

## **JE HYPERBARIC OXYGEN THERAPY (HBO) POLICY CHECKLIST**

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

### **Policy References**

- [Hyperbaric Oxygen Therapy NCD 20.29 Policy](#)

### **Documentation References**

- [MM10666](#)
- [HBO Therapy Services Documentation Requirements](#)
- [Hyperbaric Oxygen \(HBO\) Therapy](#)

### **The treating clinician must complete the following items**

Physician/Non-Physician Practitioner (NPP) Order

Patient Assessment/exam

Updating History and Physical, review lab results and vital signs with special attention to pulmonary function, blood pressure, blood sugar levels, clearing patient for procedure, monitoring and or/assisting with patient positioning, evaluating and treating patient for barotrauma and other complications, prescribing appropriate medications, etc.

Medical records from referring/ treating practitioner as noted below

### **Medical Documentation**

Coverage is possible when all of the following are met:

History and Physical reports

Support NCD requirements

Prior course of treatment

Record of medical co-morbidities that contributed to ulcer formation

Surgical Intervention

Evaluation

Wound care notes

Wound measurements

Wound evaluation every 30 days

Measurable signs of healing

Assessment of vascular status and correction of any vascular problems in affected limb

Hyperbaric Oxygen (HBO) dive logs

Practitioner, Nurse, and Ancillary progress notes

Consult

HBO clinic notes

Prior to starting HBO

Treatment Plan

Atmospheric pressure

Frequency and number of dives

Evaluation of progress

Diabetic lower extremity wounds

Wagner grade classification, diagnostic testing to support Wagner scale

Patient has type 1 or 2 diabetes and has lower extremity wound due to diabetes

Documentation supporting failed treatment using standard wound care

Support for no measurable healing for 30 consecutive days

Wound evaluation every 30 days

Optimization of nutrition

Optimization of glucose control

Assessment of vascular status

Support for off-loading

Support debridement

Support of wound care management that includes maintenance of clean, moist bed of granulation tissue with appropriate moist dressing

Support of treatment to resolve infection