

National Coverage Determination

Subject Name:

Hyperbaric Oxygen Therapy (HBO)

Subject Number:

PHYS-056

Description:

Hyperbaric Oxygen Therapy is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure.

HCPCS/CPT Section:

Medicine

Procedure Codes CPT or HCPCS:

99183 Physician attendance and supervision of hyperbaric oxygen therapy, per session.

Indications and Limitations of Coverage:

- A. *HBO therapy is limited to that which is administered in a chamber (including the one-man unit).*
- B. *Medicare Part B covers HBO therapy for the following conditions:*
 - 1. *Acute carbon monoxide intoxication -986*
 - 2. *Decompression illness - 993.2, 993.3*
 - 3. *Gas embolism - 958.0, 999.1*
 - 4. *Gas gangrene - 040.0*
 - 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. - 902.53, 903.01, 903.1, 904.0, 904.41*
 - 6. *Crush injuries and suturing of severed limbs. As in previous conditions, HBO therapy would be an adjunctive treatment when loss of function, limb, or life is threatened. - 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) - 728.86*
 - 8. *Acute peripheral arterial insufficiency - 444.21, 444.22, 444.81*
 - 9. *Preparation and preservation of compromised skin grafts (not for primary management of wounds) - 996.52; excludes artificial skin graft*
 - 10. *Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management -730.10 - 730.19*
 - 11. *Osteoradionecrosis as an adjunct to conventional treatment - 526.89*
 - 12. *Soft tissue radionecrosis as an adjunct to conventional treatment - 990*
 - 13. *Cyanide Poisoning -987.7, 989.0*
 - 14. *Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment - 039.0-039.4, 039.8, 039.9*
 - 15. *Diabetic wounds of the lower extremities in patients who meet the following three criteria: (effective 04/01/2003)*
 - *a. *Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes; (ICD-9 *249.70-249.71, 250.70 - 250.83, 707.10 - 707.19, *707.20-707.25)*
 - b. *Patient has a wound classified as Wagner grade III or higher; and*
 - c. *Patient has failed an adequate course of standard wound therapy.*

The use of HBO therapy is 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 a 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 therapy is not covered if measurable signs of healing have not been demonstrated within any 30-day period of treatment.

- C. *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.*
- D. *Reasonable Utilization Parameters - Payment for HBO therapy will be made where it is clinically practical. HBO therapy 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 month's duration, the average being 2 to 4 weeks.*
- E. *Topical Application of Oxygen - This method of administering oxygen does not meet the definition of HBO therapy as stated above. Also, its clinical efficacy has not been established. Therefore, no Medicare reimbursement may be made for the topical application of oxygen.*
- F. *Non-covered Conditions include:*
 - 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 transplant*
 - 17. *Organ storage*
 - 18. *Pulmonary emphysema*
 - 19. *Exceptional blood loss anemia*
 - 20. *Multiple sclerosis*
 - 21. *Arthritic diseases*
 - 22. *Acute cerebral edema*

- G. *PM AB 02-183 also clarifies that CMS has concluded that special supervision and credentialing requirements should not be imposed on physicians who perform HBO therapy. You may not impose a higher level of supervision than direct supervision as is required for all “incident to” therapies. CMS encourages physicians who perform HBO therapy to obtain adequate training in the use of HBO therapy and in advanced cardiac life support.*

Covered ICD-9 Codes:

See Section B -Indications and Limitations of coverage

Coding Guidelines:

1. CPT Code 99183 describes the physician work (presence and supervision) involved in this service. Documentation should support this.
2. Use CPT-4 code 99183 to describe both the initial and the subsequent treatments.
3. *If the therapy is continued for more than two months, documentation of medical necessity must accompany the claim and it will be reviewed on a case-by-case basis.*

Documentation Required:

Documentation supporting the medical necessity of this item, such as ICD-9 codes, must be submitted with each claim. Claims submitted without such evidence will be denied as being not medically necessary.

Reasons for Non-Coverage:

Not medically necessary

Sources of Information:

Coverage Issues 35-10; update; CIM 35-31

PM AB-99-21; PM AB-99-32; PM AB-99-50; PM AB-00-15; PM AB-02183, CR2388

MCM TR 129

Wisconsin:

Date Published:	Existing policy; 04/01/97; 08/01/97; 02/01/98; 06/01/98; Special Mailing 04/21/99; 05/01/99; Article 07/01/99; Article 04/01/00; 07/01/00; 12/01/00; 02/01/2003; Article 05/01/2003; Article 09/01/2003; *Article 10/01/2008
Date Policy Became Effective:	Existing policy; 05/01/97 (ICD-9 codes); 01/01/98; 07/01/98; 05/01/99; 07/01/99; 04/01/00; 08/01/00; 01/01/01, for dates of service on or after 04/01/00; 04/01/2003; *10/01/2008
Revision Date and Number:	04/20/94, one; 04/01/97, two; 07/03/97, three; 12/31/97, four; 04/15/98, five; 05/26/99, six; 03/02/00, seven, (Directive on hold indefinitely); 03/30/00, eight, Tri-state; 10/26/00, nine (ICD-9 changes) (Merged); 02/01/2002, ten; 05/01/2003, eleven (ICD-9 clarification); 09/01/2003, (ICD-9 clarification) twelve; 10/01/2008 (Addition of ICD9 codes)
Retired	This document is retired, effective 06/14/2011 , and replaced with an LCD of the same name (L31357)
Published	This document will remain on the WPS website until further notice. Retirement addressed above rescinded, effective 06/14/2011.

Illinois:

Date Published:	Existing Regulations; 07/01/00; 12/01/00; 02/01/2003; Article
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Revision Date and Number: 10/26/00, one (ICD-9 changes)(Merged); 02/01/2003 two;
05/01/2003, (ICD-9 clarification) three; 09/01/2003, (ICD-9
clarification) four; *10/01/2008 (Addition of ICD9 codes)

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Michigan:

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Revision Date and Number: 10/26/00, one (ICD-9 changes)(Merged) one; 02/01/2003 two;
05/01/2003, three (ICD-9 clarification); 09/01/2003, (ICD-9
clarification) four; *10/01/2008 (Addition of ICD9 codes)

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06/14/2011

Minnesota:

Date Published: Existing Regulations; 12/01/00; 02/01/2003; Article 05/01/2003;
Article 09/01/2003 ; *Article 10/01/2008

Date Policy Became Effective: Existing Regulations; *01/01/01, for dates of service on or after
04/01/00; 04/01/2003; *10/01/2008

Revision Date and Number: 10/26/00, one (Merged); 02/01/2003 two; 05/01/2003, three
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