Subject: Hyperbaric Oxygen Therapy (HBOT)

Medical Policy #: 8.6

Original Effective Date: 12/21/2005

Status: Reviewed

Last Annual Review Date: 03-25-2026

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Hyperbaric Oxygen Therapy (HBOT) is a treatment modality in which the entire body is enclosed in a pressure vessel and exposed to 100% oxygen at greater than one atmosphere pressure. Either a mono-place chamber pressurized with pure O_2 or a larger multi-place chamber pressurized with compressed air where the patient receives pure O_2 by mask, head tent, or endotracheal tube may be used. Hyperbaric Oxygen Therapy aids healing in a variety of ways by increasing the oxygen that is available for cellular metabolism.

Hyperbaric Oxygen therapy serves **four** primary functions:

1. To increase the concentration of dissolved oxygen in the blood, which supplements oxygenation to all parts of the body;
   and
2. Replaces sluggish gas in the bloodstream with oxygen, then metabolized by the body;
   and
3. It may stimulate the development of a collagen matrix and angiogenesis;
   and
4. Also, acts as a bactericide for certain susceptible bacteria.

Developed as treatment for decompression illness, this modality is an established therapy for treating medical disorders such as carbon monoxide (CO) poisoning, gas gangrene, acute decompression illness and air embolism. Hyperbaric oxygen (HBO) therapy is also considered acceptable as adjunctive therapy in the treatment of sequella of acute vascular compromise and in the management of some disorders that are refractory to standard medical and surgical care or the result of radiation injury.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

Presbyterian follows CMS Hyperbaric Oxygen Therapy, National Coverage Determination (NCD 20.29) for **Medicare, Medicaid** and **Commercial** members.

For Medicare and Medicaid: Topical hyperbaric oxygen chamber, HCPCS code (A4575) and Topical oxygen delivery systems (E0446) will be denied as not reasonable and necessary is considered not reasonable and necessary, per Oxygen and Oxygen Equipment LCD (L33797)

Commercial:
Prior Auth is not required.
Topical hyperbaric oxygen chamber, HCPCS code (A4575) and Topical oxygen delivery system (E0446) will be covered for diabetic foot ulcers.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Code	Description
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session

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

ICD-10 Codes
Covered ICD-10 diagnoses codes are implemented by either a single or dual diagnosis requirement, which are based on patients' condition. Please downloaded Compressed file CR10318, select file **20.29 HBO Therapy 103017F**, then select worksheet tab **"ICD Diagnosis"**.

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Clinton White MD
Senior Medical Director: Jim Romero MD
Medical Director: Kresta Antillon MD
Date Approved: 03-25-2026

References

1. CMS, National Coverage Determination (NCD) for Hyperbaric Oxygen Therapy (20.29), Effective Date of Version #4, is 04/03/2017. [Cited 11/18/2025]
    a. CMS, TN#2005, change Request 10318, date: Jan 18, 2018
2. CMS, LCD for Oxygen and Oxygen Equipment, (L33797), Revision date: 04/01/2023, R11. [Cited 11/18/2025]
3. CMS Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 32, §30.1 Billing Requirements for HBO Therapy for the Treatment of Diabetic Wounds of the Lower Extremities, (Rev. 11021; Issued: 10-01-21; Effective: 10-29-21; Implementation: 10-29-21) [11-18-2025]
4. New Mexico Legislature, 2025 Regular Session – HB 233, DIABETIC FOOT ULCER EQUIPMENT COVERAGE, signed by Governor-Apr.7 [Cited 11-18-2025]

Publication History

05-18-17 Annual Review. Accessed MCG #A-0250 21st Edition. Last updated 2-2-17. No changes.
11-20-19 Annual Review. Removed MCG #ACG: A-0250 and replaced to follow MCG (N2029v4) or CMS NCD 20.29 and/or LCD L35021 for all LOB. Provided CPT.
01-27-21 Annual review. Reviewed by PHP Medical Policy Committee on 01/06/2020. Policy was following both NCD 20.29 and LCD L35021 for all LOB. CMS has retired LCD L35021 and related article A56714. The policy will continue to follow NCD 20.29 for all LOB. HCPCS hospital code G0277 will now require PA for all LOB and 99183 will continue with PA requirement. Due to retirement of L35021, Limitation and Documentation Requirement sections has been removed from policy. Criteria was added to policy using NCD 20.29. Added A4575 to policy.
01-26-22 Annual review. Reviewed by PHP Medical Policy Committee on 01/12/2022. Change. The policy will continue to follow CMS Hyperbaric Oxygen Therapy, (NCD 20.29) for Medicare, Medicaid and Commercial and MCG (N2029v4) reference will be removed. Added non-coverage statement from Local Coverage Determination (LCD- L33797), that topical hyperbaric oxygen chambers (A4575) is not reasonable and necessary. Code A4575 is considered not medically necessary for all product lines and will be configured as such. Prior authorization for codes 99183 and G0277 will continue.
01-25-23 Annual review. Reviewed by PHP Medical Policy Committee on 11/16/2022. No change. Continue to follow CMS Hyperbaric Oxygen Therapy, (NCD 20.29) for Medicare, Medicaid and Commercial. Continue non-coverage statement from Local Coverage Determination (LCD- L33797), that topical hyperbaric oxygen chambers (A4575) is not reasonable and necessary. Continue config of A4575 as not medically necessary for all product lines. Continue PA for codes 99183 and G0277.
02-07-24 Annual review. Reviewed by PHP Medical Policy Committee on 11/29/2023. No change. Continue to follow Hyperbaric Oxygen Therapy, (NCD 20.29) for ALOB, but removed the coverage determination guideline language from policy and reformatted to only include NCD weblinks. Continue to follow LCD (L33767) for Topical hyperbaric oxygen chamber as non-covered. Continue PA requirement for CPT codes: 99183, G0277.
03-26-25 Annual review. Reviewed by PHP Medical Policy Committee on 01-03-2025. No change. Continue to follow Hyperbaric Oxygen Therapy, (NCD 20.29) for ALOB, Continue to follow LCD (L33767) for Topical hyperbaric oxygen chamber as non-covered for ALOB. Continue PA requirement for CPT codes: 99183, G0277.
Ad-hoc 08-27-2025: Per HB-233, the topical hyperbaric oxygen chamber, disposable (A4575) will be a covered

	benefit without PA requirement for Commercial only, effective 1/01/2026. The status of investigation and experimental for (A4575) will be reversed for Commercial.
03-25-26	Annual review. Reviewed by PHP Medical Policy Committee on 11-19-2025. No change. Continue to follow Hyperbaric Oxygen Therapy, (NCD 20.29) with PA requirement for CPT codes: 99183, G0277 for ALOB. Continue to follow LCD (L33767) for topical use (A4575 & E0446) as non-covered for Medicare and Medicaid. Maintain coverage for topical use (A4575 & E0446) without PA requirement for Commercial only, effective 1/01/2026. Updated to add E0446 to code Table.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: ***Click here for Medical Policies***

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.