



**Subject:** Hyperbaric Oxygen Therapy\*

**Effective Date:** September 13, 2005

**Department(s):** Utilization Management

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**Policy:** Systemic hyperbaric oxygen therapy (HBOT) is reimbursable under plans administered by QualCare, Inc.

**Objective:** To assure proper and consistent reimbursement for a service with specific indications

- Procedure:**
1. The **CPT** code for physician attendance and supervision for each HBOT session is **99183**.
  2. The **HCPCS** code for each 30-minute session in the hyperbaric chamber is **G0277**.
  3. The conditions for which HBOT is reimbursable include, but are not limited to, the following:
    - a. Non-healing infected diabetic wounds of the lower extremity (reaching tendons or bone, Wagner grade 3 or higher) that have not responded to at least 4 weeks of wound care that includes debridement, intensive antibiotic therapy, appropriate management of ischemia, and offloading measures including but not limited to removable cast/walker or non-removable cast/walker( such as total contact cast, instant total contact cast) ( **ICD 9-707.10-707.15, 707.19; ICD 10- L97.913-4, L97.923-4, L97.113-4,L97.123-4, L97.203-4, L97.223-4, L97.323-4, L97.313-**

- 4,L97.403-4, L97.423-4, L97.513-4, L97.523-4, L97.813-4, L97.823-4 )**
- b. Acute carbon monoxide poisoning (**ICD-9 986**)
  - c. acute cyanide poisoning, after administration of antidote(**ICD 9 989.0, ICD 10- T65.0x1A-4A )**
  - d. central retinal artery occlusion ( **ICD 9-362.31, ICD 10-H34.10-13 )**
  - e. Crush injury of extremity with acute traumatic ischemia/vascular insufficiency ( **ICD 9-927.0-927.03, 938.0-928.3; ICD 10-S47.1XXA-9XXA, S57.80XA-82XA, S57.00XA-02XA; S67.20XA-22XA,S67.30XA-92XA, S67.00XA-198A, S77.00XA-02XA, S77.10XA-12XA, S87.00XA-02XA, S87.80XA-82XA,S97.00XA-02XA, S97.8XA-82XA,S97.101A-129A; S77.10XA-22XA, S87.00XA-S87.82XA, S77.20XA )**
  - f. Decompression sickness (“the bends”) (**ICD 9-993.3; ICD 10-T70.3XXA**)
  - g. Acute air or other gas embolism (**ICD 9-673.00-04, 958.0, 999.1; ICD 10- O88.02-3, O88.011-13, O88.019**)
  - h. Acute peripheral ischemia, including but not limited to compartment syndrome (**ICD 9-958.9, 729.7; ICD 10- T79.A0XA, T79.A11A-2A,T79.A19A, T79.A21A-2A, T79.A29A, T79.A3XA, T79.A9XA , M79.A11-2, M79.A21-2, M79.A3, M79.A19,)**
  - i. Progressive necrotizing soft tissue infections, including but not limited to Clostridial myonecrosis (**ICD 9-728.86; ICD 10- A48.0, M72.6**)
  - j. Chronic refractory osteomyelitis unresponsive to conventional medical and surgical therapy (**ICD 9-730.1; M86.30-M86.69, M86.8X9**)
  - k. Compromised skin grafts and flaps (**ICD 9-996.5; ICD 10-T86.820-29**)
  - l. Radiation necrosis, with HBOT as an adjunct to conventional treatment (**ICD 9-990; ICD 10-T66.XXXA,)**

- m. Radiation-induced enteritis or proctitis (ICD 9-**558.1**; ICD 10-**K52.0, K62.7**)
  - n. Overwhelming blood loss anemia when transfusion is not possible (ICD 9-**285.1**; ICD 10-**D62**)
  - o. Pneumatosis cystoides intestinalis (ICD 9-**569.89**; **K63.89**)
  - p. Prophylactic pre- and post-treatment in association with dental surgery of an irradiated jaw( ICD 9-**526.89**; ICD 10- **M27.8**)
  - q. Radiation-induced cystitis, with or without hemorrhage (**595.82**; ICD 10-**N30.40-41**)
  - r. Acute cerebral edema (ICD 9-**348.5**; ICD 10-**G93.6, S06.1X0A-9A**)
  - s. Brain abscess (ICD 9-**324.0**; ICD 10- **G06.0**)
4. HBOT is **NOT** reimbursable for a number of conditions, including but not limited to the following, as the lack of a sufficient body of peer-reviewed literature supporting its efficacy for these conditions causes it to be deemed experimental, investigational, or unproven:
- a. Actinomycosis ( ICD 9- **039.0-039.8**, ICD 10-**A42.0,A42.1, A42.2, A42.81, A42.82, A42.89, A43.0, A43.1, A43.8, B47.9**)
  - b. Breast irradiation-related pain, edema, and/or erythema (ICD 9-**611.0**; ICD 10- **N61**)
  - c. Radiation-induced brachial plexopathy (ICD 9-**353.0, 953.4**; ICD 10 **G54.0**)
  - d. Autism (ICD 9-**299.0**; ICD 10- **F84.0**)
  - e. Necrotizing arachnidism (ICD 9-**998.5, E905.1**; ICD 10-**T63.301A, T63.311A, T63.321A, T63.331A, T63.391A**)
  - f. Post-concussion symptoms (ICD 9-**850.0-850.9**; ICD 10-**S06.0X0A-S06.0X9A**)
  - g. Reflex sympathetic dystrophy (complex regional pain syndrome (ICD 9-**337.2-337.29**;

**ICD 10-G90.50, G90.59,G90.511-3,  
G90.5521-3, G90.519, G90.529)**

- h.* Cerebral palsy (**ICD 9-343-343.9; ICD 10-G80.0-2,G80.4, G80.8, G80.9**)
  - i.* Idiopathic sudden sensorineural hearing loss(**ICD 9- 389.10-389.18; ICD 10-H90.3, H90.41-2,H90.5**)
  - j.* Lyme disease (**ICD 9-088.81, ICD 10-A69.20-3, A69.29**)
  - k.* Multiple sclerosis (**ICD 9-340, ICD 10- G35**)
  - l.* Spinal cord injury
  - m.* Acute coronary syndrome, myocardial ischemia/infarction, cardiogenic shock/preconditioning for coronary artery bypass graft surgery
5. Topical oxygen therapy or topical hyperbaric oxygen therapy (**HCPCS A4575, E0446**) for the treatment of chronic, non-healing wounds is not reimbursable, as there is not a significant body of refereed literature supporting its efficacy. It is therefore deemed experimental, investigational, and unproven.
6. Proposed indications for HBOT that are not on the list in Section 3 above must be referred for medical review.
- a.* Unless proposals for these non-listed indications are accompanied by peer-reviewed literature, reimbursement for HBOT will not be considered;
  - b.* When such proposals are accompanied by peer-reviewed literature HBOT will not be reimbursable for these non-listed indications if, after medical review, HBOT is still deemed experimental, investigational or unproven for them.

7. Initial authorization of systemic HBOT shall not exceed one month. Treatment beyond one month shall require updated clinical information from the physician documenting the patient's response and continued medically-based need and must then be referred to the medical director.
8. Requests for HBOT beyond the second month must be accompanied by a recommendation by a vascular surgeon not involved in the initial management of the patient.

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Revised By/Date: B. Fisher, MD 03/23/08  
Approved By/Date: QM Committee 04/29/08  
Revised By/Date: B. Fisher, MD 01/30/10  
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Approved by/Date: QM Committee 9/29/15  
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Approved By/Date: QM Committee 8/22/17

\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.