MEDICAL COVERAGE POLICY
SERVICE: Hyperbaric Oxygen Therapy

Policy Number:	**044**
Effective Date:	**04/01/2025**
Last Review:	**03/10/2025**
Next Review:	**03/10/2026**

Important note: *Unless otherwise indicated, medical policies will apply to all lines of business. Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.*

SERVICE: Hyperbaric Oxygen Therapy (HBOT)

PRIOR AUTHORIZATION: Not required

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) NCD 20.29 Hyperbaric Oxygen Therapy or LCD (Local Coverage Determination) L37873 Topical Oxygen Therapy (Non-Texas LCD). If there are no applicable NCD or LCD criteria, use the criteria set forth below.

"Medicare Administrative Contractors (MACs) acting within their respective jurisdictions may determine coverage of topical application of oxygen for chronic non-healing wounds." LCD L37873 (Palmetto), "This A/B MAC has rendered the LCD for Topical Oxygen Therapy as non-covered"

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid Provider Procedures Manual | TMHP (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

BSWHP may consider HBOT medically necessary for the following indications, once other standard and conventional therapies have been unsuccessful:

1. Acute carbon monoxide intoxication
2. Decompression illness
3. Air or Gas embolism
4. Gas gangrene (clostridial myositis and myonecrosis)
5. 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.
6. 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.
7. Acute peripheral arterial insufficiency
8. Progressive necrotizing infections (necrotizing fasciitis)
9. Preparation and preservation of compromised skin grafts (not for primary management of wounds)
10. Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management
11. Osteoradionecrosis as an adjunct to conventional treatment

12. Soft tissue radio-necrosis as an adjunct to conventional treatment
13. Carbon monoxide poisoning with exposure to cyanide – combination may have synergistic toxicity
14. Actinomycosis caused by Actinomyces Israelii that is refractory to conventional therapy, (antibiotics and surgical treatment)
15. Diabetic wounds of the lower extremities 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

The use of HBO therapy is covered as adjunctive therapy only after there are no measurable signs of healing for at least 30 days of treatment with standard wound therapy and must be used in addition to standard wound care.

Standard wound care in patients with diabetic wounds includes:
1. Assessment of a patient's vascular status and correction of any vascular problems in the affected limb if possible
2. Optimization of nutritional status
3. Optimization of glucose control
4. Debridement by any means to remove devitalized tissue
5. Maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings
6. Appropriate off-loading
7. Necessary treatment to resolve any infection that might be present

Failure to respond to standard wound care occurs when there are no measurable signs of healing for at least 30 consecutive days. Wounds must be evaluated at least every 30 days during administration of HBO therapy. Continued treatment with HBO therapy is not covered if measurable signs of healing have not been demonstrated within any 30-day period of treatment.

EXCLUSIONS:

BSWHP considers the use of systemic **HBOT unproven for the following conditions** (not an all-inclusive list) because there is insufficient evidence in the medical literature establishing that systemic HBOT is more effective than conventional therapies:
1. Cutaneous, decubitus, and stasis ulcers
2. Chronic peripheral vascular insufficiency
3. Anaerobic septicemia and infection other than clostridial
4. Skin burns (thermal)
5. Senility
6. Myocardial infarction
7. Cardiogenic shock
8. Sickle cell anemia
9. Acute thermal and chemical pulmonary damage, i.e., smoke inhalation with pulmonary insufficiency
10. Acute or chronic cerebral vascular insufficiency

11. Hepatic necrosis
12. Aerobic septicemia
13. Nonvascular causes of chronic brain syndrome (Pick's disease, Alzheimer's disease, Korsakoff's disease)
14. Tetanus
15. Systemic aerobic infection
16. Organ transplantation
17. Organ storage
18. Pulmonary emphysema
19. Exceptional blood loss anemia
20. Multiple Sclerosis
21. Arthritic Diseases
22. Acute cerebral edema

Contraindications for HBO

1. Absolute - Untreated tension pneumothorax
2. Relative
   a. Upper respiratory tract infection
   b. Emphysema with carbon dioxide retention
   c. Asymptomatic pulmonary lesions seen on chest x-ray •History of thoracic or ear surgery
   d. Uncontrolled hyperthermia
   e. Pregnancy
   f. Claustrophobia
   g. Seizure disorder

BACKGROUND:

HBOT involves the systemic administration of pure gaseous oxygen under pressures greater than one atmosphere in a specialized chamber. The goal of HBO therapy is to promote tissue healing through a combination of increasing hydrostatic pressure and elevation of the tissue oxygen tension, increasing cellularity and improving vascularity; and to reverse hypoxia, prevent tissue damage and reduce the incidence of delayed neurological effects.

MANDATES: None

CODES:

Important note: *Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.*

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CPT Codes	99183 - Hyperbaric oxygen therapy G0277 - HBOT, full body chamber, 30m
CPT Codes Not Covered	
HCPCS Codes Not Covered	A4575 - Topical hyperbaric oxygen chamber, disposable E0446 - Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
ICD-10 Codes	List of covered diagnoses, per NCD 20.29, can be found at https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR10318.zip
	(Choose the spreadsheet 20.29 HBO Therapy 103017F)

POLICY HISTORY:

Status	Date	Action
New	8/1/2010	New policy
Reviewed	12/2/2011	Reviewed
Reviewed	10/5/2012	Reviewed
Reviewed	5/30/2013	No changes. Codes added
Reviewed	5/22/2014	No changes
Reviewed	5/28/2015	No changes
Reviewed	6/09/2016	LCD language added and used for policy statement
Reviewed	05/16/2017	No changes
Reviewed	04/03/2018	No changes
Reviewed	06/27/2019	Updated per NCD and LCD. Dx code list linked to policy
Reviewed	07/30/2020	Added language for FirstCare use
Reviewed	07/22/2021	No changes
Reviewed	06/23/2022	Updated Medicare information
Reviewed	07/27/2023	No changes
Reviewed	04/08/2024	Formatting changes, added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes
Reviewed	03/10/2025	Ending note section updated to align with business entity changes.
Updated	08/11/2025	Removed “Medicare NCD or LCD specific InterQual criteria may be used when available”

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available, and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

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***Note**:*

Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid is offered through Scott and White Health Plan in the Central Texas Medicaid Rural Service Area (MRSA); FirstCare STAR is offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA; and FirstCare CHIP is offered through FirstCare in the Lubbock Service Area.