

MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 90

POLICY TITLE: Hyperbaric Oxygen Therapy (HBO)

POLICY STATEMENT:

Medical Associates Health Plans has established this policy to ensure that MAHP member meets the criteria for hyperbaric oxygen therapy (HBO). Hyperbaric oxygen therapy involves placing the entire patient inside a pressurized chamber containing 100% oxygen under a pressure greater than one atmosphere of pressure. Current use includes 1) severe decompression sickness or arterial gas embolus and 2) severe case of carbon monoxide poisoning.

PROCEDURE:

1. Systemic HBO may be considered medically necessary in the treatment of the following conditions:
 - Decompression sickness
 - Acute carbon monoxide poisoning
 - Gas gangrene (i.e., clostridial myonecrosis)
 - Crush injury with acute traumatic ischemia
 - Radiation necrosis (osteoradionecrosis and soft tissue radiation necrosis)
 - Acute osteomyelitis, refractory to standard medical treatment
 - Compromised skin grafts or flaps
 - Prophylactic pre-operative and post-operative treatment for patients undergoing dental surgery of radiated jaw.
 - Chronic non-healing wounds
 - Profound anemia with exceptional blood loss: only when blood transfusion is impossible or must be delayed.
 - Acute cyanide poisoning
 - Air or gas embolism
 - Progressive necrotizing infections.(necrotizing fasciitis)
 - Acute peripheral arterial insufficiency
 - Chronic osteomyelitis refractory to conventional medical and surgical management
 - Acute traumatic peripheral ischemia
 - Actinomycosis, only when refractory to antibiotics and surgical treatment
 - Diabetic wounds of the lower extremities meeting all of the following criteria:
 - 1) Type 1 or II diabetes mellitus
 - 2) Wound classification as Wagner grade III or higher
 - 3) History of failed standard wound therapy
2. Periodic review and documentation of continued need and responsiveness to therapy should occur at 2 to 4 week intervals or no longer than following 8 weeks of therapy. Subsequent authorized treatment periods will not exceed 30 days.
3. HBO may not be considered medically indicated if measurable signs of healing have not been demonstrated during any of the authorized treatment periods.

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4. Coverage is subject to the limitations and exclusions outlined in the member's plan document.
5. MAHP Medicare members must meet Medicare criteria in order for coverage to be approved for HBO. (See attached LCD)

HBO considered investigational for the following indications:

- Acute cerebral edema
- Acute thermal burns
- Other refractory mycoses, *Conidiobolus coronata*
- Severe or refractory Crohn's disease
- Migraine headaches
- Cerebral palsy
- Acute coronary syndromes with percutaneous coronary interventions
- Idiopathic sensorineural hearing loss
- In vitro fertilization
- Neurologic conditions
- Cerebrovascular accident (436)
- Bone graft (V45.89)
- Acute carbon tetrachloride poisoning
- Fracture healing
- Hydrogen sulfide poisoning
- Intra-abdominal and intracranial abscesses
- Lepromatous leprosy
- Meningitis
- Pseudomembranous colitis (antimicrobial agent-induced colitis)
- Radiation myelitis, cystitis, enteritis, or proctitis
- Multiple Sclerosis
- Retinal artery insufficiency, acute
- Retinopathy, adjunct to scleral buckling procedures in patients with sickle cell peripheral retinopathy and retinal detachment
- Pyoderma gangrenosum
- Sickle cell crisis and/or hematuria
- Head and spinal cord injury traumatic
- Brown recluse spider bites
- Early treatment (beginning at the completion of radiation therapy) to reduce side effects of radiation therapy.
- Autism spectrum disorders

References: Other Major Health Plan Policy Statements
CMS LCD L26567

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