

Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Hyperbaric and Topical Oxygen Therapy

MP9055

Covered Service: Yes

Prior Authorization

Required: No

Additional Self-funded plans (ASO) may require prior authorization. Please Information:

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.

Medica 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)
 - 1.10 Decompression sickness
 - 1.11 Necrotizing soft tissue infections
 - 1.12 Air or gas embolism
 - 1.13 Severe anemia
 - 1.14 Intracranial abscess
- 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:



Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

- 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:	Medical Policy Committee/Health Services Division	February 20, 2019
Revised:	Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division	February 19, 2020 February 17, 2021 February 16, 2022 January 18, 2023 December 20, 2023
Reviewed:	Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division	February 19, 2020 February 17, 2021 February 16, 2022 January 18, 2023 December 20, 2023

Published: 01/01/2024 Effective: 01/01/2024