

Hyperbaric Oxygen (HBO) Pressurization

**Hyperbaric Oxygen (HBO) Pressurization
Medical Policy – THE801.003**

Please complete all appropriate questions fully.

Suggested medical record documentation:

- Current History & Physical
- Consultation Reports
- Operative or Treatment Reports (other applicable hospital records)
- Provider Office Reports
- Photographs

*Failure to include suggested medical record documentation may result in delay or possible denial of request.

Note: Per Medical Policy, HBO therapy using topical HBO pressurization for any indication or clinical condition is considered experimental, investigational and unproven.

For Predetermination, please fully complete and submit the [Predetermination Request Form](#).

PATIENT INFORMATION

Name:	Member ID	Group ID
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PROCEDURE INFORMATION

**Request for Systemic HBO: Please complete all the questions fully.
Failure to do so will result in delay or possible denial of claims.**

Primary Diagnosis _____ Date _____

Secondary Diagnosis _____ Date _____

Contributing Factor(s) resulting in diagnosis _____

Conservative Therapy done? Yes _____ No _____

 If Yes, type and duration of Conservative Therapy _____

_____ # of Months _____

For Wounds, Photographic Evidence included with HBO request? Yes _____ No _____

Is this an initial request for HBO? Yes _____ No _____

 If Yes, number of treatments (or dives) requested _____

 If No, number of previous treatments (or dives) completed _____

 If No, number of additional treatments (or dives) requested _____



Part A – IF Condition is a Wound

Cause of wound _____

Location of wound _____

Description of wound _____

Wound measurements _____

Pathology or Culture report of wound _____

Wagner Classification of Wound (Grade #) _____

Proceed to Part B if Request is for additional HBO Treatments (or Dives) ONLY

Part B – Additional HBO Treatment Requests

Explanation of Reason for additional Systemic HBO Therapy: _____

Is additional Conservative therapy being planned? Yes _____ No _____

If Yes, type and duration of Conservative Therapy _____
_____ # of Months _____

In addition, IF the request is due to a wound, complete the following:

Current Description of wound _____

Current Wound measurements _____

Previous Weekly Wound measurements for comparison and progression of healing since last request:

Date	Wound Size (cm)	Wound depth (cm)	Undermining (cm)	Granulation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Wagner Classification of Wound (Grade #) _____

For Wounds, updated Photographic Evidence included with HBO request? Yes _____ No _____