes. Patient acknowledges risk, benefits and common complications and acknowledges by signing informed consent. Patient wishes to proceed with hyperbaric oxygen treatment.



Plan

Patient is candidate for hyperbaric oxygen therapy for the diabetic ulcer of the ______.

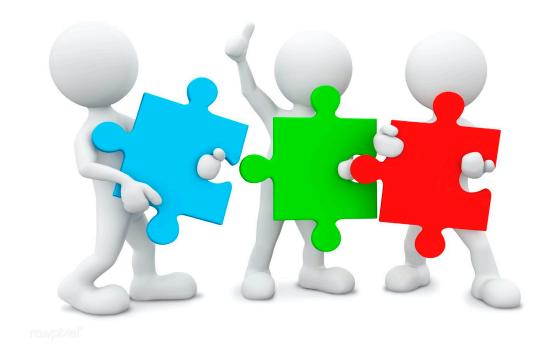
Treatment will consist of 2.0-2.5 ATA for 120 minutes once a day as an adjunct to the appropriate standard of care.



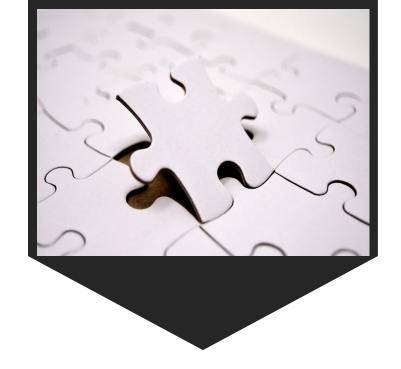


Procedure

By utilizing the SerenaGroup Hyperbaric Oxygen Therapy Checklist when reviewing a chart for HBOT, you can assure that the provider has met all elements of medical necessities.







The SerenaGroup Hyperbaric Oxygen Therapy Checklist can be printed off the SerenaGroup Member's Portal at www.serenagroupinc.com. If you do not have access to the Member's Portal, please contact your Program Director immediately for assistance.

All staff and providers that work in a SerenaGroup Managed Advanced Wound Care Center are allowed access to the Member's Portal.







Diabetic foot ulcers should always be staged?







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FALSE.

Diabetic foot ulcers are on the Wagner Grade Scale



If the patient has a bounding pedal pulse there is no need for any vascular studies?







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The patient who is a documented diabetic who you have been treating for a Wagner II ulcer on his left foot, just arrived at your center. He/She has a new Wagner III foot ulcer on their right foot. Can you put him/her in HBO immediately?



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Answer: No. The patient still has to meet the medical necessity criteria.



Your patient has received 31 treatments in the Hyperbaric Chamber for his DFU Wagner III. The ulcer has made progress towards healing: it would be medically necessary to order another 30 treatments?



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Answer: False
The patient would need to be reassessed for medical necessity.



Vascular assessment testing can be done utilizing ,
_______, or
_____.



Vascular assessment testing can be done utilizing,

ct anglo , or

VASCULAR REFERRAL



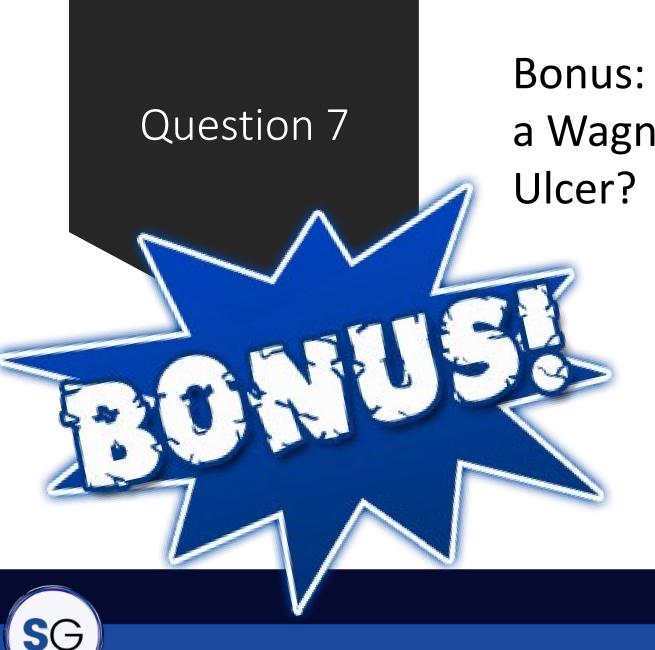
Are Diabetic foot ulcers ever downgraded (until fully closed)?



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Answer: No





Bonus: What are the elements of a Wagner Grade III Diabetic Foot Ulcer?

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ANSWER: Ulcer extend into tendon, bone or capsule with osteomyelitis, or gangrene



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July 2021 HBO Show Rate by Center

Center	Program Director	Show Rate Percentage
Akron	Nick	91%
АСМН	Lisa	97%
Berkshire	Sean	89%
CHI Health CUMC/Bergan	Joe	
CHI Health Mercy	Joe	
Deborah	Megan	82%
Fairview	Jamie	55%
Henry Ford	Eliece	100%
Jackson	Dean	96%
St. Mary's	Katie	100%
Via Christi	Nancy	97%
Inspira – Elmer	Ally	95%
CHI Health St. Elizabeth	Joe	
Chambersburg	Ginger/SG	85%



Upcoming Courses







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www.serenagroupinc.com





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Date: September 21, 2021

Presenting: CHI Health St. Elizabeth Lincoln | Vanessa and Emma

Topic: Confinement

Anxiety/Claustrophobia

