

Department of Origin: Integrated Healthcare Services	Effective Date: 09/28/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/22/23
Clinical Policy Document: Hyperbaric Oxygen Therapy	Replaces Effective Clinical Policy Dated: 09/13/22
Reference #: MC/G011	Page: 1 of 4

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria – Must satisfy any of the following: I – III, and none of IV

I. *Primary treatment* for any of the following conditions: A - D

- A. Decompression sickness
- B. Acute carbon monoxide, smoke, or cyanide inhalation
- C. Air or gas embolism
- D. Hydrogen peroxide poisoning

II. *Adjunctive treatment* for any of the following conditions: A - K

- A. Acute traumatic and ischemic syndromes (such as, but not limited to, crush injuries, compartment syndromes, and situations of vascular compromise)
- B. Anemia, profound with severe blood loss- any of the following: 1 - 2
 - 1. Transfusion is not an option; or
 - 2. Transfusion must be delayed.
- C. Compromised skin grafts or flaps - in locations with any of the following: 1 - 3
 - 1. Compromised vasculature; or
 - 2. Previous radiation therapy; or
 - 3. Previous graft failure.
- D. Gas gangrene (clostridial myositis, myonecrosis) - any of the following: 1 - 2
 - 1. After failure of antibiotic treatment; or
 - 2. After failure of debridement.
- E. Idiopathic Sudden Sensorineural Hearing Loss (greater than or equal to 30 dB) who present within 14 days of symptom onset
- F. Necrotizing soft tissue infections - any of the following: 1 - 2
 - 1. After failure of antibiotic treatment; or

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2. After failure of debridement.
- G. Osteomyelitis, chronic refractory – any of the following: 1 - 2
 1. After failure of antibiotic treatment; or
 2. After failure of debridement.
- H. Prophylactic pre- and post-treatment for individuals undergoing dental surgery (non-implant related) of an irradiated jaw
- I. Delayed radiation injury (radiation cystitis, soft tissue and bony necrosis [osteonecrosis])
- J. Thermal burns, acute (second or third degree) requiring inpatient hospitalization
- K. Initial treatment of non-healing diabetic wounds – all of the following: 1 - 4
 1. Lower extremity wound; and
 2. Wound classified as *Wagner grade 3* or higher; and
 3. Documentation of failure of conservative treatment where appropriate (such as, but not limited to, topical wound treatment [such as, but not limited to, saline, hydrogels, hydrocolloids, alginates], wound debridement, antibiotic treatment [if indicated], pressure reduction or offloading, and optimal glycemic control) with no assessable signs of healing after a minimum of a 30-day trial; and
 4. Authorize 24 treatments.
- III. Continued treatment of non-healing diabetic wounds found in the lower extremities- must have both of the following: A - B
 - A. Adherent to initial hyperbaric oxygen therapy; and
 - B. Assessable evidence of improvement after 24 treatments with hyperbaric oxygen therapy.
- IV. Contraindications - none of the following: A - E
 - A. Concurrent ear or sinus infection
 - B. Recent chest surgery
 - C. Severe chronic obstructive pulmonary disease (COPD)
 - D. Untreated pneumothorax
 - E. Medications – any of the following: 1 - 5
 1. Adriamycin
 2. Antabuse
 3. Bleomycin
 4. Platinol
 5. Sulfamylon

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EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

The following are considered investigative (see Investigative List): I - II

I. Hyperbaric Oxygen Therapy for any of the following: A - B

- A. Chronic brain disorders, such as, but not limited to cerebral palsy, chronic brain injury, multiple sclerosis, and stroke
- B. Pervasive Developmental Disorders, such as, but not limited to, autism

II. Topical hyperbaric oxygen therapy for treatment of wounds or ulcers

DEFINITIONS:Actinomycosis:

Occurs when the bacteria *Actinomyces israelii*, which normally is a non-pathogenic bacteria found in the nose and throat, enters tissue through infection, surgery, or trauma. The abscess forms a red, hard lump and later drains out of the skin.

Adjunctive treatment:

Supporting or secondary medical care given to an individual for an illness or injury

Osteomyelitis:

An acute or chronic bone infection that may have been spread through the blood, infected skin, muscles, or tendons close to the affected bone

Pervasive Developmental Disorders:

A group of disorders that are characterized by social and communication skills that are developmentally delayed

Primary treatment:

First or initial medical care given to an individual for an illness or injury

Wagner classification system of wounds:

- Grade 0- absence of open lesion
- Grade I- ulcer is superficial, no penetration to deeper layers
- Grade II- Penetration of ulcer to tendon, bone, or joint
- Grade III- Penetration of lesion is > Grade II, presence of: abscess, osteomyelitis, pyarthrosis, plantar space abscess, or infection of the tendon and tendon sheaths
- Grade IV- Presence of wet/dry gangrene in toes or forefoot
- Grade V- Presence of gangrene in whole foot or majority of foot area that local procedures are not possible and amputation is indicated

BACKGROUND:

Hyperbaric Oxygen Therapy (HBOT) involves breathing 1 ½ - 3 times more pressurized than normal, pure oxygen in a special chamber (aka pressure chamber). This treatment allows the lungs to breathe in more

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pure oxygen than in normal air pressure. This then increases the blood's oxygenation which promotes the body's healing through stimulation of growth factor and stem cell production.

Prior Authorization: Yes – per network provider agreement.

CODING:

CPT® or HCPCS

99183 Physician attendance and supervision of hyperbaric oxygen therapy, per session

G0277 Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval

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REFERENCES:

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3. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for hyperbaric oxygen therapy (20.29). 2017. Retrieved from <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=12&ncdver=4&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Minnesota&Keyword=hyperbaric+oxygen&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAAACAAAAA&>. Accessed 05-23-23.
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Fax: 763.847.4010
customerservice@preferredone.com

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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