

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Hyperbaric and Topical Oxygen Therapy

MP9055

Covered Service: Yes

Prior Authorization

Required: No

AdditionalSelf-funded plans (ASO) may require prior authorization. PleaseInformation:refer to the member's Summary Plan Document (SPD) or call the
Customer Service number found on the member's card for
specific prior authorization requirements.

Prevea360 Health Plan Medical Policy:

- 1.0 Hyperbaric Oxygen therapy (HBO) therapy **does not require** prior authorization and is considered medically necessary for **ANY** of the following indications approved by the Hyperbaric Oxygen Therapy Committee of the Undersea and Hyperbaric Medicine Society has approved the following uses of HBOT:
 - 1.1 Refractory osteomyelitis
 - 1.2 Idiopathic sudden sensorineural hearing loss (when used within 2 weeks of symptoms onset)
 - 1.3 Compromised grafts and flaps
 - 1.4 Radiation injury (delayed) soft tissue and bony necrosis
 - 1.5 Carbon monoxide poisoning, including carbon monoxide poisoning complicated by cyanide poisoning
 - 1.6 Acute thermal burn injury
 - 1.7 Arterial insufficiencies such as central retinal artery occlusion, and enhancement of healing in select problem wounds
 - 1.8 Crush injury, compartment syndrome, and other acute traumatic ischemias
 - 1.9 Clostridial myositis and myonecrosis (gas gangrene)
 - 1.10Decompression sickness
 - 1.11Necrotizing soft tissue infections
 - 1.12 Air or gas embolism
 - 1.13 Severe anemia
 - 1.14 Intracranial abscess



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- 2.0 Hyperbaric oxygen therapy is considered experimental and investigational, and therefore not medically necessary for all other indications, including but not limited to **ANY** of the following:
 - 2.1 Traumatic or chronic brain injury
 - 2.2 Cerebral palsy
 - 2.3 Multiple sclerosis
 - 2.4 Stroke
 - 2.5 Autism
- 3.0 Topical oxygen therapy, including hyperbaric topical oxygen therapy (HTOT) and continuous topical oxygen therapy (CTOT), are considered experimental and investigational, and therefore not medically necessary.

	Committee/Source	Date(s)
Document		
Created:	QA/UR Committee	August 20, 1991
	Utilization Management Committee/Concurrent Review Dept. Utilization Management Committee/ HAYES, Inc. Utilization Management Committee/ Medicare Part B, 7/2000 Utilization Management Committee/ Medical Director/ Medicare Part B 5/2003 Utilization Management Committee/Medical Affairs Utilization Management Committee/Medical Affairs Utilization Management Committee/Medical Affairs Medical Director Committee/Medical Affairs Medical Director Committee/Medical Affairs Medical Director Committee/Medical Affairs Medical Director Committee/Medical Affairs Medical Policy Committee/Quality and Care Management Division Medical Policy Committee/Quality and Care Management Division Medical Policy Committee/Quality and Care Management Division Medical Policy Committee/Quality and Care Management Division	September 10, 1997 September 8, 1999 February 14, 2001 September 10, 2003 April 12, 2006 July 9, 2008 June 16, 2010 April 17, 2013 April 20, 2016 April 19, 2017 February 21, 2018 February 20, 2019
	Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division	February 19, 2020 February 17, 2021
	Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division	February 16, 2022 January 18, 2023 December 20, 2023
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February 23, 1999



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	Committee/Source	Date(s)
Reviewed:	Managed Care Division/ Medical Affairs	
	Department	March 20, 2000
	Managed Care Division / Medical Affairs	
	Department	April 11, 2001
	Utilization Management Committee/CMO/Director	
	UM	March 13, 2002
	UM Committee (UMC)/Director UM/UMC Chair	March 10, 2004
	UM Committee (UMC)/Director UM/UMC Chair	March 9, 2005
	Reformatted	October 2005
	UM Committee (UMC)/Director UM/ UMC Chair	March 8, 2006
	UM Committee (UMC)/Director UM/ UMC Chair	March 14, 2007
	UM Committee (UMC)/Director UM/ UMC Chair	March 12, 2008
	UM Committee (UMC)/Director UM/UMC Chair	April 8, 2009
	Medical Director Committee/Medical Affairs	June 16, 2010
	Medical Director Committee/Medical Affairs	June 23, 2011
	Medical Director Committee/Medical Affairs	June 20, 2012
	Medical Director Committee/Medical Affairs	August 15, 2012
	Medical Director Committee/Medical Affairs	April 17, 2013
	Medical Director Committee/Medical Affairs	April 16, 2014
	Medical Director Committee/Medical Affairs	April 15, 2015
	Medical Policy Committee/Quality and Care	
	Management Division	April 20, 2016
	Medical Policy Committee/Quality and Care	
	Management Division	April 19, 2017
	Medical Policy Committee/Quality and Care	=
	Management Division	February 21, 2018
	Medical Policy Committee/Health Services Division	February 20, 2019
	Medical Policy Committee/Health Services Division	February 19, 2020
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