Overview

Hyperbaric oxygen (HBO) therapy is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure.

Guidelines

Hyperbaric oxygen therapy will be limited to that which is administered in a chamber (including the one man unit) and is limited to the following conditions:

- Acute carbon monoxide intoxication,
- Decompression illness,
- Gas embolism,
- Gas gangrene,
- 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.
- 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,
- Preparation and preservation of compromised skin grafts (not for primary management of wounds),
- Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management,
- Osteoradionecrosis as an adjunct to conventional treatment,
- Soft tissue radionecrosis as an adjunct to conventional treatment,
- Cyanide poisoning,
- 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
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.

Non-Covered Conditions

No payment may be made for Hyperbaric oxygen therapy in the treatment of the following conditions:

- Cutaneous, decubitus, and stasis ulcers
- Chronic peripheral vascular insufficiency
- Anaerobic septicemia and infection other than clostridial
- Skin burns (thermal)
- Senility
- Myocardial infarction
- Cardiogenic shock
- Sickle cell anemia
- Acute thermal and chemical pulmonary damage, i.e., smoke inhalation with pulmonary insufficiency
- Acute or chronic cerebral vascular insufficiency
- Hepatic necrosis
- Aerobic septicemia
- Nonvascular causes of chronic brain syndrome (Pick’s disease, Alzheimer’s disease, Korsakoff’s disease)
- Tetanus
- Systemic aerobic infection
- Organ transplantation
- Organ storage
- Pulmonary emphysema
- Exceptional blood loss anemia
- Multiple sclerosis
- Arthritic disease
- Acute cerebral edema

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 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.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply 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. Other Policies and Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>97799</td>
<td>Unlisted physical medicine/rehabilitation service or procedure (Topical Oxygen Therapy – Non-Covered) (Deleted 07/08/2021)</td>
</tr>
</tbody>
</table>
CPT Code | Description
--- | ---
99183 | Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session (Professional Component Only)
99199 | Unlisted special service, procedure or report (Topical Oxygen Therapy – Non-Covered)

HCPCS Code | Description
--- | ---
A4575 | Topical hyperbaric oxygen chamber, disposable (Non-Covered)
E0446 | Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories (Non-Covered)
G0277 | Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval (Technical Component Only)

Place of Service Code | Description
--- | ---
11 | Office
19 | Off campus outpatient hospital
21 | Inpatient hospital
22 | On campus outpatient hospital
49 | Independent clinic

ICD Procedure Code | Description
--- | ---
5A05121 | Extracorporeal hyperbaric oxygenation, intermittent

References

**CMS National Coverage Determinations (NCDs)**

NCD 20.29 Hyperbaric Oxygen Therapy
NCD 270.4 Treatment of Decubitus Ulcers

**CMS Local Coverage Determinations (LCDs) and Articles**

<table>
<thead>
<tr>
<th>LCD</th>
<th>Article</th>
<th>Contractor</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
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<tr>
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<td>A56431 Billing and Coding: Topical Oxygen Therapy</td>
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Hyperbaric Oxygen Therapy (NCD 20.29)
UnitedHealthcare Medicare Advantage Policy Guideline
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## LCD | Article | Contractor | DME MAC
---|---|---|---
L33797 Oxygen and Oxygen Equipment | A58247 Response to Comments: Oxygen and Oxygen Equipment - DL33797 | CGS | AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
Noridian | AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WI, WV
A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs | CGS | AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
Noridian | AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WI, WV

### CMS Claims Processing Manual

**Chapter 32; § 30 Hyperbaric Oxygen (HBO) Therapy**
- **§ 30.1 Billing Requirements for HBO Therapy for the Treatment of Diabetic Wounds of the Lower Extremities**
- **§ 30.2 Hyperbaric Oxygen (HBO) Therapy (Section C, Topical Application of Oxygen)**

### CMS Transmittal(s)
- **Transmittal 2243, Change Request 11134, Dated 02/01/2019** (International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs))
- **Transmittal 3921, Change Request 10220, Dated 11/17/2017** (Hyperbaric Oxygen (HBO) Therapy (Section C, Topical Application of Oxygen))

### MLN Matters
- **Article MM10220, Hyperbaric Oxygen (HBO) Therapy (Section C, Topical Application of Oxygen)**
- **Article MM11134, International Classification of Diseases, 10th Revision (ICD-10) And Other Coding Revisions to National Coverage Determinations (NCDs)**

### Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
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<tbody>
<tr>
<td>11/10/2021</td>
<td><strong>Policy Summary</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Overview</strong></td>
</tr>
<tr>
<td></td>
<td>Updated description of “hyperbaric oxygen therapy”</td>
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<tr>
<td></td>
<td><strong>Applicable Codes</strong></td>
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<tr>
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<td>Added notation to CPT code 97799 to indicate code was “deleted Jul. 8, 2021”</td>
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<td>Removed:</td>
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<td>o Revenue codes 413 and 940</td>
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<td>o Bill type code 85X</td>
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<tr>
<td></td>
<td><strong>Supporting Information</strong></td>
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<tr>
<td></td>
<td>Updated <em>References</em> section to reflect the most current information</td>
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<td></td>
<td>Archived previous policy version MPG148.07</td>
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</table>
Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:
- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

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 member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT”), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT” or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.