

Hyperbaric Oxygen Therapy

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4016

Recent review date: 8/2023

Next review date: 12/2024

Policy contains: Hyperbaric oxygen therapy.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

Hyperbaric oxygen therapy is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure.

Covered Conditions

Reimbursement for hyperbaric oxygen therapy is limited to treatments administered in a hyperbaric oxygen therapy chamber. Hyperbaric oxygen therapy is covered for the following conditions, if deemed medically necessary:

- Acute carbon monoxide intoxication;
- Decompression illness;
- Gas embolism;
- Gas gangrene;
- Acute traumatic peripheral ischemia. Hyperbaric oxygen therapy is a valuable adjunctive treatment to be used in combination with accepted standard therapeutic measures when loss of function, limb, or life is threatened;
- Crush injuries and suturing of severed limbs. Hyperbaric oxygen therapy would be an adjunctive treatment when loss of function, limb, or life is threatened;

- Progressive necrotizing infections (necrotizing fasciitis);
- Acute peripheral arterial insufficiency;
- 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; and
- Diabetic wounds of the lower extremities when:
 - o The wound is classified as Wagner grade 3 or higher; and
 - o An adequate course of standard wound therapy was not sufficient to lead to healing.

Outpatient Services

Hyperbaric oxygen therapy may be performed as an outpatient service and is covered by the AmeriHealth Caritas Louisiana Program. No authorization for these rehabilitative services is required if the procedures are performed for the diagnoses specified below:

- Acute carbon monoxide intoxication;
- Decompression illness;
- Gas embolism;
- Gas gangrene;
- Acute traumatic peripheral ischemia;
- Crush injuries and suturing of severed limbs;
- Progressive necrotizing infections;
- Acute peripheral arterial insufficiency;
- Preparation and preservation of compromised skin grafts;
- Chronic refractory osteomyelitis;
- Osteoradionecrosis;
- Soft tissue radionecrosis;
- Cyanide poisoning; and
- Actinomycosis.
- Diabetic wounds of the lower extremities in recipients who meet the following three criteria:
 - o Recipient has type 1 or 2 diabetes and has a lower extremity wound that is due to diabetes;
 - o Recipient has a wound classified as Wagner grade 111 or higher; and
 - o Recipient has failed an adequate course of standard wound therapy.

NOTE: This list may not be all-inclusive.

The covered diagnosis should be entered as the primary diagnosis for hyperbaric oxygen therapy claims.

Requests for approval for hyperbaric oxygen therapy for other diagnoses must be submitted to AmeriHealth Caritas Louisiana.

References

Louisiana Department of Health. 2010. Professional Services Provider Manual. Hyperbaric Oxygen Therapy. Chapter 5, Section 5.1. Issued 09/08/20.

Louisiana Department of Health. 2010. Hospital Services Provider Manual. Outpatient Services. Chapter 25, Section 25.3. Issued 05/06/22.

Policy updates

Initial review date: 3/2/2021

3/2023: Policy references updated.

8/2023: Policy references updated.