


MEDICAL POLICY	Hyperbaric Oxygen Therapy (Medicare Only)
Effective Date: 08/01/2021  8/1/2021	Medical Policy Number: 198
	Medical Policy Committee Approved Date: 5/18; 3/19; 5/19; 06/2020; 07/2021
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare only

DOCUMENTATION REQUIREMENTS

The Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) requires documentation of all previous and ongoing standard wound (and other) treatment(s) for the patient’s specific condition. Each hyperbaric oxygen treatment must be completely documented including the ascent and descent time, patient toleration, and ongoing progress.

MEDICARE POLICY CRITERIA

Notes:

- Hyperbaric oxygen therapy performed concurrently with negative pressure wound therapy is not covered.
- The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Hyperbaric Oxygen Therapy</i>	<ul style="list-style-type: none"> • Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) for Hyperbaric Oxygen Therapy (20.29)¹ *See Section B. for a detailed listing of Noncovered Conditions. • Medicare Claims Processing Manual. Chapter 32 – Billing Requirements for Special Services²

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	<i>*Scroll to 30 – Hyperbaric Oxygen (HBO) Therapy in Table of Contents. Section contains Billing Requirements for HBO Therapy for the Treatment of Diabetic Wounds of the Lower Extremities, and Topical Application.</i>
Oxygen and Oxygen Equipment (applies to topical hyperbaric oxygen)	<ul style="list-style-type: none"> Local Coverage Determination (LCD): Oxygen and Oxygen Equipment (L33797)³ LCA: Oxygen and Oxygen Equipment - Policy Article (A52514)⁴ LCA: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)⁵

CPT/HCPCS CODES

Medicare Only	
Prior Authorization Required	
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
Not Covered	
A4575	Topical hyperbaric oxygen chamber, disposable
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Centers for Medicare & Medicaid Services: National Coverage Determination (NCD) for Hyperbaric Oxygen Therapy (20.29). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=12>. Accessed 5/13/2021.
2. Centers for Medicare & Medicaid Services (CMS). CMS Manual System. Medicare Claims Processing Manual. Chapter 32 – Billing Requirements for Special Services. 30 - Hyperbaric Oxygen (HBO) Therapy. (Rev. 10573, 03-24-2021). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c32.pdf>. Accessed 5/13/2021.
3. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD) Title: Oxygen and Oxygen Equipment. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33797>. Accessed 5/13/2021.
4. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA) Title: Oxygen and Oxygen Equipment - Policy Article (A52514). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52514>. Accessed 5/13/2021.
5. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA) Title: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=55426>. Accessed 5/13/2021.