

Medicare Medical Policy

Hyperbaric Oxygen Therapy

MEDICARE MEDICAL POLICY NUMBER: 198

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INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. 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.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

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

PRODUCT AND BENEFIT APPLICATION

Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Service	Medicare Guidelines
<i>Hyperbaric Oxygen Therapy (HBOT)</i>	National Coverage Determination (NCD) for Hyperbaric Oxygen Therapy (20.29) NOTE: According to NCD 20.29, "All other indications not specified under §270.4(A) are not covered under the Medicare program. No program payment may be made for any conditions other than those listed in §270.4(A)." Therefore, in addition to the <i>non-covered</i> list of conditions in the NCD, the use of HBOT for any indication that is not included in the <i>covered</i> list of this NCD would be considered not medically necessary .
Topical Hyperbaric Oxygen (E0446 and A4575)	Local Coverage Determination (LCD): Oxygen and Oxygen Equipment (L33797)

IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

POLICY CROSS REFERENCES

None

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

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.

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

BILLING GUIDELINES AND CODING

GENERAL

HBOT Used for the Treatment of Diabetic Wounds of the Lower Extremities

For more information regarding submitting claims for HBOT used for the treatment of diabetic wounds of the lower extremities, see the *Medicare Claims Processing Manual, Chapter 32 – Billing Requirements for Special Services*, [§30.1 - Billing Requirements for HBO Therapy for the Treatment of the Lower Extremities](#).

Topical Hyperbaric Oxygen

According to the Noridian LCA Billing and Coding: Topical HBO and Physician Related Service Billing and Coding Guidelines ([A56026](#)), "the two HCPCS codes for topical oxygen therapy (E0446 and A4575) are designated as DME jurisdiction" and that physicians are not allowed to report for topical oxygen HCPCS codes. In addition, the *Medicare Claims Processing Manual, Chapter 32, §30.2 Hyperbaric Oxygen (HBO) Therapy (Section C, Topical Application of Oxygen)* states, "there shall be no coverage for any separate or additional physician's professional services related to this procedure." According to LCA A56026, to bill for related **physician** services of topical oxygen, unlisted CPT code 99199 would be used, but no separate reimbursement would be allowed.

CODES*		
CPT	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
	99199	Unlisted special service, procedure or report
HCPCS	A4575	Topical hyperbaric oxygen chamber, disposable

E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval

***Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

None

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
8/2022	Annual review (converted to new format 2/2023)
8/2023	Annual review; no changes
8/2024	Annual review; no changes