

Nature's Healers Hyperbarics

Patient Referral
For Hyperbaric Oxygen Treatment

Date _____

Patient Information

Patient's Name _____

Address _____ City _____

State _____ Zip _____ Email _____

Home Phone _____ Mobile Phone _____

Date of Birth _____ SSN _____

Diagnosis _____

Insurance Information

Primary Insurance _____ Policy Number _____

Customer Service Number _____ Group _____

Referring Physician

Referring Physician _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Office Fax _____

Physician NPI _____ Office Contact _____

Supporting Documentation

- Copy of patient driver license
- Copy of patient insurance card, PCP contact information if insurance is HMO
- Three physician progress notes, scans, x-ray reports, most recent HGB A1C if diabetic

PLEASE FAX TO 970-797-1939

Questions? Contact Us!

Natures Healers @ 970-640-7578 or info@natureshealers.org

Nature's Healers Hyperbarics

Covered Indications: ICD 10 Codes
For Hyperbaric Oxygen Treatment

Diabetic Wounds of Lower Extremities

*Diabetic E code must be used with specific location of wound

L97.311 to L97.314 – Right Ankle

L97.411 to L97.414 – Right Heel

L97.511 to L97.514 – Right Foot

L97.321 to L97.324 – Left Ankle

L97.421 to L97.424 – Left Heel

L97.521 to L97.524 – Left Foot

Radiation Injury

*Radiation injury code must be used with specific area of injury

W90.8XXS – Radiation injury

M27.8 – Osteoradionecrosis of Jaw

N30.40 – Radiation cystitis without hematuria

N30.41 – Radiation cystitis with hematuria

K52.0 – Radiation colitis/proctitis

M79.89 - Soft Tissues Radiation Injury

Chronic Refractory Osteomyelitis

M86.669 – Chronic OM of lower extremity

M86.671 – Chronic OM of right ankle/foot

M86.672 – Chronic OM of left ankle/foot

Progressive Necrotizing Infections

M72.6 – Necrotizing fasciitis

T63.91XS – Toxic effect of venom

Acute Peripheral Arterial Insufficient / Traumatic Compartment Syndrome

T79.A11S – TCS of Right Arm

T79.A12S – TCS of Left Arm

T79.A21S – TCS of Right Lower Leg

T79.A22S – TCS of Left Lower Leg

Actinomycosis

A42.9 – Actinomycosis unspecified site

Compromised Surgical Grafts/Flaps and Non-Healing Surgical Wounds

T86.828 – Compromised surgical flap

T86.829 – Compromised surgical graft

T81.89XS – Non healing surgical wound

Crush Injury

S87.80XS – Crush injury of lower leg

S97.00XS – Crush injury of ankle

S97.80XS – Crush injury of foot

S97.109S – Crush injury of toes

Additional Diagnoses covered by some insurances

L03.818 – Cellulitis of unspecified site

T30.0 - Burns

I89.0 – Lymphedema

D50.0 – Acute blood loss anemia

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Letter of Medical Necessity for Hyperbaric Oxygen Treatment

Date _____

Dear, _____ is a patient under my care. This patient is being referred to Nature's Healers for Hyperbaric Oxygen Therapy for:

_____ Non-healing diabetic ulcer of the _____ right _____ left lower extremity (Wagner Grade_____)

_____ Compromised surgical flap/graft

_____ Non- healing surgical wound

_____ Chronic osteomyelitis

_____ Soft Tissue Radionecrosis

_____ Osteoradionecrosis of the jaw

_____ Other _____

This patient has received extensive wound care treatment and has failed to respond to conventional therapy. The wound(s) now represents a significant threat to the patient's health and will result in the loss of limb, significant functional disability or both if not treated aggressively. Hyperbaric therapy is the standard of care in this type of condition and is the only remaining treatment option if the patient is to have any of retaining normal function of the affected limb. I am therefore requesting that you approve Hyperbaric therapy as medically necessary for this patient. Thank you for your consideration of this urgent matter!

Sincerely,

Provider Signature _____

Provider Name _____

Address _____

City _____ State _____ Zip _____

Please fax supporting documents to 970-797-1939

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