 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Hyperbaric Oxygen Therapy
	PRODUCT LINE:	All
	POLICY NUMBER:	037
	ORIGINAL POLICY EFFECTIVE DATE:	03/16/11
	LAST REVISED DATE:	02/11/2016
	LAST REVIEWED DATE:	4/4/2023

SCOPE: To ensure Group Health Cooperative of Eau Claire consistently and correctly administers hyperbaric oxygen therapy (HBOT) benefits to all members according to their policy specifics.

POLICY: It is the policy of Group Health Cooperative of Eau Claire to review requests for hyperbaric oxygen therapy for prior authorization according to evidence-based medical criteria and benefit policy.


PROCEDURE: Prior authorization required: YES

Associated codes: C1300 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval (Not billable by Badgercare)
 99183 Physician attendance and supervision of hyperbaric oxygen therapy, per session

Coverage Criteria:

Group Health Cooperative of Eau Claire will cover hyperbaric oxygen therapy in the following circumstances:

- Acute carbon monoxide intoxication
- Decompression illness
- Gas embolism
- Gas gangrene
- Acute traumatic peripheral ischemia
- Crush injuries and suturing of severed limbs
- Progressive necrotizing infections (necrotizing fasciitis)
- Acute peripheral arterial insufficiency (compartment syndrome)
- Preparation and preservation of compromised skin grafts (not for primary management of wounds)
- Chronic refractory osteomyelitis unresponsive to conventional medical and surgical management
- Osteoradionecrosis as an adjunct to conventional treatment
- Soft tissue radionecrosis as an adjunct to conventional treatment
- Cyanide poisoning
- Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment. Must be utilized as an adjunct to conventional therapy.
- Treatment of diabetic wounds of the lower extremities when all of the following are met:
 1. Member has type 1 or type II diabetes and has a lower extremity wound that is due to diabetes, AND
 2. Member has a non-pressure wound classified as Wagner grade 3 or higher (see classification below), AND
 3. Member has failed an adequate course of standard wound therapy. The use of HBOT will be covered as adjunctive therapy only after there have been no measurable signs of healing for at least 30 days of treatment with standard wound therapy and only when the use of HBOT is in addition to standard wound care. Standard wound care in members with diabetic wounds includes:
 - Assessment of a member's vascular status and correction of any vascular problems in the affected limb, if possible

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- Optimization of nutritional status
- Optimization of glucose control
- Debridement by any means to remove devitalized tissue
- Maintenance of clean, moist bed of granulation tissue with appropriate moist dressings
- Appropriate off-loading
- Necessary treatment to resolve any infection that might be present

Failure to respond to standard wound care means there are no measurable signs of healing for at least 30 consecutive days. Wounds must be evaluated at least every 30 days during administration of HBOT. Continued treatment with HBOT is not covered if no measurable signs of healing have been demonstrated within any 30-day period of treatment.

Wagner Classification:

Grade 2-ulcer penetrates to tendon, bone, or joint


Grade 3- lesion has penetrated as deeply as grade 2 and there is abscess, osteomyelitis, payarthrosis, plantar space abscess, or infection of the tendon and tendon sheaths

Grade 4-gangrene of the forefoot

Grade 5-gangrene of the entire foot

Non Covered Conditions: Hyperbaric oxygen therapy is **not covered** for the following indications.

- Cutaneous, decubitus and stasis ulcers
- Chronic peripheral vascular insufficiency
- Anaerobic septicemia and infection other than clostridial
- Skin burns (thermal)
- Senility
- Myocardial infarction
- Cardiogenic shock
- Sickle cell anemia
- Acute thermal and chemical pulmonary damage, i.e., smoke inhalation and pulmonary insufficiency
- Acute or chronic cerebral vascular insufficiency
- Hepatic necrosis
- Aerobic septicemia
- Nonvascular causes of chronic brain syndrome (Pick's disease, Alzheimer's disease, Korsakoff's disease)
- Tetanus
- Systemic aerobic infection
- Organ transplantation
- Organ storage
- Pulmonary emphysema
- Exceptional blood loss anemia
- Multiple Sclerosis
- Arthritic diseases

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- Acute cerebral edema

Michele Bauer MD.

APPROVED: _____ DATE: 4/4/2023

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
03/11/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
01/16/2015	Betsy Kelly, RN	Reviewed with formatting changes only.
02/11/16	Betsy Kelly, RN	Updated as Badgercare now covers HBOT
04/20/18	Michele Bauer, MD	Reviewed without changes
4/1/2020	Michele Bauer, MD	Reviewed without changes
4/1/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
4/13/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
4/4/2023	Michele Bauer, MD, CMO	Reviewed. No changes.