MEDICAL POLICY

SUBJECT: HYPERBARIC OXYGEN THERAPY (HBOT)

POLICY NUMBER: 2.01.07
CATEGORY: Technology Assessment

EFFECTIVE DATE: 11/19/99
REVISED DATE: 04/17/02, 04/24/03, 05/19/04, 07/21/05, 09/21/06, 07/19/07, 06/19/08, 09/18/08, 09/17/09, 02/17/11, 04/19/12, 03/21/13, 03/20/14, 03/19/15, 03/17/16, 04/20/17, 05/17/18

PAGE: 1 OF: 15

• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.
• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.
• If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT:

I. Topical hyperbaric oxygen therapy

Based on our criteria and review of the peer-reviewed literature, topical hyperbaric oxygen therapy has not been medically proven to be effective and is considered investigational.

II. Systemic hyperbaric oxygen therapy

A. Based on our criteria and review of the peer-reviewed literature, systemic hyperbaric oxygen therapy in a pressurized chamber has been medically proven to be effective and therefore medically appropriate for the following indications (refer to Policy Guideline V for condition specific recommendations):

1. Air or Gas embolism, acute;
2. Arterial Inefficiencies: Enhancement of Healing in Selected Wounds in patients with Diabetic non-healing wounds of the lower extremities in patients and have:
   i. Type I or type II diabetes and a lower extremity wound due to diabetes and have:
   ii. A wound classified as Wagner grade 3 or higher (Grade 2: ulcer penetrates to tendon, bone or joint; Grade 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; Grade 4: gangrene of the forefoot; and
   iii. have no measurable signs of healing after 30 days of an adequate course of standard wound therapy; which includes the following:
      1) assessment of vascular status and correction of any vascular problems in the affected limb if possible;
      2) optimization of nutritional status;
      3) optimization of glucose control;
      4) debridement by any means to remove devitalized tissue;
      5) maintenance of clean, moist bed of granulation tissue with appropriate moist dressings;
      6) appropriate off-loading; and
      7) necessary treatment to resolve any infection that might be present
3. Carbon monoxide poisoning, acute;
4. Cerebral edema, acute;
5. Compromised Grafts and Flaps (not for primary management of these wounds);
6. Crush injury with acute traumatic ischemia and suturing of severed limbs;
7. Cyanide poisoning, acute;
8. Decompression sickness;
9. Gas/wet gangrene (e.g., clostridial myonecrosis);
10. Necrotizing Soft Tissue Infections: based on location and/or organism type and/or particular host immunologic and vascular risk factors causing hypoxia resulting in necrosis.
11. Osteomyelitis, acute, refractory (has not responded to standard medical and surgical management techniques);

Proprietary Information of Excellus Health Plan, Inc.
A nonprofit independent licensee of the BlueCross BlueShield Association
12. Osteomyelitis, chronic refractory (has persisted for at least 6 weeks or recurred after appropriate interventions - surgical debridement and at least one appropriate course of parenteral antibiotics - have been performed);
13. Pre- and post-treatment for patients undergoing dental surgery (non-implant related) of an irradiated jaw;
14. Profound anemia with exceptional blood loss: only when blood transfusion is impossible or must be delayed;
15. Radiation necrosis osteoradionecrosis (ORN)/bony necrosis and soft tissue radiation necrosis, e.g., radiation enteritis, cystitis, proctitis); or
16. Refractory mycosis: mucormycosis, actinomycosis, canidiobolus coronato

B. Based on our criteria and review of the peer-reviewed literature, systemic hyperbaric oxygen therapy in a pressurized chamber has not been medically proven to be effective and is considered investigational for all other indications including, but not limited to, the following indications:
1. Acute ischemic stroke;
2. Amyotrophic Lateral Sclerosis;
3. Arterial peripheral insufficiency, acute;
4. Autism spectrum disorders;
5. Bell’s palsy;
6. Bone grafts;
7. Breast cancer, locally advanced, as pretreatment for patients undergoing chemotherapy;
8. Brown recluse spider bites;
9. Carbon tetrachloride poisoning, acute;
10. Cardiopulmonary bypass, as pretreatment;
11. Cerebral palsy;
12. Cerebrovascular disease, acute (thrombotic or embolic) or chronic;
13. Chronic, non-healing wounds;
14. Complex regional pain syndrome;
15. Uncompromised skin grafts or flaps;
16. Fibromyalgia syndrome;
17. Fracture healing;
18. Frostbite;
19. Head injury, traumatic (including traumatic brain injury);
20. Hearing loss (e.g., idiopathic sudden sensorineural hearing loss) and tinnitus;
21. Hydrogen sulfide poisoning;
22. Inflammatory bowel disease (Crohn’s disease, ulcerative colitis);
23. Interstitial cystitis;
24. Intra-abdominal and intracranial abscesses;
25. In vitro fertilization;
26. Lepromatous leprosy;
27. Malignant otitis externa;
28. Meningitis;
29. Migraine;
30. Myocardial infarction and acute coronary syndrome (acute myocardial infarction and unstable angina);
31. Multiple sclerosis;
32. Muscle soreness, delayed onset;
33. Prevention of coronary restenosis;
34. Pseudomembranous colitis (antimicrobial agent-induced colitis);
35. Pyoderma gangrenosum;
36. Radiation myelitis;
37. Radiation therapy, for the purpose of tumor sensitization;
38. Retinal artery insufficiency, acute;
39. Retinal detachment;
40. Retinopathy, adjunct to scleral buckling procedures in patients with sickle cell peripheral retinopathy;
41. Sickle cell crisis and/or hematuria;
42. Soft tissue injury;
43. Spinal cord injury;
44. Thermal burns, acute.

POLICY GUIDELINES:

I. HBOT should not be a replacement for successful standard therapeutic measures. Documentation in the medical record should support the specific condition being treated with HBOT and the medical necessity of such treatment. The following information must be documented, as applicable, to the specific medical condition:
   A. Initial assessment and medical history detailing the condition requiring HBOT and a physical exam. The history should list prior treatments including antibiotic therapy and surgical interventions.
   B. Current adjunctive treatment that includes treatment-type and its effectiveness.
   C. Established HBOT goals.
   D. HBOT session records describing physical findings and treatment rendered (including ascent time, descent time, total compression time, oxygen dose, pressurization level, documentation of attendance, and a recording of events).
   E. Effect of treatment upon established HBOT goals.
   F. When applicable, advanced diabetic foot ulcers may require photos to avoid overuse of HBOT when the foot is not salvageable. For a Wagner 5 (or Grade D) with complete gangrene of foot, once the heel is necrotic, the patient will likely not respond to HBOT treatments.

II. HBOT treatments of diabetic wounds of the lower extremities should be discontinued when either the patient heals, is unable to tolerate treatment, or fails to improve. Documentation must include an assessment of wound healing progress, changes in the wound condition including the precise wound length, width, and depth measurements, presence of granulation and necrotic tissue, and concurrent measures being addressed relative to wound therapy. Weekly wound measurements should be performed to document progress in wound healing. A steady decrease in wound volume should be noted from week to week.

III. Continued treatment with HBOT is not covered if measurable signs of healing have not been demonstrated within any 30-day period of treatment. Most patients should NOT require more than 40 treatments. If they do not respond to 40 treatments, they will likely not respond to 60 or 80 or 120 treatments.

IV. Below are specific recommendations on the utilization of HBOT based upon published, peer-reviewed literature.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Pressure (ATA*)</th>
<th>Patient Selection Criteria</th>
<th>Duration, Frequency and/or Number of Treatments</th>
<th>Utilization review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air or Gas embolism, acute</td>
<td>High to low</td>
<td>Gases in the vasculature sufficient enough to interfere with the function of an organ and results in ischemia to the affected areas.</td>
<td>Treatment is typically 1-2 treatments but occasionally up to 5-10; treatment continues until no additional improvement is seen.</td>
<td>After 10 treatments</td>
</tr>
<tr>
<td></td>
<td>pressure mixed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>gases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia, severe</td>
<td>2.0-3.0 ATA</td>
<td>When blood transfusion is impossible or must be delayed.</td>
<td>Treatments of up to 3 or 4 hours, three to four times a day. Treatment can continue with taper of time and frequency until red</td>
<td>Daily</td>
</tr>
</tbody>
</table>

Proprietary Information of Excellus Health Plan, Inc.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Pressure (ATA*)</th>
<th>Patient Selection Criteria</th>
<th>Duration, Frequency and/or Number of Treatments</th>
<th>Utilization review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arterial Inefficiencies: non-healing diabetic wounds of the lower extremities</td>
<td>2.0-3.0 ATA</td>
<td>Wagner grade 3 or higher and failure of standard wound therapy for at least 30 consecutive days.</td>
<td>90 minute treatments, 5 days per week are performed in conjunction with continuing standard wound care; may last for 30-40 treatments.</td>
<td>After 40 treatments</td>
</tr>
<tr>
<td>Carbon monoxide poisoning, acute</td>
<td>2.5-3.0 ATA</td>
<td>Within 6 hours of patient removal from the carbon monoxide contaminated environment.</td>
<td>One treatment; if patient has persistent neurologic dysfunction after the initial treatment further treatment can occur within 6-8 hours and can be continued once or twice daily until there is no additional improvement in cognitive function.</td>
<td>After 5 treatments</td>
</tr>
<tr>
<td>Compromised Grafts and Flaps</td>
<td>2.0-2.5 ATA</td>
<td>In tissue compromised by irradiation or in other cases where there is decreased perfusion (vascular compromise) or hypoxia, HBO2T has been shown to be extremely useful in flap salvage. This indication is not for primary management of wounds for normal, uncompromised skin grafts or flaps.</td>
<td>90-120 minutes. It is not unusual to receive treatments twice a day. When the graft or flap appears stable, treatments are reduced to daily. Should a graft or flap fail, HBO therapy may be used to prepare the already compromised recipient site for a new graft or flap. It does not apply to the initial preparation of the body site for a graft.</td>
<td>After 40 treatments</td>
</tr>
<tr>
<td>Crush injury</td>
<td>2.0-2.4 ATA</td>
<td>In conjunction with standard therapeutic measures when loss of function, limb or life is threatened and tissue oxygen tension is below 30 mmHg.</td>
<td>Three 1.5 hours treatments per day for 2 days, then twice a day for 2 days, and once daily for 2 days</td>
<td>After 20 treatments</td>
</tr>
<tr>
<td>Cyanide poisoning, acute</td>
<td>2.5-3.0 ATA</td>
<td>As an adjunct to infusion of sodium nitrite.</td>
<td>One treatment of 120 minutes.</td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>Pressure (ATA*)</td>
<td>Patient Selection Criteria</td>
<td>Duration, Frequency and/or Number of Treatments</td>
<td>Utilization review</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------</td>
<td>--------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Decompression sickness</td>
<td>2.0-5.0 ATA</td>
<td>Gas bubbles in the tissue or blood in volumes sufficient enough to interfere with the function of an organ or cause alteration in sensation.</td>
<td>One treatment of 1.5-14 hours duration; if patients has residual defects after the initial the initial treatment they should receive additional treatments until clinical stability is achieved; generally no more than 5-10 treatments.</td>
<td>After 10 treatments</td>
</tr>
<tr>
<td>Gas gangrene (e.g., clostridial myonecrosis)</td>
<td>3.0 ATA</td>
<td>Positive gram stained smear or culture from tissue fluids, tissue gas visualization on x-ray, severe and sudden pain, skin changes, and edema.</td>
<td>Three 90-minute treatments during the first 24 hours and then two treatments per day for the next 2-5 days.</td>
<td>After 10 treatments</td>
</tr>
<tr>
<td>Necrotizing Soft Tissue Infections:</td>
<td>2.0-2.5 ATA</td>
<td>Adjunctive therapy only in patients where morbidity and mortality are expected to be high despite aggressive standard treatment.</td>
<td>Twice daily for 90 to 120 minutes until condition is stabilized, then once daily.</td>
<td>After 30 treatments</td>
</tr>
<tr>
<td>Osteomyelitis, chronic, refractory</td>
<td>2.0-2.5 ATA</td>
<td>HBOT should not be used as a primary treatment for osteo. Only after surgical debridement and at least one 6 week appropriate course of parenteral anti-biotics have been performed should HBOT be considered.</td>
<td>Daily treatment for 90-120 minutes and can be continued for 4-6 weeks for patients who respond to initial treatment with antibiotics, surgical debridement and hyperbaric oxygen therapy.</td>
<td>After 30-40 sessions</td>
</tr>
<tr>
<td>Osteoradionecrosis</td>
<td>2.0-2.5 ATA</td>
<td>As adjunctive treatment in the preoperative and postoperative management of the patient.</td>
<td>30 treatments followed by only minor bony debridement. If response is adequate, an additional 10 treatments can be given. If patients are not responding they are considered stage II and receive more extensive surgical debridement then 10 additional treatments. Stage III patients receive 30 treatments followed by mandibular segmental resection and then 10 additional treatments.</td>
<td>After 10-30 treatments</td>
</tr>
</tbody>
</table>
Osteoradionecrosis, mandibular (i.e. Marx Protocol for ORN and Tooth Extraction)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Pressure (ATA*)</th>
<th>Patient Selection Criteria</th>
<th>Duration, Frequency and/or Number of Treatments</th>
<th>Utilization review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteoradionecrosis, mandibular (i.e. Marx Protocol for ORN and Tooth Extraction)</td>
<td>2.0-2.5 ATA</td>
<td>Evidence of overt fracture or bony resorption. Marx Protocol: Pre-and post-treatment for patients undergoing dental surgery (non-implant related) of an irradiated jaw.</td>
<td>Initial treatment for stage I patients is 30 treatments. If response is adequate 10 additional treatments can be provided. Non-responders are considered stage II and receive more extensive surgical debridement followed by 10 additional treatments. Patients with stage III disease can receive up to 30 treatments followed by mandibular segmental resection and then an additional 10 treatments.</td>
<td>After 10-30 treatments</td>
</tr>
</tbody>
</table>

Refractory mycosis (e.g., actinomycosis, mucormycosis)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Pressure (ATA*)</th>
<th>Patient Selection Criteria</th>
<th>Duration, Frequency and/or Number of Treatments</th>
<th>Utilization review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refractory mycosis (e.g., actinomycosis, mucormycosis)</td>
<td>2.0-2.5 ATA</td>
<td>In conjunction with standard treatment when the disease process is refractory to antibiotics and surgical treatment.</td>
<td>One to two times daily for 90-120 minutes; treatment can continue for up to 40-80 treatments.</td>
<td>After 10-30 treatments</td>
</tr>
</tbody>
</table>

*1 ATA (atmospheres absolute) = pressure of 760 mmHg, 14.7 psi, 760 torr, or 33 ft of seawater.

Information relating to the frequency of treatment and other treatment specifics can also be found at the web site of the Undersea & Hyperbaric Medical Society (UHMS) [https://www.uhms.org/resources/hbo-indications.html].

VI. It is recommended the Centers for Medicare and Medicaid Services (CMS) criteria for coverage be utilized in determining appropriate practitioners to render hyperbaric oxygen therapy. The CMS criteria states:

A. Qualified non-physician practitioners (NPPs) may supervise hyperbaric oxygen therapy services, if such service is included within their State scope of practice, if their required supervision or collaborative agreement is with a physician qualified to provide HBOT services, and if the NPP meets the educational requirements identified within the coverage article.

B. Physicians supervising hyperbaric oxygen therapy should be certified in Undersea and Hyperbaric Medicine by the American Board of Emergency Medicine (ABEM) or the American Board of Preventive Medicine (APBM) or the American Osteopathic Conjoint Committee of Undersea and Hyperbaric Medicine (AOCUHM); or must have completed a minimum 40-hour training experience in a program such as one approved by the American College of Hyperbaric Medicine or the Undersea and Hyperbaric Medical Society.

C. Advanced Cardiac Life Support (ACLS) training and certification of supervising physicians (and NPPs) is required in physician offices and off-campus hospital sites; and in on-campus provider-based departments for which provider-response time to the chamber can be expected to exceed five minutes.

D. HBO therapy rendered within a hospital outpatient department is considered “incident to” a physician’s or qualified NPP’s 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); however, in all instances, it is required that the physician be present during the ascent and descent portions of each treatment.
E. In order to satisfy the immediately available criteria, for HBO therapy performed in an outpatient hospital on-campus or off-campus provider based department, the physician (or qualified NPP) must be present in the office suite or at a location with a maximum of a five (5) minute response time to the chamber. For HBO performed in a physician office, the physician (or qualified NPP) must be present in the office suite.

VII. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

**DESCRIPTION:**

Hyperbaric oxygen therapy (HBOT) is a technique of delivering highly pressurized oxygen to the tissues. Two methods of administration are available.

In **systemic**, or **large chamber** hyperbaric oxygen, the patient is entirely enclosed in a pressure chamber and breathes near 100% oxygen intermittently at a pressure greater than one atmosphere (the pressure of O$_2$ at sea level). This technique relies on the systemic circulation to deliver highly oxygenated blood to the target site, typically a wound. In addition, systemic hyperbaric oxygen therapy can be used to treat systemic illness such as air or gas embolism, carbon monoxide poisoning, clostridial gas gangrene, etc. Treatment may be carried out either in a mono chamber (single person) chamber pressurized with near 100% O$_2$ or in a larger, multi-place (multi-person) chamber pressurized with compressed air, in which case the patient receives pure oxygen by mask, head hoods, or endotracheal tube.

**Topical** hyperbaric oxygen therapy describes a technique of delivering 100% O$_2$ directly to a wound site at a pressure slightly higher than atmospheric pressure. It is hypothesized that the high concentrations of oxygen diffuses directly into the wound to increase the local cellular oxygen tension, which in turn promotes wound healing. Topical HBOT devices consist of an appliance to enclose the wound area and a source of O$_2$; conventional O$_2$ tanks may be used. The appliances may be disposable and may be used without supervision in the home by well-trained patients. Topical HBO$_2$ has been investigated as a treatment for skin ulcerations due to diabetes, venous stasis, post-surgical infection, gangrenous lesion, decubitus ulcers, amputations, skin graft or frostbite.

**RATIONALE:**

Hyperbaric oxygen therapy is a procedure; therefore it is not subject to U.S. Food and Drug Administration (FDA) regulation. The hyperbaric chambers used to administer the therapy do require and have received FDA approval.

**HBOT for autism spectrum disorders.** In 2009, a double-blind, randomized controlled study on the use of HBOT to treat children with autism was published and included 62 children, ages 2-7, diagnosed with an autistic disorder. The active group received hyperbaric treatment at 1.3 atmospheres (atm) and 24% oxygen in a hyperbaric chamber. The control group received a sham treatment consisting of 1.03 atm and ambient air (21% oxygen). Both groups received 40 sessions of active or sham treatment lasting 60 minutes each over a period of 4 weeks. After completion of the 4-week study, families with children in the control group were offered the active intervention. The outcomes were change compared to baseline after 4 weeks several scales: Aberrant Behavior Checklist (ABC); Autism Treatment Evaluation Checklist (ATEC); and Clinical Global Impression-Improvement (CGI). There was no significant differences between-group improvement on the ABC total score, any of the ABC subscales or on the ATEC total score. Compared to the control group, the treatment group had a significant improvement in the ATEC sensory/cognitive awareness subscale. On the physician-rated CGI total score, 30% of the children in the treatment group had a score of 1 (very much improved) or 2 (much improved) compared to 8% in the control group. On the parental-rated CGI total score, 30% of the children in the treatment group had a score of 1 or 2 compared to 15% in the control group. Among the parental-rated CGI subscales, significantly more children were rated as improved in the treatment group compared to control on 2 out of 18 subscales, receptive language and eye contact. A key limitation of the study was that the authors reported outcomes only directly after completion of the intervention. Whether there are any long-term effects is not known. Additional follow-up data cannot be obtained because members of the control group crossed over to the intervention after 4 weeks. Other
Proprietary Information of Excellus Health Plan, Inc.
Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).

CPT: 99183 Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session

Copyright © 2018 American Medical Association, Chicago, IL

HCPCS:
- A4575 (E/I) Topical hyperbaric oxygen chamber, disposable
- E0446 (E/I) Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
- G0277 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval

ICD10: Medically Appropriate diagnosis codes per Policy Statement IIA:
- A18.01 Tuberculosis of spine
- A18.03 Tuberculosis of other bones
- A42.0-A42.2 Actinomycosis (code range)
- A42.81-A42.89 Other forms of actinomycosis (code range)
- A42.9 Actinomycosis, unspecified
- A43.0-A43.9 Nocardiosis (code range)
- A48.0 Gas gangrene
- A50.01-A50.09 Early congenital syphilis, symptomatic (code range)
- A52.77 Syphilis of bone and joint
- B36.0-B36.9 Other superficial mycoses (code range)
- B47.1-B47.9 Mycetoma (code range)
- B48.3 Geotrichosis
- B48.8 Other specified mycoses
- B49 Unspecified mycosis
- D62 Acute posthemorrhagic anemia
- E08.52 Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
- E09.52 Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
- E10.52 Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E10.618-E10.69</td>
<td>Type 1 diabetes mellitus with other specified complications (code range)</td>
</tr>
<tr>
<td>E11.52</td>
<td>Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene</td>
</tr>
<tr>
<td>E11-618-E11.69</td>
<td>Type 2 diabetes mellitus with other specified complication</td>
</tr>
<tr>
<td>E13.52-E13.69</td>
<td>Other specified diabetes mellitus (code range)</td>
</tr>
<tr>
<td>G93.6</td>
<td>Cerebral edema</td>
</tr>
<tr>
<td>H05.021-H05.029</td>
<td>Osteomyelitis of orbit (code range)</td>
</tr>
<tr>
<td>I70.361-I70.769</td>
<td>Atherosclerosis of bypass graft(s) of the extremities with gangrene (code range)</td>
</tr>
<tr>
<td>I70.461-I70.469</td>
<td>Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene (code range)</td>
</tr>
<tr>
<td>I73.01</td>
<td>Raynaud's syndrome with gangrene</td>
</tr>
<tr>
<td>I96</td>
<td>Gangrene, not elsewhere classified</td>
</tr>
<tr>
<td>K12.2</td>
<td>Cellulitis and abscess of mouth</td>
</tr>
<tr>
<td>L02.01-L02.91</td>
<td>Cutaneous abscess (code range)</td>
</tr>
<tr>
<td>L03.111-L03.119</td>
<td>Cellulitis (code range)</td>
</tr>
<tr>
<td>L03.121-L03.129</td>
<td>Acute lymphangiitis (code range)</td>
</tr>
<tr>
<td>L03.211-L03.91</td>
<td>Cellulitis and acute lymphangiitis (code range)</td>
</tr>
<tr>
<td>L08.1</td>
<td>Erythrasma</td>
</tr>
<tr>
<td>L59.9</td>
<td>Disorder of the skin and subcutaneous tissue related to radiation, unspecified</td>
</tr>
<tr>
<td>L98.3</td>
<td>Eosinophilic cellulitis (Wells)</td>
</tr>
<tr>
<td>M27.2</td>
<td>Inflammatory conditions of jaws</td>
</tr>
<tr>
<td>M27.8</td>
<td>Other specified diseases of jaws</td>
</tr>
<tr>
<td>M46.20-M46.28</td>
<td>Osteomyelitis of vertebra (code range)</td>
</tr>
<tr>
<td>M46.30-M46.39</td>
<td>Infection of intervertebral disc (pyogenic) (code range)</td>
</tr>
<tr>
<td>M86.00-M86.09</td>
<td>Acute hematogenous osteomyelitis (code range)</td>
</tr>
<tr>
<td>M86.10-M86.19</td>
<td>Other acute osteomyelitis (code range)</td>
</tr>
<tr>
<td>M86.20-M86.29</td>
<td>Subacute osteomyelitis (code range)</td>
</tr>
<tr>
<td>M86.30-M86.69</td>
<td>Chronic osteomyelitis (code range)</td>
</tr>
<tr>
<td>M86.8x0-M86.9</td>
<td>Other and unspecified osteomyelitis (code range)</td>
</tr>
<tr>
<td>M90.80-M90.89</td>
<td>Osteopathy in diseases classified elsewhere (code range)</td>
</tr>
<tr>
<td>P11.0</td>
<td>Cerebral edema due to birth injury</td>
</tr>
<tr>
<td>S06.1x0A-S06.1x9A</td>
<td>Traumatic cerebral edema (code range)</td>
</tr>
<tr>
<td>S07.0xxA, S17.9xxA</td>
<td>Crushing injury (code range)</td>
</tr>
</tbody>
</table>
SUBJECT: HYPERBARIC OXYGEN THERAPY (HBOT)

POLICY NUMBER: 2.01.07
CATEGORY: Technology Assessment

EFFECTIVE DATE: 11/19/99
REVISED DATE: 04/17/02, 04/24/03, 05/19/04, 07/21/05, 09/21/06, 07/19/07, 06/19/08, 09/18/08, 09/17/09, 02/17/11, 04/19/12, 03/21/13, 03/20/14, 03/19/15, 03/17/16, 04/20/17, 05/17/18

PAGE: 11 OF 15

T57.3x1A-T57.3x4A Toxic effect of hydrogen cyanide (code range)
T58.01xA-T58.94xA Toxic effect of carbon monoxide (code range)
T65.0x1A-T65.0x4A Toxic effect of cyanides (code range)
T66.xxxA Radiation sickness, unspecified, initial encounter
T70.xxxA Caisson disease (decompression sickness), initial encounter
T79.0xxA Air embolism (traumatic), initial encounter
T86.820-T86.822 Complications of skin graft (allograft) (autograft) (code range)
T86.828-T86.829 Other and unspecified complications of skin graft (allograft) (autograft) (code range)

ICD10: Investigational diagnosis codes per Policy Statement IIB (Codes may not be all inclusive):
G12.21 Amyotrophic lateral sclerosis
F84.0 Autistic disorder
G51.0 Bell’s palsy
T63.333A-T63.332S Toxic effect of venom of brown recluse spider (code range)
T53.0X1A-T53.0X2S Toxic effects of carbon tetrachloride (code range)

REFERENCES:


Proprietary Information of Excellus Health Plan, Inc.


**KEY WORDS:**

HBOT, Systemic hyperbaric oxygen therapy, Topical hyperbaric oxygen pressurization, Topical hyperbaric oxygen therapy, Topical oxygen wound therapy, TOWT.

---

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

There is currently a National Coverage Determination (NCD)

Please refer to the following websites for Medicare Members:

**NCD:**
https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=12&ncdver=3&CovSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&KeyWord=hyperbaric&KeyWordLookUp=Title&KeyWordSearchType=And&ArticleId=52174&ver=24&ContrId=298&ContrVer=1&bc=gAAAAABAAAAAA%3d%3d&