

## Hyperbaric Oxygen Therapy - HCPCS G0277

---

Hyperbaric oxygen therapy (HBOT) is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. The patient is entirely enclosed in a pressure chamber breathing 100% oxygen (O<sub>2</sub>) at greater than one atmosphere (atm) pressure. A monoplace chamber pressurized with pure O<sub>2</sub> or a larger multi-place chamber pressurized with compressed air where the patient receives pure O<sub>2</sub> by mask, head tent, or endotracheal tube may be used.

### Covered indications:

Hyperbaric Oxygen Therapy (HBOT) is considered medically necessary and **may** be indicated for any of the following acute inpatient conditions:

### **Acute Inpatient Conditions:**

- Acute cyanide poisoning.
- Acute peripheral artery insufficiency.
- Acute traumatic peripheral ischemia or severe crush injuries (Grade III) as an adjunct to conventional treatment when loss of function, limb, or life is threatened.
- Actinomycosis which is refractory to antibiotics and surgical treatment.
- Air or gas embolism.
- Chronic refractory osteomyelitis as an adjunctive therapy when all of the following criteria are met:
  - Documentation of refractory stage 3B or 4B osteomyelitis; AND
  - Osteomyelitic lesions persist for more than six weeks after treatment is initiated; AND
  - No improvement after adequate antibiotic treatments and operative procedure (if a surgical candidate) are performed.
- Gas Gangrene (clostridial myositis and myonecrosis) as an adjunctive therapy to antibiotics and surgical management.
- Necrotizing soft tissue infections (necrotizing fasciitis).
- Osteoradionecrosis as an adjunct to conventional treatment.
- Preparation and preservation of compromised skin, preexisting grafts or flaps that are showing signs of failure or necrosis, (not for primary management of wounds).
- Soft tissue radionecrosis as an adjunct to conventional treatment.
- Severe carbon monoxide poisoning.
- Severe decompression sickness.

### **Outpatient Setting:**

HBOT **requires** a prior authorization and may be used as an **adjunctive treatment** in wound care. HBOT is considered medically necessary only if there are no measurable signs of healing for minimally 30 days of standard conventional treatment and must be used in addition to standard wound care.

The following may be considered medically necessary:

- Osteoradionecrosis as an adjunct to conventional treatment.
- Soft tissue radionecrosis as an adjunct to conventional treatment.
- Actinomycosis refractory to antibiotics and surgical treatment.
- Progressive necrotizing infections (necrotizing fasciitis, Meleny's ulcer) with conventional treatment having included inpatient antibiotics, surgical debridement, and when indicated, skin grafts.
- Chronic refractory osteomyelitis unresponsive to (unless contraindicated) at least surgical debridement and six-week course of paternal antibiotics.
- Diabetic ulcerations/wounds of the lower extremities when BOTH of the following are confirmed:
  - Ulcerations have a severity of at least Wagner grade III
  - Ulcerations have not healed appreciably after thirty days of standard wound therapy.

### **Preauthorization Requirements:**

- **Preauthorization will be required** when Hyperbaric treatment is done in the outpatient setting.

### **Initial therapy**

- Inpatient - acute setting: As clinically indicated and subject to medical necessity review.
- Outpatient: HBOT will be authorized for a maximum of five (5) units per day and a maximum of 120 units every 90 days. The following clinical information is required for Preauthorization.
  - Medical record documentation supporting the medical diagnosis and indication for HBOT.
  - Documentation of any previous failed treatment modalities.
  - Documentation of proposed treatment plan.
  - Attestation that patient does not have any contraindications to HBOT.

## Criteria for Continuation of Therapy (Outpatient Only)

All of the criteria for initial therapy must be met, **AND** The provider attests to a positive clinical response.

- Documentation of the wound healing process with photographs or wound measurements must be included when appropriate. Wounds must be evaluated at least every 30 days during administration of HBOT.
- The number of units requested must not exceed 120.
- Documentation of patient adherence to HBO Therapy.
- Renewal of HBOT is not considered medically necessary if measurable signs of healing have not been demonstrated within any 30-day period of treatment.

## Billing Code/Information

### Covered HCPCS and CPT Codes :

<u>99183</u>	Physician or other qualified healthcare professional attendance and supervision of hyperbaric oxygen therapy, per session (Professional Component Only) - <i>Billed on a CMS/HCFA 1500 claim form</i>
<u>G0277</u>	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval - <i>Billed on a CMS/HCFA 1500 claim form</i>

### Non Covered HCPCS and CPT Codes:

<u>A4575</u>	Topical hyperbaric oxygen chamber, disposable.
<u>E0446</u>	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories.

### Place of Service Codes:

- 19 Off campus outpatient hospital
- 21 Inpatient hospital
- 22 On campus outpatient hospital
- 49 Independent clinic

## Limitations and Exclusions

*Topical oxygen therapy (TOT)* is considered experimental, investigational, and unproven because the clinical efficacy has not been proven for any condition.

*Hyperbaric oxygen therapy (HBOT)* is considered **NOT** medically necessary and excluded because there is insufficient evidence in the peer reviewed medical literature for any of the following conditions that include but are not limited to:

- 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
- AIDS/HIV
- Alzheimer's Disease
- Asthma
- Bell's Palsy
- Cerebral Palsy
- Depression
- Migraines
- Parkinson's
- Spinal cord injury

- Sports injury
- Stroke

*Prior authorization of benefits is not the practice of medicine nor the substitute for the independent medical judgment of a treating medical provider. The materials provided are a component used to assist in making coverage decisions and administering benefits. Prior authorization does not constitute a contract or guarantee regarding member eligibility or payment. Prior authorization criteria are established based on a collaborative effort using input from the current medical literature and based on evidence available at the time.*

**Approved by MDH Clinical Criteria Committee: 10/19/2022**

**Last Reviewed Date: 4/11/2023**

*Revision History:*

*4/11/2023: Updated the number of units for initial therapy from 80 to 120. Reference: <https://www.ncbi.nlm.nih.gov/books/NBK430785/>*