Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

Hyperbaric Oxygen Treatment (HBO)

Effective: July 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☒ No ☐
Notification Required	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products
- Tufts Health Direct
- Tufts Health Together
- Tufts Health RITogether

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Note: Prior authorization is not required for Hyperbaric Oxygen Therapy, in a pressurized chamber for the treatment of emergency conditions

Overview

Hyperbaric Oxygen Therapy (HBO) is used to treat a variety of medical conditions including decompression sickness, carbon monoxide poisoning, tissue injury due to radiation exposure, trauma, diabetic wounds, refractory osteomyelitis, necrotizing fasciitis and several other conditions proven by evidenced-based research. According to the Undersea and Hyperbaric Medical Society, scientifically supported hyperbaric treatments are usually delivered at pressures between 1.9 to 3.0 ATA.

During HBO therapy the patient breathes in and is exposed to pure oxygen at a pressure typically 2 to 3 times greater than the atmospheric pressure. This elevated concentration of blood plasma, combined with non-poisoned hemoglobin, can assist in improving oxygen delivery to tissues. It is intended to accelerate healing that may not ordinarily occur. Depending on the condition being treated, HBO can work through increasing systemic blood oxygen levels, increasing ambient pressure while reducing blood nitrogen levels (countering the primary cause and mechanism of decompression sickness), increasing the oxygen levels in wounded tissue, and/or exposing anaerobic bacteria to a pure oxygen environment.
This medical necessity guideline addresses the use of HBO for nonemergent conditions**.**

Clinical Guideline Coverage Criteria

The Plan considers non-emergent hyperbaric oxygen therapy (HBO) as reasonable and medically necessary when documentation confirms **ONE** of the following conditions:

1. Severe or profound anemia with exceptional blood loss when blood transfusion is impossible or must be delayed
2. Preparation and preservation of hypoxia- or decreased-prefusion-compromised skin grafts and flaps (supported by documentation of the type of flap/graft, name of the surgeon performing the graft, surgical exploration results,

and transcutaneous oxygen tension testing results indicating hypoxia (TcPO2 less than 40mmHg on room air), when conventional treatment failure is indicated by **ONE** of the following:

a. Etiology of compromise cannot be identified; **or**
b. Etiology of compromise cannot be corrected surgically; **or**
c. Compromise persists despite correction of all identified etiologies

3. Adjunctive treatment with conventional therapy for **ONE** of the following when unresponsive to conventional therapy alone:
   a. Osteo- or soft tissue radionecrosis (e.g., radiation enteritis, cystitis, proctitis) when chronic and refractory to conventional medical and/or surgical management that includes debridement or resection of nonviable tissue along with antibiotic therapy
      i. If treatment is for osteoradionecrosis of the jaw, there is evidence of bony resorption or overt fracture in a previously irradiated mandible; **or**
   b. Chronic refractory osteomyelitis confirmed by radiology (i.e., x-ray, MRI) or bone culture unresponsive to (or in a case contraindicating) at least surgical debridement and a six-week course of parenteral antibiotics; **or**
   c. Progressive necrotizing infections (necrotizing fasciitis, Meleney's ulcer), with conventional treatment having included inpatient antibiotics, surgical debridement, and, when indicated, skin grafts; **or**
   d. Actinomycosis refractory to antibiotics and surgical treatment; **or**
   e. Sudden sensorineural hearing loss (SSNHL) according to standard definition (hearing decline of at least 30 decibels in at least three sequential frequencies in no more than three days) as an addition to corticosteroid treatment when initiation of HBO treatment is within fourteen days of onset; **or**
4. Adjunctive treatment of diabetic ulcerations/wounds of the lower extremities when **ALL** of the following are confirmed:
   a. Ulceration(s) has a severity of at least Wagner grade III; **and**
   b. Ulcerations have not healed appreciably after thirty days of standard wound therapy, including **ALL** the following when appropriate:
      i. Assessment and correction of vascular condition in affected limb(s); **and**
      ii. Nutritional adjustment; **and**
      iii. Glucose control improvement; **and**
      iv. Debridement; **and**
      v. Maintenance of granulation tissue cleanliness and moisture with dressings; **and**
      vi. Appropriate off-loading; **and**
      vii. Treatment of any infection.

Coverage of hyperbaric oxygen therapy for non-emergent conditions requires:

1. Prior authorization
2. All conditions being treated with adjunctive HBO, including treatment of compromised grafts and diabetic ulcerations, must be evaluated, and documented at least every 15 sessions and at least every 30 days of treatment
3. For members with compromised skin grafts or diabetic foot wounds, the following criteria must be met:
   a. The treatment can be used as adjunctive therapy only when there has been no measurable improvement in the Member's condition
   b. A treatment plan has been submitted for review which includes the proposed number of treatments as well as the goal of the therapy
4. For members with osteoradionecrosis, The Plan will consider coverage of hyperbaric oxygen therapy as an adjunctive treatment.
5. A letter of medical necessity must be submitted

Note:

- The Plan will not cover hyperbaric oxygen therapy as a prophylactic measure, including prior to the extraction of teeth or other oral surgery procedures
- The Plan considers adjunctive HBO as not medically necessary when following any 30-day period in which measurable signs of healing have not been demonstrated.

Guidelines:

Wagner Diabetic Foot Ulcer Grade Classification System

Grade	Definition
0	No open lesion

1	Superficial ulcer without penetration to deeper layers
2	Ulcer penetrates to tendon, bone, or joint
3	Lesion has penetrated deeper than grade 2 and there is abscess, osteomyelitis, pyarthrosis, plantar space abscess, or infection of the tendon and tendon sheaths
4	Wet or dry gangrene in the toes or forefoot
5	Gangrene involves the whole foot or such a percentage that no local procedures are possible and amputation (at least below the knee level) is indicated

Limitations

The Plan considers topical oxygen therapy as experimental/investigational regardless of place of setting.
In addition, The Plan considers full-body hyperbaric oxygen therapy (HBO) use in non-emergent situations as not medically necessary for all other indications, including but not limited to:

1. Acute cerebral edema
2. Acute chemical and thermal pulmonary damage
3. Acute or chronic cerebral vascular insufficiency
4. Acute osteomyelitis
5. Aerobic septicemia
6. Arthritic diseases
7. Attention Deficit Disorder (ADD) and Attention-Deficit Hyperactivity Disorder (ADHD)
8. Autism Spectrum Disorder
9. Avascular necrosis
10. Brain injury, including closed head injury, traumatic brain injury (TBI), anoxic encephalopathy
11. Brain tumor
12. Brown recluse spider bites
13. Cancer
14. Cardiogenic shock
15. Cerebrovascular insufficiency
16. Cerebral Palsy
17. Chronic fatigue syndrome
18. Chronic peripheral vascular insufficiency
19. Covid-19, including Long Covid symptoms
20. Cutaneous, decubitus, and stasis ulcer
21. Complex regional pain syndrome
22. Dementia
23. Epilepsy
24. Fractures, acute or delayed union or nonunion
25. Heart Disease (e.g., myocardial ischemia, acute coronary syndrome)
26. Headaches (e.g., cluster, migraine)
27. Hepatic necrosis
28. Hepatitis
29. Human immunodeficiency virus
30. Inflammatory bowel disease (Crohn's Disease, ulcerative colitis)
31. Intra-abdominal abscess
32. Lyme disease
33. Lymphedema
34. Multiple sclerosis
35. Myocardial ischemia or infarction
36. Nonvascular factors in chronic brain syndromes (e.g., Pick's disease, Alzheimer's disease, Korsakoff's disease)
37. Ophthalmologic conditions, not including retinal artery occlusion
38. Organ storage and transplantation
39. Peri-anal fistula
40. Preconditioning for coronary artery bypass graft surgery
41. Pulmonary emphysema
42. Sickle cell anemia
43. Spinal cord injury
44. Stroke
45. Suspected central retinal artery occlusion
46. Systemic aerobic infection
47. Tetanus

48. Wagner Grade 2 or lower diabetic foot ulcers

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

Code	Description
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval

Table 2: CPT/HCPCS Codes – Codes considered *not* medically necessary:

Code	Description
A4575	Topical hyperbaric oxygen chamber, disposable
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories

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Approval And Revision History

June 30, 2020: Reviewed by the Medical Policy Approval Committee (MPAC), Fax number for Unify updated

Subsequent endorsement date(s) and changes made:

- March 17, 2021: Reviewed by IMPAC. Minor working changes made in Clinical Coverage Criteria Section: Refractory mycoses: mucormycosis, actinomycosis, conidiobolus coronato, and Clostridial myositis, clostridial myonecrosis (gas gangrene); references updated
- February 1, 2022: Template updated
- February 16, 2022: Reviewed by MPAC for integration purposes between Harvard Pilgrim Health Care and Tufts Health Plan. Added indication for sudden sensorineural hearing loss (SSNHL) under “non-emergent conditions requiring hospitalization” for effective date April 1, 2022
- April 20, 2022: Reviewed by MPAC with an effective date of May 12, 2022; clarified “osteo – soft tissue radionecrosis” includes radiation enteritis, cystitis, and proctitis when chronic and refractory to conventional medical treatment and/or surgical management
- July 20, 2022: Reviewed by MPAC with an effective date of September 1, 2022; removed section “emergency conditions required without prior authorization” and codes for these conditions”
- June 21, 2023: Reviewed by MAPC, renewed without changes
- October 18, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Rebranded Unify to One Care and updated One Care criteria effective January 1, 2024
- December 1, 2023: Reviewed and approved by UM Committee effective January 1, 2024
- March 20, 2024: Reviewed by MPAC, renewed without changes effective May 1, 2024
- June 13, 2024: Reviewed and approved by UM Committee effective July 1, 2024
- April 16, 2025: Reviewed by MPAC, renewed with additional limitations added to “Limitations” section and references updated effective June 1, 2025
- May 20, 2026: Reviewed by MPAC; administrative update to guideline template, renewed without changes and Tufts Health One Care removed from MNG and moved service to our Prior Authorization list, see more information on our Prior Authorization Resources Page linked at the top of this policy; effective July 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not

a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.