



Patient Referral Form for Hyperbaric Oxygen Therapy (HBOT)

To be submitted by the referring physician

Patient information

Date: _____

Patient name: _____

Patient phone: (____) _____ - _____

Patient date of birth: ____/____/____

Most Blue Cross and Aetna plans will cover hyperbaric oxygen therapy (HBOT) to treat the following on label conditions:

DIAGNOSIS(ES) and ICD-10 CODES

- Diabetic Non-Healing Wound ICD-10 code: E11.621
- Soft Tissue Radionecrosis ICD-10 code: L59.8
- Osteoradionecrosis ICD-10 code: M27.2
- Chronic Refractory Osteomyelitis ICD-10 code: M86.68
- Idiopathic Sudden Sensorineural Hearing Loss ICD-10 code: H91.21(R) H91.22 (L)
- Radiation Cystitis ICD-10 code: N30.40
- Preparation and/or Preservation of Compromised Skin Graft or Flap ICD-10 code: T86.821
- Thermal Burns
- Crush Injuries ICD-10 code:
- Acute Traumatic Peripheral Ischemia
- Acute Peripheral Arterial Insufficiency
- Acute Carbon Monoxide Poisoning ICD-10 code: T58.91XA
- Cyanide Poisoning

A number of commercial insurance companies will approve HBOT for off label conditions if they deem treatment as medically necessary:

- Addiction Recovery
- Alzheimer's
- Arthritis
- Autism
- Burn Treatment
- Cerebral Palsy
- Chronic Fatigue Syndrome
- Complex Regional Pain Syndromes
- Crohn's Disease
- Fibromyalgia
- Hearing Loss
- Long-Covid (Post-Covid Recovery)
- Lyme Disease
- Migraine
- Mold Toxicity
- Multiple Sclerosis
- Peripheral Neuropathy
- PTSD
- Recovery from Plastic Surgery or Complications from Surgeries
- Sports Injuries
- Strokes
- Tinnitus
- Traumatic Brain Injury
- Vision Loss

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 an asthma exacerbation or recent COPD diagnosis
- ✓ Patient does not have cataracts or glaucoma (If treated with surgery then hyperbarics is allowed. If untreated without surgery then hyperbarics is allowed up to 1.6/1.7 ATA)

Patient is APPROVED for HBOT with the following protocol:

ATA : _____ PSI: _____

Minutes in HBOT chamber: 90 mins or 60 mins

of treatments: 20 or 40 or 60

Days per week: 5 or _____

Hyperbaric oxygen therapy (HBOT) is medically necessary due to their condition(s) listed above. Patient would benefit from HBOT to improve quality of life and return to prior level of function.

PROVIDER SIGNATURE: Required _____

Referring Providers name: _____

Phone: _____

Please fax the following to 833-922-1869

Thank you for your time.

Jeana Kaufman OTR/L, CLT, CMTPT/DN

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