

Medical Policy

Healthcare Services Department

<p>Policy Name</p> <p>Hyperbaric Oxygen Therapy</p>	<p>Policy Number</p> <p>MP-HOT-FP-02-23</p>	<p>Scope</p> <p><input checked="" type="checkbox"/> MMM MA <input type="checkbox"/> MMM Multihealth</p>										
<p>Service Category</p> <table> <tr> <td><input type="checkbox"/> Anesthesia</td> <td><input type="checkbox"/> Medicine Services and Procedures</td> </tr> <tr> <td><input type="checkbox"/> Surgery</td> <td><input type="checkbox"/> Evaluation and Management Services</td> </tr> <tr> <td><input type="checkbox"/> Radiology Procedures</td> <td><input type="checkbox"/> DME/Prosthetics or Supplies</td> </tr> <tr> <td><input type="checkbox"/> Pathology and Laboratory Procedures</td> <td><input checked="" type="checkbox"/> <u>Other Wound</u></td> </tr> <tr> <td></td> <td><u>Hyperbaric Oxygen Therapy</u></td> </tr> </table>			<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Medicine Services and Procedures	<input type="checkbox"/> Surgery	<input type="checkbox"/> Evaluation and Management Services	<input type="checkbox"/> Radiology Procedures	<input type="checkbox"/> DME/Prosthetics or Supplies	<input type="checkbox"/> Pathology and Laboratory Procedures	<input checked="" type="checkbox"/> <u>Other Wound</u>		<u>Hyperbaric Oxygen Therapy</u>
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	<u>Hyperbaric Oxygen Therapy</u>											
<p>Service Description</p> <p>NCD 20.29 Hyperbaric Oxygen Therapy</p> <p>Hyperbaric oxygen therapy (HBOT) is a type of treatment used to speed up healing of carbon monoxide poisoning, gangrene, wounds that won't heal, and infections in which tissues are starved for oxygen.</p> <p>For this therapy, you enter a special chamber to breathe in pure oxygen in air pressure levels 1.5 to 3 times higher than average. The goal is to fill the blood with enough oxygen to repair tissues and restore normal body function.</p> <p>Please note that all services described in this policy require prior authorization.</p> <ul style="list-style-type: none"> • Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member. • Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable. • Providers must submit all required and requested documentation for case evaluation and determination. • The plan may request additional documentation and information not received and or provided initially related to condition and diagnosis for case evaluation and determination. • Any additional documentation submitted specifying medical necessity criteria and considered important for case evaluation and determination will be reviewed by Clinical Team utilizing guidelines and regulation criteria. 												

Medical Necessity Guidelines

NCD 20.29

Hyperbaric Oxygen Therapy
20.29

Indications and Limitations of Coverage

A. Covered Conditions

Program reimbursement for HBO therapy will be limited to that which is administered in a chamber (including the one man unit) and is limited to the following conditions:

1. Acute carbon monoxide intoxication,
2. Decompression illness,
3. Gas embolism,
4. Gas gangrene,
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. Progressive necrotizing infections (necrotizing fasciitis),
8. Acute peripheral arterial insufficiency,
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 radionecrosis as an adjunct to conventional treatment,
13. Cyanide poisoning,
14. Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to 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: 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.**

Limits or Restrictions**Limitations of Coverage****B. Noncovered Conditions**

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).

No program payment may be made for HBO in the treatment of the following conditions:

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.

Reference Information

Definition of:

Hyperbaric Oxygen Therapy

<https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/hyperbaric-oxygen-therapy>

CMS

LCD 33797

Oxygen and Oxygen Equipment

Medicare Coverage Database (MCD)

Link: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx>

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33797&ver=50&bc=0>

CMS

NCD 20.29

Hyperbaric Oxygen Therapy

20.29

Medicare Coverage Database (MCD)

Link: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx>

<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=12&ncdver=4&bc=0>

Policy History

Date	Version	Comments
12/07/2023	Draft	New Medical Policy
12/15/2023	Final	Approved by Medical Policy Committee