



Patient Referral Form for Hyperbaric Oxygen Therapy (HBOT)

to be submitted by the referring physician – HCPCS G0277

PATIENT INFORMATION

Date: _____

Patient Name: _____

Patient Phone: (_____) _____ - _____

Patient Date of Birth: ____/____/____

DIAGNOSIS(ES) and ICD-10 CODES ARE REQUIRED:

<input type="checkbox"/> Diabetic Non-Healing Wound	ICD-10 code: E11.621
<input type="checkbox"/> Soft Tissue radionecrosis	ICD-10 code: L59.8
<input type="checkbox"/> Osteoradionecrosis	ICD-10 code: M27.2
<input type="checkbox"/> Prophylactic pre and post treatment for individuals undergoing dental surgery of a radiated jaw***	ICD-10 code: M27.2
<input type="checkbox"/> Chronic refractory osteomyelitis	ICD-10 code: M86.68
<input type="checkbox"/> Idiopathic Sudden Sensorineural Hearing Loss***	ICD-10 code: H91.21(R) H91.22 (L)
<input type="checkbox"/> Radiation Cystitis	ICD-10 code: N30.40
<input type="checkbox"/> Radiation Proctitis***	ICD-10 code: K62.7
<input type="checkbox"/> Preparation and/or preservation of compromised Skin Graft or Flap	ICD-10 code: T86.821
<input type="checkbox"/> Crush Injury	ICD-10 code:
<input type="checkbox"/> Other: _____	ICD-10 code:

*** NOT covered by Medicare

PATIENT CLEARED FOR HYPERBARIC OXYGEN THERAPY BY PROVIDER:

- ✓ Patients' ears are clear
- ✓ Patients' chest is clear
- ✓ Patient does not have a Pneumothorax or known lung issue
- ✓ Patient does not have a known contraindication for HBOT

Patient is APPROVED for HBOT per protocol. *Opt note* _____ OR

Patient is APPROVED for HBOT with the referring providers protocol as follows:

ATA : _____ PSI: _____

Minutes in HBOT chamber: 90mins or 60mins

of treatments: _____ Days per week: 5 or _____

I have discussed the benefits and risks of Hyperbaric Oxygen Therapy (HBOT) with my patient.

Referring PROVIDER SIGNATURE: **Required** _____

Referring Providers name: _____

Phone: _____ Fax: _____ Office: _____

Email: _____ NPI: _____

Please fax the following to 480-590-6145. Please include Insurance Information, Face Sheet, H&P, Office Notes, Chest X-ray, Lab Work, Oncologist Note, Radiation Note, and Wound Care Notes