

Checklist: hyperbaric oxygen (HBO) therapy documentation

This checklist is intended to provide health care providers with a reference for use when responding to medical documentation requests for hyperbaric oxygen (HBO) therapy services. Health care providers retain responsibility to submit complete and accurate documentation.

Note: To print and include this checklist with your medical documentation, click the print button at the end of this form.

- Documentation is for the correct date of service billed.
- Documentation is for the correct beneficiary billed.
- Documentation must have legible patient identification information on each page of the record (e.g., complete name, dates of service(s)).
- Documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient
- Documentation must support the use of the selected ICD-10-CM code(s) and the submitted CPT/HCPCS code must describe the service performed.
- Documentation that support the diagnosis of a covered condition as outlined in LCD L36504
- Documentation supporting the diagnosis should be established by the referring or treating physician prior to the initiation of hyperbaric oxygen (HBO) therapy.
- Documentation must include an initial assessment, which includes a history and physical that clearly substantiates the condition for which HBO is recommended. This should also include any prior medical, surgical and/or HBO treatments.
- Documentation of the procedure (logs) including ascent time, descent time and pressurization level. There should be a treatment plan identifying timeline and treatment goals.
- Physicians' progress notes that describe the physical findings, type(s) of treatment(s) provided, number of treatments provided, the effect of treatment(s) received and the assessment of the level of progress made toward achieving the completion of established therapy goals.
- Documentation supporting the re-evaluation and effectiveness of treatment should be made at least every 30 days for documentation of response to therapy. Continued HBO therapy without documented evidence of effectiveness does not meet the Medicare definition of medically necessary treatment.
- Physician-to-physician communications or records of consultations and/or additional assessments, recommendations or procedural reports.
- Documentation to support chronic refractory osteomyelitis has been shown to be unresponsive to conventional medical and surgical management. (if applicable for diagnosis) HBO for osteomyelitis that is not documented to be chronic and refractory to conventional treatment, and HBO not provided in an adjunctive fashion, is not covered.
- Laboratory reports (cultures or gram stains) that confirm the diagnosis of necrotizing fasciitis are required and must be present as support for payment of HBO.
- X-ray findings and bone cultures confirming the diagnosis of osteomyelitis are required and must be present as support for payment of HBO.
- Documentation to support the presence of gas gangrene as proven with laboratory reports (Gram stain or cultures) and X-ray (if applicable based on treatment diagnosis).
- Documentation of date and anatomical site of prior radiation treatments (if applicable based on treatment diagnosis).
- Documentation supporting date of skin graft and compromised state of graft site (if applicable based on treatment diagnosis).

- For diabetic wounds of the lower extremity, the Wagner classification of the wound and the failure of an adequate course (at least 30 days) of standard wound therapy must be documented at the initiation of therapy. Documentation must include criteria and exam consistency to establish the diagnosis of a Wagner's grade III wound or higher.
- Documentation of standard wound care in patients with diabetic wounds must include: assessment of a patient's vascular status and documentation of correction of any vascular problem sufficient to impair wound healing in the affected limb; documentation of optimization of nutritional status; documentation of optimization of glucose control; documentation of debridement by any means to remove devitalized tissue; documentation of maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings; documentation of efforts for appropriate off-loading; and documentation of necessary treatment to resolve any infection that might be present. Failure to respond to standard wound care occurs when there is no documentation of measurable signs of healing for at least 30 consecutive days post optimization for healing. The medical record must include, at a minimum, a wound evaluation at least every 30 days during administration of HBO therapy.
- Documentation must support the patient's condition and response to treatment must medically warrant the number of services reported for payment. Medicare requires the medical necessity for each service reported to be clearly demonstrated in the patient's medical record.
- Documentation that a trained emergency response team is available and that the setting provides the required availability of ICU services that could be needed to ensure the patient's safety if a complication occurred.

Disclaimer: This checklist was created as an aid to assist providers. This aid is not intended as a replacement for the documentation requirements published in national or local coverage determinations, or the CMS's documentation guidelines. It is the responsibility of the provider of services to ensure the correct, complete, and thorough submission of documentation.