

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Hyperbaric Oxygen Therapy	Replaces Effective Clinical Policy Dated: 09/28/23
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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. Acute carbon monoxide, smoke, or cyanide inhalation
- B. Air or gas embolism
- C. Decompression sickness
- D. Hydrogen peroxide poisoning

II. *Adjunctive treatment* for any of the following conditions: A – N

- 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. Avascular necrosis (aseptic osteonecrosis)
- D. Central retinal artery occlusion
- E. 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.
- F. Gas gangrene (clostridial myositis, myonecrosis) - any of the following: 1 - 2
 - 1. After failure of antibiotic treatment; or
 - 2. After failure of debridement.

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- G. Idiopathic Sudden Sensorineural Hearing Loss, moderate to profound (greater than or equal to 41 dB) who present within 14 days of symptom onset
- H. Intracranial abscess
- I. Necrotizing soft tissue infections - any of the following: 1 - 2
 - 1. After failure of antibiotic treatment; or
 - 2. After failure of debridement.
- J. Osteomyelitis, chronic refractory – any of the following: 1 - 2
 - 1. After failure of antibiotic treatment; or
 - 2. After failure of debridement.
- K. Prophylactic pre- and post-treatment for individuals undergoing dental surgery (non-implant related) of an irradiated jaw
- L. Delayed radiation injury (radiation cystitis, soft tissue and bony necrosis [osteonecrosis])
- M. Thermal burns, acute (second or third degree) requiring inpatient hospitalization
- N. 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

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3. Bleomycin
4. Platinol
5. Sulfamylon

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:

Actinomyces:

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

Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

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)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).