

## Medical Necessity Guidelines: Hyperbaric Oxygen Treatment

Effective: March 20, 2019

<b>Prior Authorization Required</b> If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>
<p><b>Applies to:</b></p> <p><b>COMMERCIAL Products</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</li> <li><input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409</li> <li>• CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></li> </ul> <p><b>TUFTS HEALTH PUBLIC PLANS Products</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055</li> <li><input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055</li> <li><input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</li> <li><input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 781.393.2607</li> </ul> <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b></p> <ul style="list-style-type: none"> <li>• Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a></li> <li>• Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></li> </ul>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

### OVERVIEW

Hyperbaric oxygen therapy is the inhalation of 100 percent oxygen inside a hyperbaric oxygen chamber that is pressurized to greater than one atmosphere. Hyperbaric oxygen therapy causes both mechanical and physiologic effects by inducing a state of increased pressure and hyperoxia.

### CLINICAL COVERAGE CRITERIA

#### Emergency Conditions Covered Without Prior Authorization:

Tufts Health Plan will cover the use of hyperbaric oxygen therapy, in a pressurized chamber, for the treatment of the following emergency conditions **without** prior authorization.

1. Decompression sickness
2. Acute carbon monoxide poisoning
3. Acute air (gas) embolism
4. Cyanide poisoning
5. Gas gangrene
6. Acute traumatic peripheral ischemia (crush injury) when loss of function, limb, or life is threatened
7. Other traumatic ischemias, including arterial insufficiency
8. Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management
9. Soft tissue infections with tissue necrosis, including mixed aerobic and anaerobic infections or refractory mycoses
10. Acute cerebral edema
11. Refractory mycoses: mucormycosis, actinomycosis, cannabis canidiobolus
12. Acute peripheral arterial insufficiency

#### Non-emergent Conditions Requiring Prior Authorization:

Tufts Health Plan may cover the use of hyperbaric oxygen therapy, in a pressurized chamber, for the treatment of the following non-emergent conditions:

1. Diabetic foot wounds that meet **ONE** of the following:

- a. Wagner Grade 3 diabetic foot ulcers (DFUs) that have not shown improvement after 60 days of standard wound therapy (Wagner Grading System-Appendix A<sup>19</sup>)  
(Standard wound care for Members with diabetic wounds include: assessment of vascular status and correction of any vascular problems if possible, optimization of nutritional status, optimized glucose control, debridement to remove devitalized tissue, maintenance of a clean and moist bed of granulation tissue with appropriate moist dressings, appropriate limb elevation, and necessary treatment to resolve any infection that might be present<sup>11</sup>)
  - b. Wagner Grade 3 or higher DFU's that have just had a surgical debridement of an infected foot (e.g., partial toe or ray amputation; debridement of ulcer with underlying bursa, cicatrix or bone; foot amputation; incision and drainage of deep space abscess; or necrotizing soft tissue infection)
2. Compromised skin grafts or flaps (not for the primary management of wounds)
  3. Active osteoradionecrosis.
  4. Severe or profound anemia with exceptional blood loss: only when blood transfusion is impossible or must be delayed
  5. Delayed radiation injury (soft tissue or bony necrosis)

**Coverage of hyperbaric oxygen therapy for the above non-emergent conditions requires the following:**

- Prior authorization
- An initial authorization, if criteria are met, will be for 20 treatments. For additional authorizations, the wound's progress must be documented and submitted to Tufts Health Plan for review
- For Members with compromised skin grafts or diabetic foot wounds, the following criteria must be met:
  - The treatment can be used as adjunctive therapy only when there has been no measurable improvement in the Member's condition.
  - A treatment plan has been submitted to Tufts Health Plan for review, which includes the proposed number of treatments as well as the goal of the therapy
- For Members with osteoradionecrosis, Tufts Health Plan will consider coverage for hyperbaric oxygen therapy as an adjunctive treatment. A letter of medical necessity must be submitted. Tufts Health Plan will not cover hyperbaric oxygen therapy as a prophylactic measure, including prior to the extraction of teeth or other oral surgery procedures

**LIMITATIONS**

Tufts Health Plan will not cover hyperbaric oxygen therapy, in a pressurized chamber, for the treatment of the conditions for which hyperbaric oxygen therapy has not been proven to be effective, including but not limited to:

- Wagner Grade 2 or lower diabetic foot ulcers (DFUs)
- Cerebral palsy
- Cutaneous, decubitus, and stasis ulcers
- Chronic, peripheral vascular insufficiency
- Anaerobic septicemia and infection other than clostridial
- Senility
- Myocardial infarction
- Cardiogenic shock
- Sickle cell anemia
- Acute thermal and chemical pulmonary damage, e.g., smoke inhalation with pulmonary insufficiency
- Acute or chronic cerebral vascular insufficiency
- Hepatic necrosis
- Aerobic septicemia
- Non-vascular causes of chronic brain syndrome (Pick's disease, Alzheimer's disease, Korsakoff's disease)
- Tetanus
- Systemic aerobic infection
- Organ transplantation
- Organ storage
- Pulmonary emphysema
- Multiple sclerosis

- Arthritic disease
- Prophylaxis treatment for osteoradionecrosis
- Autism Spectrum Disorders
- Sensorineural hearing loss
- Inflammatory bowel disease (Crohn’s disease, ulcerative colitis)

**Note:** Tufts Health Plan will not cover the topical application of hyperbaric oxygen. Tufts Health Plan will only cover the administration of hyperbaric oxygen therapy when the Member is placed inside a pressurized chamber. The use of smaller, limb-encasing devices will not be covered.

## CODES

The following HCPCS/CPT code(s) require prior authorization for the covered diagnoses listed above:

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

The following HCPCS code is not covered:

Code	Description
A4575	Topical hyperbaric oxygen chamber, disposable

## Appendix A: Wagner Grading System<sup>20</sup>

Grade 1: Superficial Diabetic Ulcer

Grade 2: Ulcer extension

- Involves ligament, tendon, joint capsule or fascia
- No abscess or Osteomyelitis

Grade 3: Deep ulcer with abscess or Osteomyelitis

Grade 4: Gangrene to portion of forefoot

Grade 5: Extensive gangrene of foot

## REFERENCES

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#### **APPROVAL HISTORY**

April 27, 2004: Reviewed by the Clinical Coverage Criteria Committee

Subsequent endorsement date(s) and changes made:

- August 19, 2005: Reviewed and renewed, no changes made
- October 2, 2006: Reviewed and renewed, no changes made
- October 1, 2007: Reviewed and renewed, no changes made
- March 26, 2008: Reviewed and renewed, no changes made
- May 4, 2009: A limitation for the coverage of HBOT for the treatment of autism spectrum disorders was added as it has not been proven to be effective.
- July 6, 2009: Limitation for the coverage of HBOT for the treatment of soft tissue radiation injuries was added as it has not been proven to be effective.
- August 2010: Reviewed by Medical Policy: added acute peripheral arterial insufficiency, severe anemia and delayed radiation injury (soft tissue and bony necrosis) to covered/emergent diagnoses.
- December 2010: "Autism" changed to "Autism Spectrum Disorders"
- February 2011: Reviewed by Medical Affairs-MSPAC (ENT) sensorineural hearing loss added as noncovered limitation effective July 2011.
- August 2011: Admin process changed to RN and LPN.
- May 9, 2012: Reviewed and renewed at Integrated Medical Policy Advisory Committee (IMPAC), no changes. ICD-10 codes may be added prior to the next IMPAC approval
- May 8, 2013: Reviewed by IMPAC, renewed without changes.
- August 14, 2013: Reviewed by IMPAC, diabetic foot wounds and standard wound care clarified. Timeframe of a diabetic foot wound failing to show signs of healing changed from 30 days to 60 days with effective date of January 1, 2014.
- May 14, 2014: Reviewed by IMPAC, renewed without changes.
- September 17, 2014: Adopted by Tufts Health Plan – Network Health Commercial Plans and Tufts Health Plan – Network Health Medicaid Plans.
- December 31, 2014: Coding updated. Per AMA CPT®, effective December 31, 2014 the following code(s) deleted: C1300 ; and effective January 1, 2015 the following code(s) added G0277
- April 8, 2015: Reviewed by IMPAC. Severe anemia and delayed radiation injury (soft tissue or bony necrosis) changed from 'Emergency Conditions Covered Without Prior Authorization' to 'Non-emergent Conditions Requiring Prior Authorization' for an effective date of October 1, 2015.

- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- November 16, 2015: Reviewed by IMPAC. Effective April 1, 2016: Wagner Grading System added to diabetic foot wound criteria 1a and 1b. Limitation added for diabetic foot ulcers that are Wagner Grade 2 or lower. Appendix A added referencing the Wagner Grading System.
- March 10, 2016: Wording clarification for anemia added.
- April 13, 2016: Reviewed by IMPAC. Prior Authorization initial authorization changed from 10 treatments to 20 treatments effective as of this review date.
- April 12, 2017: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- October 26, 2017: Minor wording changes.
- December 13, 2017: Reviewed by IMPAC, limitation added for inflammatory bowel disease effective April 1, 2018.
- March 14, 2018: Reviewed by IMPAC, renewed without changes
- October 2018: Template and disclaimer updated
- March 20, 2019: Reviewed by IMPAC, renewed without changes

### **BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.