

OXYCARE LTD

Modern Hyperbaric Solutions
Advanced Healing Care

Accredited with



Insurer Clinical Indication Description for HYPERBARIC OXYGEN THERAPY



In Chamber TCPO2 At 2.4ATA

Carried out with the Perimed 6000 to identify responders with Selected non Healing wounds



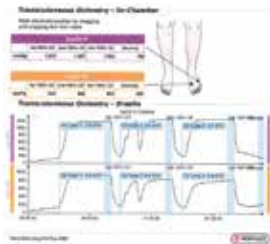
Ante Chamber



Main Chamber



Perimed 6000



In Chamber TCPO2 Report



Contents

	Page
VHI Healthcare	2
Irish Life Healthcare	5
Laya Healthcare	7
MPF	12
St. Pauls Medical Aid Society	15
Prison Officers Medical Aid Society	18



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Procedure Description

Hyperbaric oxygen therapy (HBOT), administered systemically in a pressurised chamber unit (not applicable for topical hyperbaric oxygen therapy such a limb encasing devices) initial, including full medical evaluation (see clinical indications)

Procedure Description

Hyperbaric oxygen therapy (HBOT), administered systemically in a pressurised chamber unit (not applicable for topical hyperbaric oxygen therapy such a limb encasing devices) subsequent, per session (see clinical indications)

Clinical Indication Description



Acute air or gas embolism



Acute carbon monoxide poisoning and smoke inhalation



Acute traumatic peripheral ischemia (including crush injuries an suturing of severed limbs) when loss of function, limb, or lide is threatened and HBOT is used in combination with standard therapy



Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management



Compromised skin grafts and flaps



Decompression illness



Clinical Indication Description



Exceptional blood loss anaemia only when there is overwhelming blood loss and transfusion is impossible because there is no suitable blood available



Idiopathic sudden sensorineural hearing loss (ISSHL), where HBOT is initiated within two weeks of onset, in combination with medical therapy



Non-healing infected and ischaemic deep wounds/ulcerations unresponsive to at least 6 months of meticulous wound care, where transcutaneous oximetry during HBOT confirms an increase in wound oxygenation



Radiation necrosis (brain radionecrosis, myoradionecrosis, osteoradionecrosis, or other soft tissue radiation necrosis/injury, e.g. cystitis), including pre-/post-dental extractions from an irradiated mandible



Thermal burns, acute (second and third degree)



Irish Life
health

Procedure Description

Hyperbaric Oxygen Therapy (HBOT) including full medical consultation

Procedure Description

Hyperbaric Oxygen Therapy (HBOT) treatments 2-39 (per session)

Clinical Indication Description



Arterial insufficiency - treatment to prevent amputations



Compromised skin grafts and flaps



Radiation necrosis, myoradionecrosis, osteoradionecrosis, and other soft tissue radiation necrosis



Chronic refractory osteomyelitis



Thermal burns including second and third degree burns



Procedure Description

Hyperbaric oxygen therapy (HBOT) under pressure, full body chamber, initial, including full medical assessment and planning of the scheduled treatment session

Procedure Description

Hyperbaric oxygen therapy (HBOT) under pressure, full body chamber, subsequent, per session

Clinical Indication Description



Acute air or gas embolism



Acute carbon monoxide poisoning







Acute cerebral oedema










Acute peripheral arterial insufficiency
(i.e. compartment syndrome)

- (i) Requiring imminent surgical intervention (e.g. embolectomy or bypass surgery)
- (ii) Imaging documentation of embolus/thrombus available in patient's medical records (e.g. MRI, angiogram)


Clinical Indication Description

-  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
-  Central retinal artery occlusion, acute treatment
-  Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management including:
 - (i) unresponsive to conventional medical and surgical management, and
 - (ii) a six-week course of intravenous antibiotics, and
 - (iii) at least one surgical debridement attempt unless contraindicated, with
 - (iv) documentation of wound bone culture, x-ray and photograph of wound are available in patient's medical record
-  Compromised skin grafts and flaps where:
 - (i) hypoxia or decreased perfusion has compromised viability acutely and
 - (ii) transcutaneous oximetry to demonstrate hypoxia and response potential to HBOT is documented and
 - (iii) documentation of wound in the patient's medical record should include type of flap or whether additional surgical intervention was required


Clinical Indication Description

-  Decompression illness ("the bends")
-  Exceptional blood loss anaemia only when there is overwhelming blood loss and transfusion is impossible because there is no suitable blood available, or religion does not permit transfusions
-  Gas gangrene
(Clostridial myositis and myonecrosis)
-  Progressive necrotizing soft tissue infections, including mixed aerobic and anaerobic infections (Meleney's ulcer, necrotizing fasciitis) with:
 - (i) history of inpatient treatment for intravenous antibiotics and surgical debridement (unless contraindicated) and
 - (ii) documentation of wound photographs, wound care etc. are available in patient's medical record
-  Radiation-induced haemorrhagic cystitis
-  Radiation necrosis (brain radionecrosis, myoradionecrosis, osteoradionecrosis, or other soft tissue radiation necrosis)
-  Radiation proctitis

Clinical Indication Description

-  Selected non healing wounds (Diabetic/ Ischaemic) present for greater than 6 months and
 - (i) transcutaneous oximetry to demonstrate hypoxia and response potential to HBOT is documented and
 - (ii) there is documentation to support wound healing every 30 days of treatment with HBOT

Note: HBOT is considered not medically necessary if measurable signs of wound healing have not been demonstrated in any 30-day period of treatment

-  Sudden sensorineural hearing loss e.g secondary to acoustic trauma, or noise induced hearing loss when HBOT is initiated within 2 weeks



Our Expertise for Your Care



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Compromised skin grafts and flaps



Decompression illness



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WOUND CARE
 BONE INFECTION
 DPM
 BEST PRACTICE
 AMPUTATION PREVENTION
 INFECTION
 DIABETIC FOOT ULCER
 ANGIOGENESIS
 GANGRENE
 OXYGEN
 MONO-PLACE
 HBOT
 100% O2
 CHRONIC REFRACTORY OSTEOMYELITIS
HYPERBARIC OXYGEN THERAPY
 RADIATION DAMAGE
 INFECTION
 NECROSIS
 DIABETES WAGNER GRADE 3+
 ULCER
 SOFT TISSUE
 RADIONECROSIS
OSTEORADIONECROSIS
 NECROTIZING INFECTION
 MARX
 PROTOCOL
 RADIATION CYSTITIS
 STANDARD OF CARE
 ULCERS COMPLICATED BY INFECTION
 SURGREY
 DFU
 RADIATION PROCTITIS
 ORN
 RESEARCH
 MULTIPLACE



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