

Virginia Mason Franciscan Health **Center for Hyperbaric Medicine**  
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7:30 – 3:30 (for routine referrals)

# Hyperbaric Medicine Referral Request

**Patient Name:**

**Patient Contact Information:**

**Patient DOB:**

**Medical Insurance:**

Please note: Some insurance companies require prior authorization and/or referral from their PCP (common examples include Medicaid and Kaiser).

## Diagnosis

Soft tissue radionecrosis (oral, pharyngeal, laryngeal, skin, bladder, bowel, neural)

Osteoradionecrosis

Diabetic foot ulcer

Chronic refractory osteomyelitis

Idiopathic sudden sensorineural hearing loss

Compromised flap / graft

Crush injury / compartment syndrome

CO poisoning

Decompression Illness (decompression sickness, arterial gas embolism)

Retinal artery occlusion

Necrotizing soft tissue infection / gas gangrene

**Please include recent notes or studies that support the diagnosis or healthcare facilities where treatment was provided.**

**For additional information, please see our “Hyperbaric Medicine Referral Guidelines”**

**Thank you for including us in the care of your patient.**

# Hyperbaric Medicine Referral Guidelines

## Required Documentation

### 1. Patient name and

- a. Contact information for patient
- b. Contact information for physician office

### 2. Patient DOB

### 3. Medical Insurance

- Please note: dental insurance does not cover hyperbaric treatments. Patients being referred from a dentist's office need medical insurance and may require a prior authorization.
- **The Hyperbaric Medicine Department does not perform prior authorizations**
- Some prior authorizations need to originate from the primary physician's office.
- The patient or billing office needs to confirm what the insurance plan requires and agree to those terms prior to our department accepting the referral.
- Determine if Virginia Mason Hospital is 'in network'

### 4. Diagnosis – please ensure specific diagnostic verbiage is used in your consultation or referral note, e.g.,

- Soft tissue radionecrosis / Osteoradionecrosis
- Diabetic foot ulcer
- Crush Injury (with or without compartment syndrome)
- Chronic refractory osteomyelitis
- Compromised flap/graft
- Idiopathic Sudden Sensorineural Hearing Loss (often not covered by insurance)

## In addition, please provide the following information, if applicable and available.

### 1. Radiation treatment summary

### 2. Pertinent labs / imaging reports (if available and pertinent to the patient's health status)

- Chest x-ray / Chest CT / Head CT / Cone Beam CT / MRI
- Echocardiogram (if history of heart failure)

## Additional Information Required by Diagnosis

### 1. Soft Tissue Radionecrosis – please ensure specific verbiage is used in your consultation/referral note.

- Please use one or more of the following diagnoses
- Soft Tissue Radionecrosis (include and specify location of tissue damage)
  - i. Soft tissue radionecrosis – head/neck, breast, chest, abdomen, leg
  - ii. Chest Wall necrosis
  - iii. Laryngeal Necrosis
  - iv. Radiation cystitis
  - v. Radiation neuritis
  - vi. Radiation proctitis/enteritis
  - vii. Radiation vaginitis
- Please specify the location and extent of tissue injury/damage. For example:
  - i. Tissue atrophy
  - ii. Hypovascular tissue (pallor)
  - iii. Localized pain in the irradiated field
  - iv. Bleeding from tissues in the irradiated field
  - v. Non-healing wound/ulcer in the irradiated field
  - vi. Telangiectasia or other vascular abnormalities
  - vii. Soft tissue fibrosis / loss of elasticity
  - viii. Pigmentary changes
  - ix. Woody induration

Please include prior treatments, e.g., cauterization / fulguration, bladder irrigation, catheter insertion, history of outlet obstruction, blood transfusions, soft tissue or bone infection, pain treatment, etc.

### 2. Osteoradionecrosis

Include in your referral note or progress note:

- Description of tissues, e.g., Visible bone, expectoration of bone chips, hypovascular tissue, gingival atrophy, localized pain associated with radiation tissue damage, periodontal disease.
- Provide CT or X-ray finding of bone loss, cortical disruption, trabecular disorganization
- Provide other clinical descriptions of tissue injury, e.g., probe to necrotic bone, dental caries associated with radiation and associated with significant periodontal disease.
- Provide complicating factors such as osteomyelitis and soft tissue infection(s).

### 3. Diabetic Foot Ulcer

Please include the following as part of your referral (in addition to that noted above):

1. Diagnosis: Diabetes
2. Diagnosis: Wagner Grade 3-5 diabetic ulcer
3. Duration of ulcer / previous ulcers / previous amputations
4. Summary of treatment provided (minimum of 30-days of standard wound care)

5. Recent clinic notes, including relevant associated imaging studies
6. Vascular studies
  - a. Vascular interventions (stent / bypass) – operative report
7. Diabetes control efforts and nutritional assessment
8. Work up for osteomyelitis (imaging, labs)

#### **4. Chronic Refractory Osteomyelitis**

Please provide the following information at the time of referral (in addition to that noted above):

1. Diagnosis: refractory osteomyelitis
2. Document prior course of antibiotics / treatment attempts
3. History of surgical debridement and bone culture (if available)
4. Plan for subsequent antibiotic management

#### **5. Compromised Flaps/Grafts/Crush Injury/Compartment Syndrome**

For patients who have microvascular compromise due to edema (burns, trauma, infection) or underlying disease factors like diabetes, or in patients who have been exposed to radiation therapy, HBO2 can be a powerful adjunctive measure to minimize or prevent tissue loss and expedite healing.

Referrals are best initiated at the first signs of tissue compromise. As some insurance companies will require prior authorization, clinical outcomes are best when treatment is initiated as soon as possible.

Please provide the following information at the time of referral (in addition to that noted above):

1. Diagnosis: threatened flap or graft, crush injury / compartment syndrome
2. Risks associated with tissue loss, e.g., functional loss, significant cosmetic impact.
3. Vascular risk factors, e.g., smoker, diabetes, radiation treatment, trauma, history of prior healing difficulties, infection.

#### **6. Idiopathic Sudden Sensorineural Hearing Loss** (often not covered by insurance)

Ideally, referrals will occur as soon as possible. Our best results have been seen when hyperbaric treatment and steroids are initiated within 1-month of symptom onset.

Please provide the following information (in addition to that noted above):

- Diagnosis of ISSHL
- Audiogram results
- Steroid administration history (PO or intra-tympanic)
- Imaging (MRI)