



Hyperbaric Oxygen Therapy (HBOT), Systemic and Topical

Last Revision/Review Date: January 16, 2019

P&P # C.6.11

A. Documentation Required:

To facilitate the authorization process, the referral request must include the following:

1. Physician detailed physical exam and medical history;
2. Physical or physiological cause of functional deficit;
3. Appropriate clinical studies/test/interventions to confirm the diagnosis and degree of impairment;
4. Photographs or descriptive measurement (if applicable to the request) of the deformity/anomaly;
5. Expected outcomes of improvement as a result of the treatment;
6. Documentation outlining the conservative treatment(s) that has been tried for a minimum of six months and response to treatment measures (if applicable to the request);
7. Systemic HBOT procedure notes.

B. Indications Considered Medically Necessary for Systemic HBOT:

1. Initial treatment of up to 5 calendar days of HBOT for the following conditions:
 - a. Acute carbon monoxide poisoning when HBOT begins within 12 hours of poisoning and **ONE** of the following are met:
 - i. History of mental status changes or other abnormal neurological signs/symptoms since carbon monoxide exposure; **OR**
 - ii. Cardiovascular dysfunction due to carbon monoxide exposure; **OR**
 - iii. Patient is pregnant and there is concern for maternal and or fetal compromise due to carbon monoxide exposure.
 - b. Air or gas embolism; **OR**
 - c. Decompression sickness; **OR**
 - d. Life threatening blood loss when transfusion is not an option for religious or other reasons; **OR**
 - e. Gas gangrene (e.g., clostridial myositis and myonecrosis) following appropriate surgical and antibiotic intervention; **OR**
 - f. Necrotizing soft-tissue infections following appropriate surgical and antibiotic intervention. **OR**
 - g. Cyanide poisoning.
2. Initial treatment of up to 30 calendar days of HBOT for:
 - a. Diabetic wounds/ulcers of the lower extremity that meet **ALL** the following:
 - i. Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes; **AND**
 - ii. Patient has a wound classified as Wagner grade III or higher (See definitions); **AND**
 - iii. There have been no measurable signs of healing for at least 30 days of conventional ulcer therapy which includes **ALL** the following:
 - a) Assessment of vascular status with correction if possible; **AND**
 - b) Optimization of glucose control; **AND**
 - c) Optimization of nutritional status; **AND**

- d) Pressure reduction or offloading; **AND**
 - e) Debridement to remove devitalized tissue; **AND**
 - f) Appropriate wound care management to maintain a clean, moist bed of granulated tissue with appropriate moist dressing; **AND**
 - g) Resolution of infection (e.g., antibiotics); **AND**
- b. Chronic refractory osteomyelitis; **OR**
 - c. Delayed radiation injury, including treatment of osteoradionecrosis, soft tissue radiation necrosis, and radiation cystitis; **OR**
 - d. Idiopathic sudden sensorineural hearing loss that meets **ALL** the following criteria:
 - i. Hearing loss has no identifiable cause; **AND**
 - ii. Hearing loss is greater than 30dB and affecting 3 or more consecutive frequencies; **AND**
 - iii. Patient did not respond to intravenous or intratympanic steroids; **AND**
 - iv. Start of HBOT is within 3 months of onset of hearing loss; **AND**
 - v. HBOT is being used as an adjunctive therapy to systemic steroids.
3. Initial treatment of up to 30 calendar days of HBOT pre-operatively and 10-calendar days post-operatively for prevention of osteoradionecrosis in patients with a history of head and neck cancer and prior or planned radiotherapy.

C. Continuation of HBOT therapy past initial approval:

- 1. Continuation of HBOT for indications listed under B1 and B3 requires explicit justification for continued need for treatment and medical director review.
- 2. Continuation of HBOT for lower extremity diabetic wounds/ulcers, osteomyelitis and delayed radiation injury beyond the initial 30 days of treatment will require review of clinic notes at least every 30 days that document measurable signs of healing since the last review.

D. Indications Considered Experimental, Investigational or not Medically Necessary: (not an all-inclusive list)

- 1. Autistic Spectrum Disorder;
- 2. Thermal skin burns;
- 3. Retinal artery occlusion;
- 4. Continued treatment of diabetic lower extremity wounds/ulcers if no measurable signs of healing after a 30-day treatment period of HBOT;
- 5. Combined use of hyperbaric oxygen therapy and negative pressure wound therapy or hyperbaric oxygen therapy and bioengineered skin substitutes for diabetic wound/ulcer healing when the patient has not failed each of the therapies individually;
- 6. Topical hyperbaric oxygen therapy administered directly to the open wound, and limb-specific hyperbaric oxygen pressurization in limb-encasing devices.
- 7. Use of low-pressure fabric hyperbaric chambers, operating at less than 1.4 ATA with compressed air only.

E. Contraindications

- 1. The only absolute contraindication to HBOT therapy is untreated pneumothorax.

CPT/HCPCS Codes:

99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session
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C1300	Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval

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