

## Hyperbaric Oxygen (HBO) Therapy

Published: 11/01/2018

Next Review: 09/2019

Last Review: 09/2018

Medicare Link(s) Revised: 06/01/2019

### IMPORTANT REMINDER

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.*

*The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.*

## DESCRIPTION

“Hyperbaric oxygen (HBO) therapy is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure.” (NCD 20.29) Two methods of administration are available, systemic (large chamber) and topical.

## MEDICARE ADVANTAGE POLICY CRITERIA

<b>CMS Coverage Manuals*</b>	None
<b>National Coverage Determinations (NCDs)*</b>	For <b>general coverage criteria:</b> ✓ Hyperbaric Oxygen Therapy ( <a href="#">20.29</a> )
<b>Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*</b>	For topical hyperbaric oxygen ( <b>HCPCS codes A4575 and E0446</b> ): ✓ Oxygen and Oxygen Equipment ( <a href="#">L33797</a> )

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\*\*Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary

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## POLICY GUIDELINES

### REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Condition being treated with HBO therapy;
- Method of oxygen administration (i.e., chamber, topical, etc.);
- Documentation of response to standard wound therapy;
- Anticipated length of treatment plan, or if requesting *additional* treatments, documentation of wound response to prior treatment(s).

### REGULATORY STATUS

The following are examples of oxygen therapy devices (chambers and topical) cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process:

- Numobag™ Kit (Numotech, Inc). The FDA determined that this device was substantially equivalent to existing devices (February 1999).
- AOTI Hyper-Box™ (AOTI Ltd., Galway, Ireland) cleared by FDA in (2008).
- TransCu O2 (Electrochemical Oxygen Concepts, Inc.), also determined to be substantially equivalent to existing devices (August 2009).
- ATA Monoplace Hyperbaric System (ATA Hyperbaric Chamber Manufacturing, Inc.), also determined to be substantially equivalent to existing hyperbaric devices (May 2005).

In 2013, the FDA published a statement warning that non-FDA approved uses of HBOT may endanger the health of patients.<sup>[3]</sup>

## CROSS REFERENCES

None

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1. Medicare Claims Processing Manual, Chapter 32 – Billing Requirements for Special Services, [§30.1 - Billing Requirements for HBO Therapy for the Treatment of Diabetic Wounds of the Lower Extremities](#)

2. US Food and Drug Administration. Hyperbaric Oxygen Therapy: Don't Be Misled. [cited 08/29/2017]; Available from:  
<http://www.fda.gov/forconsumers/consumerupdates/ucm364687.htm>

## CODING

**NOTE:** HCPCS code A4575 is a Medicare Status “N” code, and therefore, is non-covered by Medicare and Medicare Advantage.

Codes	Number	Description
<b>CPT</b>	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session  <b>NOTE:</b> This code is not intended for reporting systemic oxygen therapy in chambers that provide oxygen at less than hyperbaric pressure (eg, “mild hyperbaric” oxygen therapy) which should be reported using code 99199.
	99199	Unlisted special service, procedure or report
<b>HCPCS</b>	A4575	Topical hyperbaric oxygen chamber, disposable ( <i>Non-covered by Medicare</i> )
	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories ( <i>Non-covered by Medicare</i> )  <b>NOTE:</b> This code is intended for devices such as the TransCu O2 that deliver oxygen at normal atmospheric pressure under wound dressings; it should not be used to report topical hyperbaric oxygen therapy devices.
	E1399	Durable medical equipment, miscellaneous
	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval

**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan’s web control as these sites are not maintained by the health plan.