Medica Coverage Policy

Policy Name: Hyperbaric Oxygen Therapy (HBOT)
Effective Date: 11/20/2017

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Hyperbaric oxygen therapy is COVERED for those indications approved by the Hyperbaric Oxygen Therapy Committee of the Undersea and Hyperbaric Medicine Society listed in the Description Section of this position statement.

Hyperbaric oxygen therapy is investigative and therefore NOT COVERED for all other indications including but not limited to traumatic or chronic brain injury, cerebral palsy, multiple sclerosis, stroke, and autism.

Topical oxygen therapy is investigative and therefore NOT COVERED.

Description

Hyperbaric oxygen therapy (HBOT) involves the breathing of 100 percent oxygen while in a sealed chamber that has been pressurized at 1 ½ to 3 times normal atmospheric pressure. Under these conditions, the lungs can gather up to three times more oxygen than would be possible breathing oxygen at normal air pressure. The combination of high pressure and pure oxygen drive the oxygen into the bloodstream at a very high concentration so that it can spread deep into the body tissues, even areas where circulation is diminished or blocked, to help promote healing. There are two main types of chambers: monoplace and multiplace. Monoplace chambers are designed to treat one patient. Multiplace chambers accommodate more than one patient, including medical personnel for safety precautions, and are pressurized with compressed air while the patients breathe 100% oxygen via masks, head hoods, or endotracheal tubes. Single treatment sessions range from 90 to 120 minutes on average.

Topical oxygen therapy is a technique of delivering 100 percent oxygen directly to an open wound at a pressure slightly higher than atmospheric pressure. It is hypothesized that the high concentrations of oxygen diffused directly into the wound, to increase the local cellular oxygen tension, will promote wound healing. The devices consist of an appliance to enclose the wound area (frequently an extremity) and a source of oxygen, such as conventional oxygen tanks. Topical oxygen therapy differs from hyperbaric oxygen therapy in that it supplies oxygen only via the external route. The appliance may be disposable and used without supervision in the home setting by individuals trained in use of the device.

The Hyperbaric Oxygen Therapy Committee of the Undersea & Hyperbaric Medical Society has approved the following uses for HBOT:
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1. Air or gas embolism
2. Carbon monoxide poisoning
   a. Carbon Monoxide Poisoning Complicated By Cyanide Poisoning
3. Clostridial myositis and myonecrosis (gas gangrene)
4. Crush injury, compartment syndrome, and other acute traumatic ischemias
5. Decompression sickness
6. Arterial Insufficiencies
   a. Central Retinal Artery Occlusion
   b. Enhancement of healing in select problem wounds
7. Severe anemia
8. Intracranial abscess
9. Necrotizing soft tissue infections
10. Osteomyelitis (refractory)
11. Delayed radiation injury (soft tissue and bony necrosis)
12. Compromised grafts and flaps
13. Acute thermal burn injury
14. Idiopathic Sudden Sensorineural Hearing Loss (when used within two weeks of symptom onset)

FDA Approval
The FDA has approved a number of hyperbaric chambers since 1984 through a 510(k) process as Class II devices for the indications listed as appropriate by the Hyperbaric Oxygen Therapy Committee of the Undersea & Hyperbaric Medical Society.

Prior Authorization
Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:
99183 - Physician attendance and supervision of hyperbaric oxygen therapy, per session

HCPC codes
A4575 - Topical hyperbaric oxygen chamber, disposable
E0446 - Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories.
C1300 - Hyperbaric oxygen under pressure, full body changer, per 30 minute interval.

Revenue code:
0413 - Respiratory services - hyperbaric oxygen therapy
Original Effective Date: 8/1/2005

Re-Review Date(s):
4/22/2008
5/31/2011
6/14/2014
4/1/2016 – administrative code update
9/20/2017

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