


<b>MEDICAL POLICY</b>	<b>Hyperbaric Oxygen Therapy (Medicare Only)</b>	
<b>Effective Date: 07/01/2020</b>   7/1/2020	Section: MED	Policy No: 420
	Medical Policy Committee Approved Date: 5/18; 3/19; 5/19; 06/2020	
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 Ayn 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"> <li>• Centers for Medicare &amp; Medicaid Services (CMS) National Coverage Determination (NCD) for Hyperbaric Oxygen Therapy (<a href="#">20.29</a>)<sup>1</sup> *See Section B. for a detailed listing of Noncovered Conditions.</li> <li>• Medicare Claims Processing Manual. <a href="#">Chapter 32 – Billing Requirements for Special Services</a><sup>2</sup></li> </ul>

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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"> <li>Local Coverage Determination (LCD): Oxygen and Oxygen Equipment (<a href="#">L33797</a>)<sup>3</sup></li> <li>LCA: Oxygen and Oxygen Equipment - Policy Article (<a href="#">A52514</a>)<sup>4</sup></li> <li>LCA: Standard Documentation Requirements for All Claims Submitted to DME MACs (<a href="#">A55426</a>)<sup>5</sup></li> </ul>

**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.

## REFERENCES

1. Centers for Medicare & Medicaid Services: National Coverage Determination (NCD) for Hyperbaric Oxygen Therapy (20.29). Effective Date of this Version: 4/3/2017. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=12>. Accessed 05/26/2020.
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. 187, 05-28-04). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c32.pdf>. Accessed 05/26/2020.
3. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD) Title: Oxygen and Oxygen Equipment. Revision Effective Date: For services performed on or after 01/01/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33797>. Accessed 05/26/2020.
4. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA) Title: Oxygen and Oxygen Equipment - Policy Article (A52514). Revision Effective Date: For services performed on or after 01/01/2019. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52514>. Accessed 05/26/2020.
5. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA) Title: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426). Revision Effective Date: 04/06/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=55426>. Accessed 05/26/2020.