Hyperbaric Medicine & Wound Care

How to Refer:
ROC Hyperbarics & Wound Care
3499 Blazer Parkway, Suite 35, Lexington, KY 40509
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WOUND CARE & HYPERBARIC MEDICINE REFERRAL

1. REFERRING PROVIDER INFO

Provider Name: _____ • NPI: _____
Clinic/Unit: _____ • Contact (Nurse/MA): _____
Phone: _____ • Secure Fax: _____

2. PATIENT INFO

Patient Name: _____ • DOB: _____
Phone: _____ • Insurance: _____
Dialysis Unit / Chair # (if applicable): _____

3. CLINICAL INDICATIONS (Select All That Apply)

--- ADVANCED WOUND CARE ---
[ ] Diabetic Foot Ulcer (E11.621) [ ] Venous Stasis Ulcer (I83.819)
[ ] Pressure Injury, Stage 3/4 (L89.xxx) [ ] Surgical Wound Dehiscence (T81.31XA)
[ ] Other Wound Type: _____

--- HBOT QUALIFIED (Limb Salvage / Complex Healing) ---
[ ] Wagner Grade 3+ Diabetic Foot Ulcer --> [ ] Abscess [ ] Osteomyelitis [ ] Bone/Tendon Exposed
[ ] Chronic Refractory Osteomyelitis (M86.1xx) [ ] Failing Skin Graft or Flap (T86.828)
[ ] Delayed Radiation Tissue Injury (Cystitis / Proctitis / Soft Tissue Necrosis)
[ ] Osteoradionecrosis (ORN) / Pre-Post Dental Extraction in Irradiated Jaw
[ ] Sudden Sensorineural Hearing Loss (ISSHL - within 14 days of onset)

4. REQUIRED ATTACHMENTS FOR INSURANCE PRE-AUTH

[ ] 30-Day Rule Met (<50% area reduction despite 30 days standard care)
[ ] Last 3 Progress/Wound Notes [ ] Vascular Studies (ABI/PVR)
[ ] Recent Labs (A1C, CBC, BMP) [ ] Culture / Operative / Rad Reports

5. PROVIDER ORDER & SIGNATURE

"I certify that the above services are medically necessary. Please evaluate and treat as indicated."
Physician Signature: _____ Date: _____

FAX COMPLETED FORM & RECORDS TO: 859-303-7907 | WE HANDLE PRIOR AUTHORIZATIONS