Medical Necessity Guideline

### Medical Necessity Guideline (MNG) Title: Hyperbaric Oxygen Therapy

<table>
<thead>
<tr>
<th>MNG #: 005</th>
<th>☒ SCO  ☒ One Care</th>
<th>Prior Authorization Needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical: ☒</td>
<td>Operational: ☐</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Medicare Benefit:</td>
<td>Approval Date:</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>☐ Yes ☒ No</td>
<td>1/10/2019;</td>
<td>Effective Date:</td>
</tr>
<tr>
<td>Last Revised Date: 1/25/2019;</td>
<td>Next Annual Review Date: 1/10/2020;</td>
<td>Retire Date:</td>
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#### OVERVIEW:
Hyperbaric oxygen (HBO) therapy is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. HBO therapy is a medical treatment that involves breathing in pure oxygen while inside a sealed chamber in which the oxygen pressure and content is significantly higher than normal atmospheric pressure. This increased pressure helps supply a patient’s lungs with a greater amount of oxygen and, in turn, deliver more oxygen to tissues throughout the patient’s body.

#### DECISION GUIDELINES:
- Hyperbaric oxygen therapy will be limited to that which is administered in a chamber (including the one place unit) and is limited to the following conditions:
  - Acute carbon monoxide intoxication,
  - Osteoradionecrosis as an adjunct to conventional treatment,
  - Decompression illness,
  - Cyanide poisoning,
  - Gas embolism,
  - Preparation and preservation of compromised skin grafts (not for primary management of wounds),
  - 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.
  - Progressive necrotizing infections (necrotizing fasciitis),
  - Acute peripheral arterial insufficiency,
  - 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.
  - Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management,
  - Soft tissue radionecrosis as an adjunct to conventional treatment,
  - Gas gangrene,
  - Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment,
  - Diabetic wounds of the lower extremities in patients who meet the following three criteria:
    - Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes;
    - Patient has a wound classified as Wagner grade III or higher; and
    - Patient has failed an adequate course of standard wound therapy.
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- 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: assessment of a patient’s vascular status and correction of any vascular problems in the affected limb if possible, optimization of nutritional status, optimization of glucose control, debridement by any means to remove devitalized tissue, maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings, appropriate off-loading, and 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.

Clinical Coverage Criteria:

Non-Covered Conditions
No payment may be made for Hyperbaric oxygen therapy in the treatment of the following conditions:
- Acute cerebral edema
- Acute or chronic cerebral vascular insufficiency
- Acute thermal and chemical pulmonary damage, i.e., smoke inhalation with pulmonary insufficiency
- Aerobic septicemia
- Anaerobic septicemia and infection other than as noted above.
- Arthritic disease
- Cardiogenic shock
- Chronic peripheral vascular insufficiency
- Cutaneous, decubitus, and stasis ulcers
- Exceptional blood loss anemia
- Hepatic necrosis
- Multiple sclerosis
- Myocardial infarction
- Nonvascular causes of chronic brain syndrome (Pick’s disease, Alzheimer’s disease, Korsakoff’s disease)
- Organ storage
- Organ transplantation
- Pulmonary emphysema
- Senility
- Sickle cell anemia
- Skin burns (thermal)
- Systemic aerobic infection
- Tetanus

Topical Application of Oxygen
Topical application of oxygen does not meet the definition of HBO therapy as stated above. Continuous Diffusion of Oxygen Therapy (CDO) also referenced as Topical Application of Oxygen and Topical Oxygen Therapy (TOT) for the
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treatment of wounds is not covered. Its clinical efficacy has not been established. No reimbursement may be made for the topical application of oxygen for wounds.

LIMITATIONS/EXCLUSIONS:
Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws (including the Plan’s applicable government program contracts) that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations.

AUTHORIZATION:
The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>99183</td>
<td>Physician or other qualified health care professional attendance and supervision of Hyperbaric oxygen therapy, per session (Professional Component Only).</td>
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<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tr>
<td>A4575</td>
<td>Topical hyperbaric oxygen chamber, disposable (Not covered)</td>
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<tr>
<td>E0446</td>
<td>Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories (Not covered)</td>
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<tr>
<td>G0277</td>
<td>Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval (Technical Component Only)</td>
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<tr>
<th>Bill Type</th>
<th>Description</th>
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<tr>
<td>85X</td>
<td>Critical access hospital</td>
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<thead>
<tr>
<th>Place of Service Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>11</td>
<td>Office</td>
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<tr>
<td>19</td>
<td>Off campus outpatient hospital</td>
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<tr>
<td>21</td>
<td>Inpatient hospital</td>
</tr>
<tr>
<td>22</td>
<td>On campus outpatient hospital</td>
</tr>
<tr>
<td>49</td>
<td>Independent Clinic</td>
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RELATED REFERENCES:
CMS National Coverage Determination (NCDs)
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NCD 20.29 Hyperbaric Oxygen Therapy
NCD 270.4 Treatment of Decubitus Ulcers

ATTACHMENTS:

| EXHIBIT A: |
| EXHIBIT B |

REVISION LOG:

<table>
<thead>
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<th>REVISION DATE</th>
<th>DESCRIPTION</th>
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APPROVALS:

Thomas A. Amoroso, MD  
CCA Senior Clinical Lead [Print]  
Medical Director, Utilization Management  
Title [Print]  
1/10/2018  
Signature  
Date

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Vice President, Medical Affairs  
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1/10/2018  
Signature  
Date