

**Health Technology Clinical Committee
Final Findings and Decision**

Topic: Hyperbaric Oxygen Therapy for Tissue Damage, Including Wound Care and Treatment of Central Nervous System Conditions
Meeting Date: March 22, 2013
Final Adoption: May 17, 2013

Number and Coverage Topic:

20130322A – Hyperbaric Oxygen Therapy (HBOT) for Tissue damage, Including Wound Care and Treatment of Central Nervous System Conditions

HTCC Coverage Determination:

Hyperbaric Oxygen Therapy is a **covered benefit with conditions** consistent with the criteria identified in the reimbursement determination.

HTCC Reimbursement Determination:

Limitations of Coverage

1. Crush injuries and suturing of severed limbs; as an adjunct when loss of function, limb, or life is threatened.
2. Compromised skin grafts and flaps (not for primary management of wounds).
3. Chronic refractory osteomyelitis unresponsive to conventional medical and surgical management.
4. Osteoradionecrosis; as an adjunct to conventional treatment.
5. For prevention of osteoradionecrosis associated with tooth extraction in a radiated field.
6. Soft tissue radionecrosis; as an adjunct to conventional treatment.
7. Diabetic wounds in patients who meet the following three criteria:
 - a. Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes;
 - b. Patient has a wound classified as Wagner grade III or higher; and
 - c. Patient has failed an adequate course of standard wound therapy.

Non-Covered Indicators

1. Brain injury including traumatic (TBI) and chronic brain injury
2. Cerebral Palsy
3. Multiple Sclerosis
4. Migraine or cluster headaches
5. Acute and chronic sensorineural hearing loss
6. Thermal burns
7. Non-healing venous, arterial and pressure ulcers

Agency Contact Information

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

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HTCC Coverage Vote And Formal Action:

Committee Decision

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and agency and state utilization information. The committee concluded that the current evidence on Hyperbaric Oxygen Therapy demonstrates that there is sufficient evidence to cover with conditions. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. Based on these findings, the committee voted to cover with conditions Hyperbaric Oxygen Therapy.

Hyperbaric Oxygen Therapy Coverage Vote

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Hyperbaric Oxygen Therapy	0	0	10

Discussion

The Chair called for discussion on conditions for use of Hyperbaric Oxygen Therapy due to the majority voting for coverage with conditions. The following conditions were discussed and approved by a majority:

Limitations of Coverage

Covered Conditions

1. Crush injuries and suturing of severed limbs. HBO therapy would be an adjunctive treatment when loss of function, limb, or life is threatened.
2. Compromised skin grafts and flaps (not for primary management of wounds).
3. Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management.
4. Osteoradionecrosis as an adjunct to conventional treatment.
5. For prevention of osteoradionecrosis associated with tooth extraction in a radiated field.
6. Soft tissue radionecrosis as an adjunct to conventional treatment.
7. Diabetic wounds in patients who meet the following three criteria:
 - a. Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes;
 - b. Patient has a wound classified as Wagner grade III or higher; and
 - c. Patient has failed an adequate course of standard wound therapy.

Non-Covered Conditions

1. Brain injury including traumatic (TBI) and chronic brain injury
2. Cerebral Palsy
3. Multiple Sclerosis

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4. Migraine or cluster headaches
5. Acute and chronic sensorineural hearing loss
6. Thermal burns
7. Non-healing venous, arterial and pressure ulcers

Action

The committee Chair directed HTA staff to prepare a Findings and Decision document on Hyperbaric Oxygen Therapy reflective of the majority vote for final approval at the next public meeting.

The committee reviewed the evidence report for existing clinical guidelines and Centers for Medicare & Medicaid Services (CMS) decisions. CMS does not have a national coverage determination (NCD) for Hyperbaric Oxygen Therapy.

Health Technology Clinical Committee Authority:

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.

Meeting materials and transcript are available on the HTA website at:
http://www.hta.hca.wa.gov/past_materials.html