

LCD for Hyperbaric Oxygen (HBO) Therapy (L26567)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

05101, 05201, 05301, 05401

Contractor Type

MAC - Part A

LCD Information

LCD ID Number

L26567

LCD Title

Hyperbaric Oxygen (HBO) Therapy

Contractor's Determination Number

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CMS National Coverage Policy

Pub. 100-3, Medicare National Coverage Determinations (NCD) Manual, Chapter 1, §20.29, hyperbaric oxygen therapy.

42 CFR 410.32 defines "direct physician supervision."

Federal Register, December 2, 1993 on page 63675

Title XVIII of the Social Security Act, section 1862(a)(7) excludes routine physical examinations.

Title XVIII of the Social Security Act, section 1862(a)(10) excludes coverage for cosmetic procedures.

Title XVIII of the Social Security Act, section 1862(a)(1)(A) only allows coverage and payment for those services that are considered to be medically reasonable and necessary.

Oversight Region

Region I

Original Determination Effective Date

For services performed on or after 02/01/2008

Original Determination Ending Date

Revision Effective Date

For services performed on or after 03/01/2008

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

For purposes of coverage under Medicare, hyperbaric oxygen (HBO) therapy is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure.

Covered Conditions Program reimbursement for HBO therapy will be limited to that which is administered in a chamber (including the one-man unit) and is limited to the following conditions. Portable chambers for smaller areas of the body are not covered.

1. Acute carbon monoxide intoxication, (ICD-9 -CM diagnosis 986).
2. Decompression illness, (ICD-9-CM diagnosis 993.2, 993.3).
3. Gas embolism, (ICD-9-CM diagnosis 958.0, 999.1).
4. Gas gangrene, (ICD-9-CM diagnosis 0400).
5. Acute traumatic peripheral ischemia. HBO therapy is a valuable adjunctive treatment to be used in combination with accepted standard therapeutic measures when loss of function, limb, or life is threatened. (ICD-9-CM diagnosis 902.53, 903.01, 903.1, 904.0, 904.41.)
6. Crush injuries and suturing of severed limbs. As in the previous conditions, HBO therapy would be an adjunctive treatment when loss of function, limb, or life is threatened. (ICD-9-CM diagnosis 927.00- 927.03, 927.09-927.11, 927.20-927.21, 927.8-927.9, 928.00-928.01, 928.10-928.11, 928.20-928.21, 928.3, 928.8-928.9, 929.0, 929.9, 996.90- 996.99.)
7. Progressive necrotizing infections (necrotizing fasciitis), (ICD-9-CM diagnosis 728.86).
8. Acute peripheral arterial insufficiency, (ICD-9-CM diagnosis 444.21, 444.22, 444.81).
9. Preparation and preservation of compromised skin grafts (not for primary management of wounds), (ICD-9-CM diagnosis 996.52; excludes artificial skin graft).
10. Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management, (ICD-9-CM diagnosis 730.10-730.19).
11. Osteoradionecrosis as an adjunct to conventional treatment, (ICD-9-CM diagnosis 526.89).
12. Soft tissue radionecrosis as an adjunct to conventional treatment, (ICD-9-CM diagnosis 990).
13. Cyanide poisoning, (ICD-9-CM diagnosis 987.7, 989.0).
14. Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment, (ICD-9-CM diagnosis 039.0-039.4, 039.8, 039.9)

15. Effective April 1, 2003, a National Coverage Decision expanded the use of Hyperbaric Oxygen (HBO) therapy to include coverage for the treatment of diabetic wounds of the lower extremities in patients who meet the following criteria:

- Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes; (ICD-9-CM diagnosis 250.7, 250.8, 707, 707.1, 707.10, 707.12, 707.13, 707.14, 707.15, and 707.19).
- Patient has a wound classified as Wagner grade III or higher; and
- Patient has failed an adequate course of standard wound therapy.

Noncovered Conditions All other indications not specified under section 20.29 of the National Coverage Determinations Manual are not covered under the Medicare program. No program payment may be made for any conditions other than those listed in section 20.29 of the National Coverage Determinations Manual. No program payment may be made for HBO in the treatment of the following conditions:

1. Cutaneous, decubitus, and stasis ulcers.
2. Chronic peripheral vascular insufficiency.
3. Anaerobic septicemia and infection other than clostridial.
4. Skin burns (thermal).
5. Senility.
6. Myocardial infarction.
7. Cardiogenic shock.
8. Sickle cell anemia.
9. Acute thermal and chemical pulmonary damage, i.e., smoke inhalation with pulmonary insufficiency.
10. Acute or chronic cerebral vascular insufficiency.
11. Hepatic necrosis.
12. Aerobic septicemia.
13. Nonvascular causes of chronic brain syndrome (Pick's disease, Alzheimer's disease, Korsakoff's disease).
14. Tetanus.
15. Systemic aerobic infection.
16. Organ transplantation.
17. Organ storage.
18. Pulmonary emphysema.
19. Exceptional blood loss anemia.
20. Multiple Sclerosis.
21. Arthritic Diseases.
22. Acute cerebral edema.

HBO should not be a replacement for other standard successful therapeutic measures. Depending on the response of the individual patient and the severity of the original problem, treatment may range from less than 1 week to several months duration, the average being 2 to 4 weeks.

For the treatment of patients with diabetic wounds, the use of HBO therapy will be covered as adjunctive therapy only after there are no measurable signs of healing for at least 30 days of treatment with standard wound therapy and must be used in addition to standard wound care. Standard wound care in patients with diabetic wounds includes: assessment of a patient's vascular status and correction of any vascular problems in the affected limb if possible, optimization of nutritional status, optimization of glucose control, debridement by any means to remove devitalized tissue, maintenance of clean, moist bed of granulation tissue with appropriate moist dressings, appropriate off-loading, and necessary treatment to resolve any infection that might be present. Failure to respond to standard wound care occurs when there are no measurable signs of healing for at least 30 consecutive days. Wounds must be evaluated at least every 30 days during administration of HBO therapy. Continued treatment with HBO treatment is not covered if measurable signs of healing have not been demonstrated within any 30-day period of treatment.

Physician Supervision – Hyperbaric oxygen therapy services must be performed under the direct supervision of a physician. "Direct supervision" means the physician must be present in the facility and immediately available to furnish assistance and direction throughout the performance of the procedure. HBO therapy rendered within a hospital outpatient department is considered "incident to" a physician's (MD/DO) services and requires physician supervision. The physician supervision requirement is presumed to be met when services are performed on the hospital premises (i.e., certified as part of the hospital and part of the hospital campus). Physicians who perform HBO therapy are encouraged to obtain adequate training in the use of HBO therapy and in advanced cardiac life support.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

11x	Hospital-inpatient (including Part A)
13x	Hospital-outpatient (HHA-A also) (under OPPTS 13X must be used for ASC claims submitted for OPPTS payment -- eff. 7/00)
21x	SNF-inpatient, Part A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

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0413	Respiratory services-hyperbaric oxygen therapy
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CPT/HCPCS Codes

C1300	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL
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ICD-9 Codes that Support Medical Necessity

039.0 - 039.9	CUTANEOUS ACTINOMYCOTIC INFECTION - ACTINOMYCOTIC INFECTION OF UNSPECIFIED SITE
040.0	GAS GANGRENE
250.70 - 250.73*	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.80 - 250.83*	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
444.21 - 444.22	ARTERIAL EMBOLISM AND THROMBOSIS OF UPPER EXTREMITY - ARTERIAL EMBOLISM AND THROMBOSIS OF LOWER EXTREMITY
444.81	EMBOLISM AND THROMBOSIS OF ILIAC ARTERY
526.89	OTHER SPECIFIED DISEASES OF THE JAWS
686.01	PYODERMA GANGRENOSUM
707.10*	UNSPECIFIED ULCER OF LOWER LIMB
707.12*	ULCER OF CALF
707.13*	ULCER OF ANKLE
707.14*	ULCER OF HEEL AND MIDFOOT
707.15*	ULCER OF OTHER PART OF FOOT
707.19*	ULCER OF OTHER PART OF LOWER LIMB
728.86	NECROTIZING FASCIITIS
730.10	CHRONIC OSTEOMYELITIS SITE UNSPECIFIED
730.11 - 730.19	CHRONIC OSTEOMYELITIS INVOLVING SHOULDER REGION - CHRONIC OSTEOMYELITIS INVOLVING MULTIPLE SITES
733.41 - 733.49	ASEPTIC NECROSIS OF HEAD OF HUMERUS - ASEPTIC NECROSIS OF OTHER BONE SITES
902.53	INJURY TO ILIAC ARTERY
903.01	INJURY TO AXILLARY ARTERY
903.1	INJURY TO BRACHIAL BLOOD VESSELS
903.2	INJURY TO RADIAL BLOOD VESSELS

903.3	INJURY TO ULNAR BLOOD VESSELS
904.0	INJURY TO COMMON FEMORAL ARTERY
904.1	INJURY TO SUPERFICIAL FEMORAL ARTERY
904.41	INJURY TO POPLITEAL ARTERY
904.51	INJURY TO ANTERIOR TIBIAL ARTERY
904.53	INJURY TO POSTERIOR TIBIAL ARTERY
909.2	LATE EFFECT OF RADIATION
925.1 - 929.9	CRUSHING INJURY OF FACE AND SCALP - CRUSHING INJURY OF UNSPECIFIED SITE
958.0	AIR EMBOLISM AS AN EARLY COMPLICATION OF TRAUMA
986	TOXIC EFFECT OF CARBON MONOXIDE
987.7	TOXIC EFFECT OF HYDROCYANIC ACID GAS
989.0	TOXIC EFFECT OF HYDROCYANIC ACID AND CYANIDES
990	EFFECTS OF RADIATION UNSPECIFIED
993.2	OTHER AND UNSPECIFIED EFFECTS OF HIGH ALTITUDE
993.3	CAISSON DISEASE
993.9	UNSPECIFIED EFFECT OF AIR PRESSURE
996.52	MECHANICAL COMPLICATION OF PROSTHETIC GRAFT OF OTHER TISSUE NOT ELSEWHERE CLASSIFIED
996.90 - 996.99	COMPLICATIONS OF UNSPECIFIED REATTACHED EXTREMITY - COMPLICATION OF OTHER SPECIFIED REATTACHED BODY PART
999.1	AIR EMBOLISM AS A COMPLICATION OF MEDICAL CARE NOT ELSEWHERE CLASSIFIED

*Code first the associated underlying condition of diabetes mellitus (250.70-250.73 or 250.80-250.83), then the appropriate code to identify the manifestation of diabetic wounds of the lower extremities. (Covered effective 04/01/03).

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

Hospital/Outpatient records should clearly document the history and physical exam, a reason for the treatment, and a report of the treatment.

Medical documentation must include:

1. An initial assessment which will include a medical history detailing the condition requiring HBO. The medical history should list prior treatments and their results including antibiotic therapy and surgical interventions. This assessment should also contain information about adjunctive treatment currently being rendered;
2. Physician progress notes;
3. Any communication between physicians detailing past or future (proposed) treatments;
4. Positive gram-stain smear is required to support the diagnosis of gas gangrene;
5. Culture reports are required to confirm the diagnosis of Meleney's ulcer;
6. Definitive radiographic evidence OR bone culture with sensitivity studies are required to confirm the diagnosis of osteomyelitis;
7. In the treatment of diabetic wounds of the lower extremities, that the patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes; the patient has a wound classified as Wagner grade III or higher; and the patient has failed an adequate course of standard wound therapy.
8. HBO treatment records describing the physical findings, the treatment rendered and the effect of the treatment upon the established goals for therapy.

Effective January 1, 2005, the following may be included in calculating the total number of 30-minute intervals billable under C1300: (1) time spent by the patient under 100% oxygen; (2) descent; (3) airbreaks; and (4) ascent. This must be supported by the documentation.

NOTE: A physician order for a 90-minute HBO treatment typically means that the physician desires that the patient be placed under 100% oxygen for 90 minutes. In order to safely achieve 100% oxygen for 90 minutes, additional time may be needed to provide for the descent, airbreaks, and ascent. Therefore, the total number of billable 30-minute intervals would not be based solely on the amount of time noted on the physician order. In calculating how many 30-minute intervals to report, hospitals should take into consideration the time spent under pressure during descent, airbreaks, and ascent. Additional units may be billed for sessions requiring at least 16 minutes of the next 30-minute interval. For example, 2 units of HCPCS code C1300 should be billed for a session in duration of between 46 and 75 minutes, while 3 units should be billed for a session in duration of between 76 and 105 minutes. Furthermore, 4 units of HCPCS code C1300 should be billed for a session in duration of between 106 and 135 minutes. HBO is typically prescribed for an average of 90 minutes, which hospitals should report using appropriate units of HCPCS code C1300 in order to properly bill for full body HBO therapy. In general, we do not expect that a physician order for 90 minutes of HBO therapy would exceed 4 billed units of HCPCS code C1300.

Documentation for all services should be maintained on file to substantiate medical necessity for HBO treatment. Documentation must be submitted to Medicare upon request.

Appendices

Utilization Guidelines

Sources of Information and Basis for Decision

1. Other Contractors' LMRPs: Mississippi Carrier, Louisiana Part B, Missouri General American Life Insurance, Palmetto, Texas and Florida.
2. 2005 Health Care Common Procedure Coding System (HCPCS) National Level II Medicare Codes, Millennium Edition, Practice Management Information Corporation, 2004.
3. International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), 6th Edition, Practice Management Information Corporation, 2004.

Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

05/01/2008

Revision History Number

2

Revision History Explanation

addition of CMS ICD-9 codes 444.81 and 730.10

Reason for Change

ICD9 Addition/Deletion

Last Reviewed On Date

04/10/2008

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

All Versions

Updated on 05/16/2008 with effective dates 03/01/2008 - N/A

Updated on 04/25/2008 with effective dates 03/01/2008 - N/A