



519.9 HYPERBARIC OXYGEN THERAPY (HBOT) SERVICES

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

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BACKGROUND

West Virginia Medicaid covers hyperbaric oxygen therapy (HBOT) provided in an inpatient or outpatient hospital setting for members with specific medical conditions.

POLICY

The physician must be in constant attendance during HBOT and carefully monitor the member during the entire procedure. Only the actual time the member is in the HBOT chamber is eligible for reimbursement.

Wounds must be evaluated at least every 30 days during administration of HBOT. Continued treatment with HBOT is not covered if measurable signs of healing have not been demonstrated within any 30-day period of treatment.

Refer to CMS' National Coverage Determination (NCD) for Hyperbaric Oxygen Therapy for coverage criteria. At the time this rule was promulgated this information could be found [here](#).

519.9.1 PRIOR AUTHORIZATION

Prior authorization is required for medical necessity beyond 183 units (one unit equals 30 minutes) per two rolling months. The physician's request with appropriate CPT and diagnosis codes and medical documentation to justify the medical necessity for HBOT must be submitted to the BMS Utilization Management Contractor (UMC) for review and final determination prior to additional therapy initiation beyond 183 units.

Retrospective authorization is available by the UMC in the following circumstances:

- A procedure/service denied by the member's primary payer, providing all requirements for the primary payer have been followed, including appeal processes; or
- Retroactive West Virginia Medicaid eligibility.

Refer to [Chapter 100, General Administration and Information](#) for additional information.

519.9.2 NON-COVERED SERVICES

The following services not covered for HBOT include, but are not limited to:

- purposes considered experimental or investigational;
- continued treatment with HBOT if measurable signs of healing have not been demonstrated within any 30-day period of treatment; or
- topical application of oxygen.

Non-covered services are not eligible for a DHHR Fair Hearing or a Desk/Document review.

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GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Hyperbaric Oxygen Therapy (HBOT): A modality in which the entire body is exposed to oxygen under increased atmospheric pressure.

REFERENCES

CMS' National Coverage Determination (NCD) for Hyperbaric Oxygen Therapy. At the time this rule was promulgated this information could be found [here](#).

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter	Hyperbaric Oxygen Therapy (HBOT) Services		January 15, 2016