

### Hyperbaric oxygen therapy

We provide coverage for this procedure for adult and pediatric members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: \*99183, G0277

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**See below for the questions you'll encounter in the e-referral system.**

**Q** Is this an INITIAL request for hyperbaric oxygen therapy for a condition OTHER THAN a wound?

**A**

Possible answers:  Yes  No  N/A

**Q** Is this an EXTENSION request for ONGOING hyperbaric oxygen therapy for a condition OTHER THAN a wound?

**A**

Possible answers:  Yes  No  N/A



**Q** Is this an INITIAL request for HBO therapy for a patient with a NON-DIABETIC wound that is NOT a skin, pressure or stasis ulcer WITH NO measurable signs of healing FOR AT LEAST 30 days OR failure to respond to standard wound care WITH ALL of the following (A-G)? A. Vascular status assessment and correction if possible. B. Optimization of nutrition. C. Optimization of blood glucose control. D. Debridement of devitalized tissue. E. Maintenance of a clear, moist bed of granulation tissue with appropriate moist dressings. F. Off-loading to reduce pressure on the wound. G. Treatment to resolve any infection that might be present.

**A**

Possible answers:  Yes  No  N/A

**Q** Is this an INITIAL request for HBO therapy for a DIABETIC patient WITH a wound of the lower extremity THAT IS classified as Wagner grade III or higher AND failure to respond to standard wound care WITH ALL of the following (A-G)? A. Vascular status assessment and correction if possible. B. Optimization of nutrition. C. Optimization of blood glucose control. D. Debridement of devitalized tissue. E. Maintenance of a clear, moist bed of granulation tissue with appropriate moist dressings. F. Off-loading to reduce pressure on the wound. G. Treatment to resolve any infection that might be present.

**A**

Possible answers:  Yes  No  N/A

**Q** Is this an EXTENSION request for ONGOING HBO therapy for a patient with a WOUND (either diabetic or non-diabetic) that has been evaluated AT LEAST every 30 days during HBO therapy AND the patient's record documents measurable signs of healing (for example, width, depth and length of the wound)? You MUST submit clinical information via the Provider Communication field of e-referral on the location, size of the wound and progression of healing while undergoing HBO therapy.

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have a sudden and severe onset of carbon monoxide poisoning or intoxication?

**A**

Possible answers:  Yes  No  N/A



**Q** Does the patient have a sudden and severe onset of peripheral arterial insufficiency?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have a sudden and severe onset of traumatic peripheral ischemia (inadequate supply of blood to organs and body tissues because of a severe physical injury) AND the threat of loss of function, limb or life?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have a sudden and severe onset of cyanide poisoning?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have a sudden and severe onset of gas embolism (blood vessel blockage caused by one or more bubbles of air)?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have chronic osteomyelitis (bone infection) AND is not responding to standard medical and surgical management?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have a crushing injury where force or pressure is put on a body part OR suturing of severed limbs AND the threat of loss of function, limb or life is threatened?

**A**

Possible answers:  Yes  No  N/A



**Q** Does the patient have decompression illness caused by a rapid decrease in pressure in either the air or water (such as high-altitude air travel, unpressurized air travel or ascending from deep water)?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have gas gangrene (a bacterial infection that produces gas in tissues)?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have EITHER osteoradionecrosis (bone destruction due to radiation); OR soft tissue radiation necrosis (destruction) and BOTH of the following (A and B)? A. Necrosis is NOT the spinal cord, bladder, intestines or rectum. B. HBO therapy will be USED IN ADDITION to standard treatment.

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have to undergo non-implant related dental surgery of a jaw that received radiation therapy AND this therapy will be used for treatment before and after dental surgery?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have a compromised skin graft and BOTH of the following (A and B)? A. HBO therapy is being used for preparation and preservation of the skin grafts. B. HBO therapy is NOT for primary management of a wounds.

**A**

Possible answers:  Yes  No  N/A



**Q** Does the patient have profound anemia WITH exceptional blood loss AND blood transfusion is impossible or must be delayed?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have a progressive necrotizing infection (rapid tissue inflammation and death)?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have EITHER a bacterial or fungal disease (such as mucormycosis, actinomycosis or conidiobolus coronate) and BOTH of the following (A and B)? A. HBO therapy is being used as a SUPPLEMENT to conventional therapy. B. The disease process IS NOT responding to antibiotics and surgical treatment.

**A**

Possible answers:  Yes  No  N/A