



How to Refer: Epic or Athena
ROC Hyperbarics & Wound Care
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NPI: 1578247078 | **Secure Email:** info@rochyperbarics.com

1. REFERRING PROVIDER INFO

- Referring MD/NP/PA Name: _____
- Clinic/Unit Name: _____
- Contact Person (Nurse/MA): _____
- Phone: _____ Secure Fax: _____
- Direct Address (Secure Email for EMR): _____

2. PATIENT INFO

- Patient Name: _____ DOB: _____
- Primary Phone: _____
- Insurance Carrier: _____ ID #: _____
- Chair Number (for Dialysis Units): _____

3. CLINICAL INDICATOR CHECKLIST (Select Primary Diagnosis)

Nurses/Providers: Please check all that apply to justify medical necessity for Advanced Wound Care and/or HBOT.

TYPE A: Standard Wound Care Management

- Diabetic Foot Ulcer (E11.621)
- Venous Stasis Ulcer (I83.819)
- Pressure Injury, Stage 3/4 (L89.xxx) Specify site: _____
- Surgical Wound Dehiscence (T81.31XA)

TYPE B: HBOT Qualified (Limb Salvage / Complex Healing)

- Wagner Grade 3+ Diabetic Ulcer (E11.621 + L97.xxx)
 - Select findings: Abscess | Osteomyelitis | Tendon/Bone Exposure
- Chronic Refractory Osteomyelitis (M86.1xx)
 - (Bone infection unresponsive to 4-6 weeks of antibiotic therapy)
- Failing Skin Graft or Flap (T86.828)
 - (Compromised circulation to recent surgical site)
- Suspected Calciphylaxis (E83.59)
 - (Painful, violaceous plaques/necrosis in ESRD)

REQUIRED DOCUMENTATION: "The 30-Day Rule"

- Clinical Failure: Wound has shown <50% area reduction despite 30 days of standard therapy.

4. PHYSICIAN ORDER & SIGNATURE

"I certify that the above-listed services are medically necessary for the treatment of this patient's condition. Please evaluate and treat as indicated."

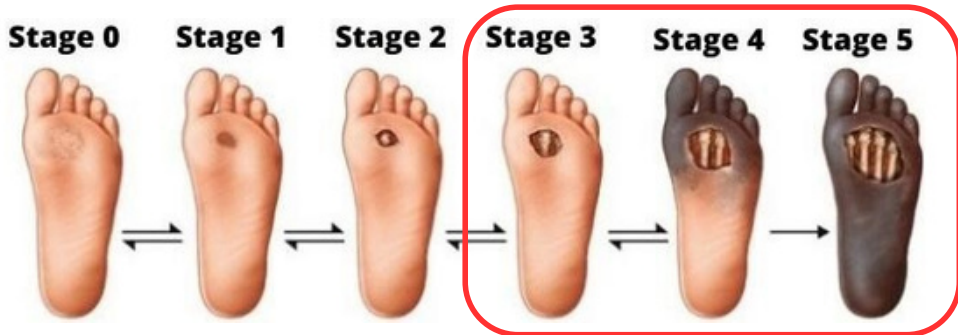
Physician Signature: _____ Date: _____

REFERRAL GUIDELINES & CLINICAL SUPPORT

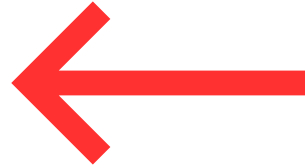
The "Why" for HBOT in Dialysis Patients

HBOT addresses the severe hypoxia common in patients with ESRD and calciphylaxis by saturating plasma with 100% oxygen. This stimulates angiogenesis, fights deep infection, and restarts the stalled healing cascade.

"The Wagner Scale" Visual Guide



Appropriate for
HBOT Referral



- Grade 1-2: Superficial, standard care. (Refer for Wound Care Path)
- Grade 3: Deep infection, abscess, or bone exposure. (**Add HBOT Path immediately**)
- Grade 4-5: Gangrene. (Emergent referral)

Our "No-Hassle" Referral Commitment

We know your clinic is high-volume. Our team provides concierge support for every referral:

1. Prior Authorizations: Our insurance specialists handle all documentation and medical necessity reviews.
2. Transportation Coordination: We assist in arranging medical transport for qualified patients.
3. EMR Integration: Find us in your EMR under Restorative Oxygen Care (NPI: 1578247078).
4. Weekly Feedback: We provide progress reports and wound photos directly to your Nephrologist.

Other HBOT Referrals

Calciphylaxis (E83.59): Look for painful, purple/marbled skin that progresses to black necrosis. This is a limb and life-threatening emergency for ESRD patients. Urgent Eval Required.



Failing Flap/Graft (T86.828): Look for dusky, blue, or darkened tissue edges. HBOT can salvage a failing graft by hyper-oxygenating the marginal tissue.



FAQ for Referring Providers

- "Do I need a prior authorization first?"
 - No. Submit the referral form, and our team will initiate the auth process with the payer immediately.
- "What documents do I need to include?"
 - Please fax the last 3 wound progress notes, recent labs (A1C, BUN/Creatinine), and any vascular studies (ABI/PVR).
- "Can I refer for just Wound Care, or does it have to be HBOT?"
 - Refer for both! Our clinical team will perform an evaluation and recommend the most appropriate path (Wound Care, HBOT, or both).