

Hyperbaric Oxygen Therapy (NCD 20.29)

Policy Number	20.29	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	10/08/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

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.

Reimbursement Guidelines

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:

1. Acute carbon monoxide intoxication,
2. Decompression illness,
3. Gas embolism,
4. Gas gangrene,
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.
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.
7. Progressive necrotizing infections (necrotizing fasciitis),
8. Acute peripheral arterial insufficiency,
9. Preparation and preservation of compromised skin grafts (not for primary management of wounds),
10. Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management,
11. Osteoradionecrosis as an adjunct to conventional treatment,
12. Soft tissue radionecrosis as an adjunct to conventional treatment,
13. Cyanide poisoning,
14. Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment,
15. Diabetic wounds of the lower extremities in patients who meet the following three criteria:
 - a. Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes;
 - 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

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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.

Noncovered Conditions

All other indications not specified under §270.4(A) are not covered under the Medicare program. No program payment may be made for any conditions other than those listed in §270.4(A).

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.

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.

CPT/HCPCS Codes

Code	Description
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
A4575	Topical hyperbaric oxygen chamber, disposable <i>(Not covered by Medicare in any payment system)</i>
C1300	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval

ICP/PCS Codes

ICP Code	Description	PCS Code	Description
93.59	Other immobilization, pressure, and attention	0NH035Z	Insertion of External Fixation Device into Skull, Percutaneous Approach

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	to wound	2W10X7Z	Compression of Head using Intermittent Pressure Device
		2W11X7Z	Compression of Face using Intermittent Pressure Device
		2W12X7Z	Compression of Neck using Intermittent Pressure Device
		2W13X7Z	Compression of Abdominal Wall using Intermittent Pressure Device
		2W14X7Z	Compression of Chest Wall using Intermittent Pressure Device
		2W15X7Z	Compression of Back using Intermittent Pressure Device
		2W16X7Z	Compression of Right Inguinal Region using Intermittent Pressure Device
		2W17X7Z	Compression of Left Inguinal Region using Intermittent Pressure Device
		2W18X7Z	Compression of Right Upper Extremity using Intermittent Pressure Device
		2W19X7Z	Compression of Left Upper Extremity using Intermittent Pressure Device
		2W1LX7Z	Compression of Right Lower Extremity using Intermittent Pressure Device
		2W1MX7Z	Compression of Left Lower Extremity using Intermittent Pressure Device
		2W30X3Z	Immobilization of Head using Brace
		2W30XYZ	Immobilization of Head using Other Device
		2W31X3Z	Immobilization of Face using Brace
		2W31XYZ	Immobilization of Face using Other Device
		2W33X3Z	Immobilization of Abdominal Wall using Brace
		2W33XYZ	Immobilization of Abdominal Wall using Other Device
		2W34X3Z	Immobilization of Chest Wall using Brace
		2W34XYZ	Immobilization of Chest Wall using Other Device
		2W35X3Z	Immobilization of Back using Brace
		2W35XYZ	Immobilization of Back using Other Device
		2W36X3Z	Immobilization of Right Inguinal Region using Brace
		2W36XYZ	Immobilization of Right Inguinal Region using Other Device
		2W37X3Z	Immobilization of Left Inguinal Region using Brace
		2W37XYZ	Immobilization of Left Inguinal Region using Other Device
		2W38X3Z	Immobilization of Right Upper Extremity using Brace
		2W38XYZ	Immobilization of Right Upper Extremity using Other Device
		2W39X3Z	Immobilization of Left Upper Extremity using Brace
		2W39XYZ	Immobilization of Left Upper Extremity using Other Device
		2W3LX3Z	Immobilization of Right Lower Extremity using Brace
		2W3LXYZ	Immobilization of Right Lower Extremity using Other Device
		2W3MX3Z	Immobilization of Left Lower Extremity using Brace
		2W3MXYZ	Immobilization of Left Lower Extremity using Other Device
		5A05121	Extracorporeal Hyperbaric Oxygenation, Intermittent
		ONH005Z	Insertion of External Fixation Device into Skull, Open Approach
		ONH045Z	Insertion of External Fixation Device into Skull, Percutaneous Endoscopic Approach
		2W1AX7Z	Compression of Right Upper Arm using Intermittent Pressure Device
		2W1BX7Z	Compression of Left Upper Arm using Intermittent Pressure Device

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	2W1CX7Z	Compression of Right Lower Arm using Intermittent Pressure Device
	2W1DX7Z	Compression of Left Lower Arm using Intermittent Pressure Device
	2W1EX7Z	Compression of Right Hand using Intermittent Pressure Device
	2W1FX7Z	Compression of Left Hand using Intermittent Pressure Device
	2W1GX7Z	Compression of Right Thumb using Intermittent Pressure Device
	2W1HX7Z	Compression of Left Thumb using Intermittent Pressure Device
	2W1JX7Z	Compression of Right Finger using Intermittent Pressure Device
	2W1KX7Z	Compression of Left Finger using Intermittent Pressure Device
	2W1NX7Z	Compression of Right Upper Leg using Intermittent Pressure Device
	2W1PX7Z	Compression of Left Upper Leg using Intermittent Pressure Device
	2W1QX7Z	Compression of Right Lower Leg using Intermittent Pressure Device
	2W1RX7Z	Compression of Left Lower Leg using Intermittent Pressure Device
	2W1SX7Z	Compression of Right Foot using Intermittent Pressure Device
	2W1TX7Z	Compression of Left Foot using Intermittent Pressure Device
	2W1UX7Z	Compression of Right Toe using Intermittent Pressure Device
	2W1VX7Z	Compression of Left Toe using Intermittent Pressure Device
	2W3AX3Z	Immobilization of Right Upper Arm using Brace
	2W3AXYZ	Immobilization of Right Upper Arm using Other Device
	2W3BX3Z	Immobilization of Left Upper Arm using Brace
	2W3BXYZ	Immobilization of Left Upper Arm using Other Device
	2W3CX3Z	Immobilization of Right Lower Arm using Brace
	2W3CXYZ	Immobilization of Right Lower Arm using Other Device
	2W3DX3Z	Immobilization of Left Lower Arm using Brace
	2W3DXYZ	Immobilization of Left Lower Arm using Other Device
	2W3EX3Z	Immobilization of Right Hand using Brace
	2W3EXYZ	Immobilization of Right Hand using Other Device
	2W3FX3Z	Immobilization of Left Hand using Brace
	2W3FXYZ	Immobilization of Left Hand using Other Device
	2W3GX3Z	Immobilization of Right Thumb using Brace
	2W3GXYZ	Immobilization of Right Thumb using Other Device
	2W3HX3Z	Immobilization of Left Thumb using Brace
	2W3HXYZ	Immobilization of Left Thumb using Other Device
	2W3JX3Z	Immobilization of Right Finger using Brace
	2W3JXYZ	Immobilization of Right Finger using Other Device
	2W3KX3Z	Immobilization of Left Finger using Brace
	2W3KXYZ	Immobilization of Left Finger using Other Device
	2W3NX3Z	Immobilization of Right Upper Leg using Brace
	2W3NXYZ	Immobilization of Right Upper Leg using Other Device

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		2W3PX3Z	Immobilization of Left Upper Leg using Brace
		2W3PXYZ	Immobilization of Left Upper Leg using Other Device
		2W3QX3Z	Immobilization of Right Lower Leg using Brace
		2W3QXYZ	Immobilization of Right Lower Leg using Other Device
		2W3RX3Z	Immobilization of Left Lower Leg using Brace
		2W3RXYZ	Immobilization of Left Lower Leg using Other Device
		2W3SX3Z	Immobilization of Right Foot using Brace
		2W3SXYZ	Immobilization of Right Foot using Other Device
		2W3TX3Z	Immobilization of Left Foot using Brace
		2W3TXYZ	Immobilization of Left Foot using Other Device
		2W3UX3Z	Immobilization of Right Toe using Brace
		2W3UXYZ	Immobilization of Right Toe using Other Device
		2W3VX3Z	Immobilization of Left Toe using Brace
		2W3VXYZ	Immobilization of Left Toe using Other Device
		2W40X5Z	Packing of Head using Packing Material
		2W41X5Z	Packing of Face using Packing Material
		2W42X5Z	Packing of Neck using Packing Material
		2W43X5Z	Packing of Abdominal Wall using Packing Material
		2W44X5Z	Packing of Chest Wall using Packing Material
		2W45X5Z	Packing of Back using Packing Material
		2W46X5Z	Packing of Right Inguinal Region using Packing Material
		2W47X5Z	Packing of Left Inguinal Region using Packing Material
		2W48X5Z	Packing of Right Upper Extremity using Packing Material
		2W49X5Z	Packing of Left Upper Extremity using Packing Material
		2W4AX5Z	Packing of Right Upper Arm using Packing Material
		2W4BX5Z	Packing of Left Upper Arm using Packing Material
		2W4CX5Z	Packing of Right Lower Arm using Packing Material
		2W4DX5Z	Packing of Left Lower Arm using Packing Material
		2W4EX5Z	Packing of Right Hand using Packing Material
		2W4FX5Z	Packing of Left Hand using Packing Material
		2W4GX5Z	Packing of Right Thumb using Packing Material
		2W4HX5Z	Packing of Left Thumb using Packing Material
		2W4JX5Z	Packing of Right Finger using Packing Material
		2W4KX5Z	Packing of Left Finger using Packing Material
		2W4LX5Z	Packing of Right Lower Extremity using Packing Material
		2W4MX5Z	Packing of Left Lower Extremity using Packing Material
		2W4NX5Z	Packing of Right Upper Leg using Packing Material
		2W4PX5Z	Packing of Left Upper Leg using Packing Material
		2W4QX5Z	Packing of Right Lower Leg using Packing Material
		2W4RX5Z	Packing of Left Lower Leg using Packing Material
		2W4SX5Z	Packing of Right Foot using Packing Material
		2W4TX5Z	Packing of Left Foot using Packing Material
		2W4UX5Z	Packing of Right Toe using Packing Material
		2W4VX5Z	Packing of Left Toe using Packing Material
		2Y40X5Z	Packing of Mouth and Pharynx using Packing Material
		2Y45X5Z	Packing of Urethra using Packing Material
93.95	Hyperbaric oxygenation	5A05121	Extracorporeal Hyperbaric Oxygenation, Intermittent
		5A05221	Extracorporeal Hyperbaric Oxygenation, Continuous

Questions and Answers

Q:	Is prior notification/prior authorization required?
A:	No, prior notification/prior authorization is not required for dates of service after 11/01/2013.

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References Included (but not limited to):

CMS NCD

NCD 20.29 Hyperbaric Oxygen Therapy

CMS LCD(s)

Numerous LCDs

CMS Article(s)

Numerous Articles

CMS Claims Processing Manual

Chapter 32; §30 Hyperbaric Oxygen (HBO) Therapy, §30.1 Billing Requirements for HBO Therapy for the Treatment of Diabetic Wounds of the Lower Extremities

CMS Transmittals

Transmittal 48, Change Request 4278, Dated 03/17/2006 (Technical Corrections to the NCD Manual)

Transmittal 1165, Change Request 8109, Dated 01/18/2013 (International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs))

UnitedHealthcare Medicare Advantage Coverage Summaries

Ambulance Services

Hyperbaric Oxygen Therapy

Wound Treatments

UnitedHealthcare Medical Policies

Hyperbaric Oxygen Therapy and Topical Oxygen Therapy

MLN Matters

Article MM3632 MMA - January 2005 Update of the Hospital Outpatient Prospective Payment System (OPPS): Summary of Payment Policy Changes

History

Date	Revisions
10/08/2014	<ul style="list-style-type: none"> Annual review Administrative updates
09/10/2014	Removed liability references
11/20/2013	Administrative updates
03/27/2013	Administrative updates
04/11/2012	Administrative updates