March 2024

HYPERBARIC MONTHLY MEETING

SerenaGroup

Building the Nation's Leading Wound Care Team

TOPIC:

January - UHMS, CMS, and Insurance Medical Policies (catch up)

February - Outpatient, Inpatient, and Off-Label

PRESENTED BY:

ALLY GEORGE

Hyperbaric Educator

UHMS, CMS, INSURANCE

UHMS

The Undersea Hyperbaric Medicine Society provides indications that they have approved based upon research done for that condition.

CMS

Centers for Medicaid and Medicare Services have created their own list of approved indications that identify who qualifies for hyperbaric reimbursement by their standards.

INSURANCE

Commercial insurances may follow UHMS, CMS, or neither as guidelines for who may receive hyperbaric.

UHMS INDICATIONS

- air or gas embolism
- carbon monoxide poisoning
  - carbon monoxide poisoning complicated by cyanide poisoning
- clostridial myositis and myonecrosis (gas gangrene)
- crush injury, compartment syndrome, and other acute traumatic ischemias
- decompression sickness
- arterial inefficiencies: central retinal artery occlusion
  - arterial inefficiencies: enhancement of healing in selected problem wounds
- severe anemia
- intracranial abscess
- necrotizing soft tissue infections
- osteomyelitis (refractory)
- delayed radiation injury (soft tissue and bony necrosis)
- compromised grafts and flaps
- acute thermal burn injury
- idiopathic sudden sensorineural hearing loss
- avascular necrosis

CMS INDICATIONS

- Acute carbon monoxide intoxication
- Decompression illness
- Gas embolism
- Gas gangrene
- Acute traumatic peripheral ischemia. HBO 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. As in the previous conditions, HBO 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,
- Diabetic wounds of the lower extremities in patients who meet the following three criteria:
    - Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes
    - Patient has a wound classified as Wagner grade III or higher; and
    - Patient has failed an adequate course of standard wound therapy

LET'S COMPARE

UHMS

- air or gas embolism
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CMS

- acute carbon monoxide intoxication
- decompression illness
- gas embolism
- gas gangrene
- acute traumatic peripheral ischemia
- crush injuries and suturing of severed limbs
- progressive necrotizing infections (necrotizing fasciitis)
- acute peripheral arterial insufficiency
- preparation and preservation of compromised skin grafts
- chronic refractory osteomyelitis,
- osteoradionecrosis
- soft tissue radionecrosis
- cyanide poisoning
- actinomycosis
- diabetic wounds of the lower extremities

COMMERCIAL INSURANCE

Many insurances dictate either the CMS or UHMS approved indications in their medical policy. However, they may add or subtract indications. This is why it is crucial that we consult the medical policy for patients to ensure we follow their medical policy. Often times we will receive calls that are not a common indication for hyperbaric. A good rule of thumb is to obtain their insurance details and review their medical policy to confirm their candidacy for hyperbaric oxygen therapy. It’s also important to remember that just because it’s listed on the medical policy, it does not mean there aren’t still elements of medical necessity that need to be met or that the indication is appropriate in the outpatient setting.

HOW TO CHECK A MEDICAL POLICY

Finding a medical policy is not difficult. Often the back of the insurance card will have a website where you can find this information. If not, a simple google search of the insurance plan followed by the key phrase “medical policy” should lead you to their page where you can then search for “hyperbaric.” If you cannot find a posted medical policy online, you may be able to use the associated insurance portal or call the provider line for that insurance and provide the ICD 10 codes to have an agent reference their policy.

aetna™

In 3 clicks I have the medical policy up!

Aetna considers systemic hyperbaric oxygen therapy (HBOT) medically necessary for *any* of the following conditions (with usual medically necessary number of sessions (dives) in parentheses):

A. Acute air or gas embolism (up to 10 sessions);
B. Acute carbon monoxide poisoning (up to 5 sessions or clinical plateau);
C. Acute peripheral arterial insufficiency (i.e., compartment syndrome) requiring emergent surgical intervention (e.g., surgical or catheter directed embolectomy or bypass surgery), with imaging documentation of embolus/thrombus (e.g., MR, angiogram) (three treatments in the first 24 hours then twice daily until tissue at risk subsides);
D. Acute traumatic peripheral ischemia (including crush injuries and suturing of severed limbs) when loss of function, limb, or life is threatened and HBOT is used in combination with standard therapy (twice a day up to 7 days or 14 sessions);
E. Central retinal artery occlusion (CRAO), acute treatment (treat twice daily until clinical plateau plus three days; usual medically necessary duration is up to 10 days);
F. Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management, including a six- week course of parenteral antibiotics and at least one surgical eradication/debridement attempt, unless contraindicated, with photograph (with ruler) of wound plus X-ray or bone culture documenting

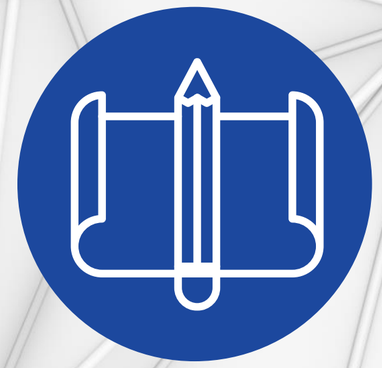
“LEVELS” OF HBOT

INPATIENT

Hyperbaric departments that are used for acute conditions for admitted patients. These patients are suffering from significant, life-threatening conditions that without emergency care and/or emergency hyperbaric they are at risk of death. These patients may or may not be conscious. Treatments may be longer 90 minutes, deeper than 2.4 ATA, and more than once a day in some instances.

OUTPATIENT

Conditions that we most commonly treat in outpatient settings include chronic, non-life-threatening conditions. These are usually insurance approved indications in patients that are stable enough to not require hospital inpatient care.



OFF-LABEL

Clinics that offer off-label hyperbaric are usually self-pay as insurance does not usually cover any conditions that are considered experimental. Off-label centers are usually free-standing centers and use hyperbaric for a wide variety of reasons ranging from cancer to anti-aging. Some of these conditions that have been deemed experimental

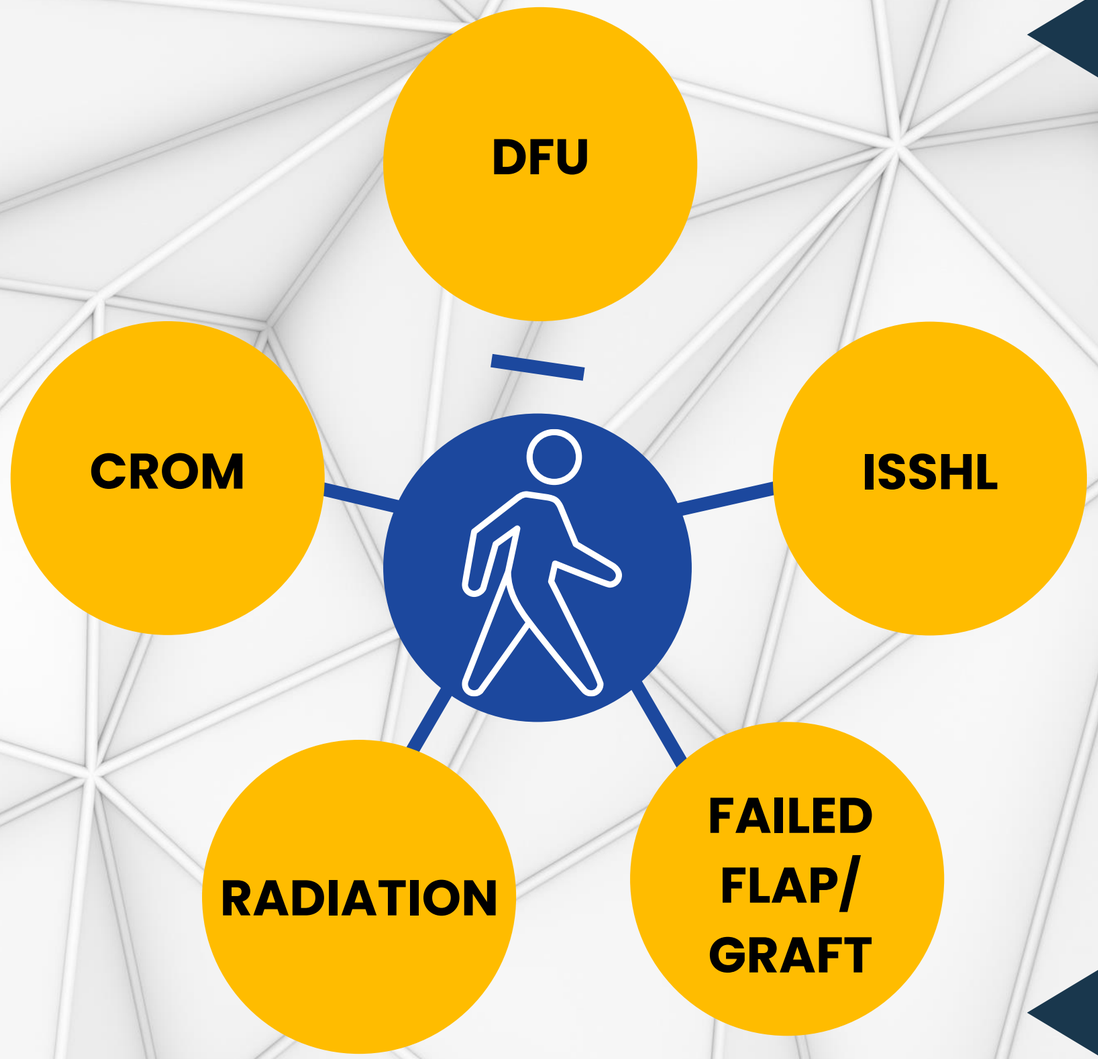
Clinics may offer hyperbaric in more than one of the three categories discussed above. For instance, a freestanding clinic may offer outpatient and off-label hyperbaric, or a hospital unit might offer inpatient and outpatient hyperbaric. As a hyperbaric technician, it’s best to know what your local area has to offer!

INPATIENT EXAMPLES

- CARBON MONOXIDE POISONING
- DECOMPRESSION SICKNESS
- AIR/GAS EMBOLISM
- GAS GANGRENE
- ACUTE ISCHEMA
- CRUSH INJURY
- PROGRESSIVE NECROTIZING INFECTION
- ARTERIAL INSUFFICIENCY
- ACUTE THERMAL BURNS

OUTPATIENT EXAMPLES

- diabetic ulcers
  - wagner grade 3+
- chronic refractory osteomyelitis
- delayed radiation injury
  - soft tissue radionecrosis
    - skin
    - cystitis
    - proctitis
  - osteoradionecrosis
- compromised flap/graft
- idiopathic sudden sensorineural hearing loss



OFF-LABEL EXAMPLES

- CHRONIC PAIN SYNDROME
- LYME DISEASE
- AUTISM
- SURGICAL WOUNDS
- CANCER
- NEUROPATHY
- TRAUMATIC BRAIN INJURY
- MULTIPLE SCLEROSIS
- POST-TRAUMATIC STRESS

SOURCES

- HBO Indications - Undersea & Hyperbaric Medical Society (uhms.org)

- NCD - Hyperbaric Oxygen Therapy (20.29) (cms.gov)

QUESTIONS?

QUIZ

QUESTION 1

Idiopathic Sudden Sensorineural Loss is an approved indication.

True or False?

TRUE AND FALSE!

Idiopathic sudden sensorineural hearing loss is a UHMS approved indication, but it is not approved by CMS.

Can we treat this patient?

QUESTION 2

All approved indications by CMS are able to be treated in an outpatient setting.

True or False?

FALSE!

Of the approved indications, some are designated as inpatient and some are designated as outpatient.

QUESTION 3

Which indication is an outpatient indication?

a. arterial insufficiency
b. compromised flap
c. crush injury

B!

Compromised flaps/grafts are appropriate to treat in the outpatient setting.

QUESTION 4

Which “categories/levels” will take insurance?

_____

OUTPATIENT AND INPATIENT

Outpatient clinics, like most of ours, treat insurance reimbursable conditions. Inpatient units may not get reimbursed for hyperbaric while the patient is admitted but those patients will most likely still have insurance that the hospital will bill as part of their inpatient services.

QUESTION 5

Name an indication that may not be safe to treat in an outpatient setting?

Acute conditions such as air gas embolism, decompression sickness, and more are not appropriate or safe in the outpatient setting.

HOUSEKEEPING

2024 SAFETY MANUAL

EMG. CALL TREE

COMPETENCIES

MEETING ATTENDANCE

ROUND TABLE?

COMING UP NEXT MONTH

Topic:
Barotrauma and Medical Necessity

Presenter:
Chambersburg Hyperbaric Team

April 2, 2024? at 12pm est

HYPERBARIC CONTACTS

THANK YOU!

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