Systemic hyperbaric oxygen therapy (HBOT) is reimbursable under plans administered by QualCare, Inc.

To assure proper and consistent reimbursement for a service with specific indications

1. The CPT code for physician attendance and supervision for each HBOT session is 99183
2. The HCPCS code for each 30-minute session in the hyperbaric chamber is C1300
3. The conditions for which HBOT is reimbursable include, but are not limited to, the following:
   a. Non-healing infected deep wounds of the lower extremity (reaching tendons or bone) that have not responded to at least 4 weeks of wound care that includes debridement, intensive antibiotic therapy, and appropriate management of ischemia
   b. Acute carbon monoxide poisoning (ICD-9 986)
   c. Decompression sickness (“the bends”) (993.3)
d. Acute air or other gas embolism (673.0, 958.0, 999.1)

e. Acute peripheral ischemia, including but not limited to compartment syndrome (958.9, 729.7)

f. Progressive necrotizing soft tissue infections, including but not limited to Clostridial myonecrosis (728.8)

g. Chronic refractory osteomyelitis unresponsive to conventional medical and surgical therapy (730.1)

h. Compromised skin grafts and flaps (996.5)
i. Radiation necrosis, with HBOT as an adjunct to conventional treatment

j. Radiation-induced enteritis or proctitis (558.1)

k. Overwhelming blood loss anemia when transfusion is not possible (285.1)

l. Pneumatosis cystoides intestinalis (569.8)

m. Prophylactic pre- and post-treatment in association with dental surgery of an irradiated jaw

n. Acute cerebral edema (348.5)
o. Brain abscess (324.0)

4. HBOT is **NOT** reimbursable for a number of conditions, including but not limited to the following, as the lack of a sufficient body of peer-reviewed literature supporting its efficacy for these conditions causes it to be deemed experimental, investigational, or unproven:

   a. Radiation-induced hemorrhagic cystitis (595.82)

   b. Breast irradiation-related pain, edema, and/or erythema (611.0)

   c. Radiation-induced brachial plexopathy (353.0, 953.4)

   d. Autism (299.0)

   e. Necrotizing arachnidism (998.5, E905.1)

   f. Reflex sympathetic dystrophy (complex regional pain syndrome (337.2-337.29)

   g. Cerebral palsy (343-343.9)

   h. Lyme disease(088.81)

5. Topical oxygen therapy or topical hyperbaric oxygen therapy (**HCPCS A4575**) for the treatment of chronic, non-healing wounds is not reimbursable, as there is not a sig-
significant body of refereed literature supporting its efficacy. It is therefore deemed experimental, investigational, and unproven.

6. Proposed indications for HBOT that are not on the list in Section 3 above must be referred for medical review.

   a. Unless proposals for these non-listed indications are accompanied by peer-reviewed literature, reimbursement for HBOT will not be considered;

   b. When such proposals are accompanied by peer-reviewed literature HBOT will not be reimbursable for these non-listed indications if, after medical review, HBOT is still deemed experimental, investigational or unproven for them.

7. Initial authorization of systemic HBOT shall not exceed one month. Treatment beyond one month shall require updated clinical information from the physician documenting the patient’s response and continued medically-based need and must then be referred to the medical director.

8. Requests for HBOT beyond the second month must be accompanied by a recommendation by a vascular surgeon not involved in the initial management of the patient.

References


Williams ST, Davies A, Bryson P. Chonic regional pain syndrome after subtalar arthrodesis is not prevented by early hyperbaric oxygen. Pain Physician 2009;12(5):E335-E339 (Sep-Oct)


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*