CYPRESS
COAST HYPERBARICS

Patient Referral
for Hyperbaric Oxygen Treatment

Date _____

PATIENT INFORMATION

Patient's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Date of Birth _____ SSN _____

Diagnosis _____

INSURANCE INFORMATION

Primary Insurance _____ Policy No. _____

Customer Service Number _____ Group No. _____

REFERRING PHYSICIAN

Referring Physician _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Office Fax _____

Physician NPI _____ Office Contact _____

SUPPORTING DOCUMENTATION PLEASE INCLUDE THE FOLLOWING INFORMATION.

- ☐ Copy of patient driver license
- ☐ Copy of patient insurance card
- ☐ Last three physician progress notes, scans, xray reports, most recent HGB A1C if diabetic
- ☐ If patient insurance is HMO, please provide PCP contact information

610 E. Romie Ln Ste# 1 Salinas, CA
93901
T: 831-975-5460 F: 831-975-5476
Info@cypresshbot.com

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COAST HYPERBARICS

Date _____

Dear Sirs, _____ is a patient under my care.

This patient is being 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 represent 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 hope 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 (Printed) _____

Street Address _____

City _____ State _____ Zip _____

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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 tissue 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 INSUFFICIENCY/ TRAUMATIC COMPARTMENT SYNDROME

T79.A11S..... TCS of right arm
T79.A12S..... TCS of left arm
T79.A21S..... TCS of right lower leg
T79.A21S..... 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
189.0..... Lymphedema
D50.0..... Acute blood loss anemia

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