LCD for Hyperbaric Oxygen Therapy (HBO) (L1102)

Contractor Information

Contractor Name
Palmetto GBA

Contractor Number
00382

Contractor Type
FI

LCD Information

LCD ID Number
L1102

LCD Title
Hyperbaric Oxygen Therapy (HBO)

Contractor's Determination Number
98NC-003-L

AMA CPT / ADA CDT Copyright Statement
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CMS National Coverage Policy
Title XVIII of the Social Security Act, §1862(a)(7) excludes routine physical examinations.

Title XVIII of the Social Security Act, §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 6, §20.5.1

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 1, §20.29

CMS Manual System, Pub 100-04, Medicare Claims Processing Manual, Chapter 32, §30.1


Primary Geographic Jurisdiction
North Carolina
Oversight Region
Region IV

Original Determination Effective Date
For services performed on or after 07/01/1998

Original Determination Ending Date

Revision Effective Date
For services performed on or after 09/03/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity
Hyperbaric Oxygen Therapy is a medical treatment in which the patient is entirely enclosed in a pressure chamber breathing 100% oxygen (O₂) at greater than one atmosphere (atm) pressure. Either a monoplace chamber pressurized with pure O₂ or a larger multiplace chamber pressurized with compressed air where the patient receives pure O₂ by mask, head tent, or endotracheal tube may be used.

Note: Topical application of oxygen (Topox) does not meet the definition of HBO therapy. Also, its clinical efficacy has not been established; therefore, no reimbursement may be made.

1. Acute carbon monoxide intoxication induces hypoxic stress. The cardiac and central nervous systems are the most susceptible to injury from carbon monoxide. The administration of supplemental oxygen is essential treatment. Hyperbaric oxygen causes a higher rate of dissociation of carbon monoxide from hemoglobin than can occur breathing pure air at sea level pressure. The chamber compressions should be between 2.5 and 3.0 atm abs. It is not uncommon in patients with persistent neurological dysfunction to require subsequent treatments within six to eight hours, continuing once or twice daily until there is no further improvement in cognitive functioning.

2. Decompression illness arises from the formation of gas bubbles in tissue or blood in volumes sufficient enough to interfere with the function of an organ or to cause alteration in sensation. The cause of this enucleated gas is rapid decompression during ascent. The clinical manifestations range from skin eruptions to shock and death. The circulating gas emboli may be heard with a doppler device. Treatment of choice for decompression illness is HBO with mixed gases. The result is immediate reduction in the volume of bubbles. The treatment prescription is highly variable and case specific. The depths could range between 60 to 165 feet of seawater for durations of 1.5 to over 14 hours. The patient may or may not require repeat dives.
3. Gas embolism occurs when gases enter the venous or arterial vasculature embolizing in a large enough volume to compromise the function of an organ or body part. This occlusive process results in ischemia to the affected areas. Air emboli may occur as a result of surgical procedures (e.g., cardiovascular surgery, intra-aortic balloons, arthroplasties, or endoscopies), use of monitoring devices (e.g., Swan-Ganz introducer, infusion pumps), in nonsurgical patients (e.g., diving, ruptured lung in respirator-dependent patient, injection of fluids into tissue space), or traumatic injuries (e.g., gunshot wounds, penetrating chest injuries). Hyperbaric oxygen therapy is the treatment of choice. It is most effective when initiated early. Therapy is directed toward reducing the volume of gas bubbles and increasing the diffusion gradient of the embolized gas. Treatment modalities range from high pressure to low pressure mixed gas dives.

4. Gas gangrene is an infection caused by the clostridium bacillus, the most common being clostridium perfringens. Clostridial myositis and myonecrosis (gas gangrene) is an acute, rapidly growing invasive infection of the muscle. It is characterized by profound toxemia, extensive edema, massive death of tissue and variable degree of gas production. The most prevalent toxin is the alpha-toxin which itself is hemolytic, tissue-necrotizing and lethal. The diagnosis of gas gangrene is based on clinical data supported by a positive gram-stained smear obtained from tissue fluids. X-ray radiographs, if obtained, can visualize tissue gas.

a. The onset of gangrene can occur one to six hours after injury and presents with severe and sudden pain at the infected area. The skin overlying the wound progresses from shiny and tense, to dusky, then bronze in color. The infection can progress as rapidly as six inches per hour. Hemorrhagic vesicles may be noted. A thin, sweet-odored exudate is present. Swelling and edema occur. The noncontractile muscles progress to dark red to black in color.

b. The acute problem in gas gangrene is to stop the rapidly advancing tissue destruction caused by alpha-toxin. Medical treatment is aimed at stopping the production of alpha-toxin and to continue treatment until the advancement of the disease process has been arrested. The goal of HBO therapy is to stop alpha-toxin production thereby inhibiting further bacterial growth at which point the body can use its own host defense mechanisms. HBO treatment starts as soon as the clinical picture presents and is supported by a positive gram-stained smear. A treatment approach utilizing HBO is adjunct to antibiotic therapy and surgery. Initial surgery may be limited to opening the wound. Debridement of necrotic tissue can be performed between HBO treatments when clear demarcation between dead and viable tissue is evident. The usual treatment consists of oxygen administered at 3.0 atm abs pressure for ninety minutes three times in the first 24 hours. Over the next four to five days, treatment sessions twice a day are usual. The sooner HBO treatment is initiated, the better the outcome in terms of life, limb and tissue saving.

5. Crush injuries and suturing of severed limbs, acute traumatic peripheral ischemia (ATI), and acute peripheral arterial insufficiency: Acute traumatic ischemia is the result of injury compromising circulation to an extremity. The extremity is then at risk for necrosis or amputation. Secondary complications are frequently seen: infection, non-healing wounds, and non-united fractures. For acute traumatic peripheral ischemia, crush injuries and suturing of severed limbs, 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.

a. The goal of HBO therapy is to enhance oxygenation at the tissue level to support viability. When tissue oxygen tensions fall below 30 mmHg., the body's ability to respond to infection and wound repair is compromised. Using HBO at 2 atm abs, the tissue oxygen tension is raised to a level such that the body's responses can become functional again. The benefits of HBO for this indication are enhanced tissue oxygenation, edema reduction and increased oxygen delivery per unit of blood flow thereby reducing the complication rates for infection, non-union and amputation.

b. The usual treatment schedule is three 1.5 hour treatment periods daily for the first forty-eight hours. Additionally, two 1.5 hour treatment sessions daily for the next forty-eight hours may be required. On the fifth and sixth days of treatment, one 1.5 hour session would typically be utilized. At this point in treatment, outcomes of restored perfusion, edema reduction and either demarcation or recovery would be sufficient to guide discontinuing further treatments.
c. For acute traumatic peripheral ischemia, crush injuries and suturing of severed limbs, Hyperbaric Oxygen 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. The principal treatment for progressive necrotizing infections (necrotizing fasciitis, Meleney ulcer) is surgical debridement and systemic antibiotics. HBO is recommended as an adjunct only in those settings where mortality and morbidity are expected to be high despite aggressive standard treatment. One of the necrotizing infections, Meleney's ulcer, is a polymicrobial (mixed aerobic-anaerobic organisms) ulcer that slowly progresses affecting the total thickness of the skin. Also called a bacterial synergistic gangrene, the Meleney ulcer is associated with the formation of burrowing cutaneous fissures and sinus tracts that emerge at distant skin sites. This ulcer presents a wide area of pale red cellulitis that subsequently ulcerates and gradually enlarges to form a large ulcerative plaque, typically with a central area of granulation tissue encircled by gangrenous or necrotic tissue.

a. Another type of progression necrotizing infection is necrotizing fasciitis. This condition is a relatively rare infection. It is usually a result of a group A streptococcal infection beginning with severe or extensive cellulitis that spreads to involve the superficial and deep fascia, producing thrombosis of the subcutaneous vessels and gangrene of the underlying tissues. A cutaneous lesion usually serves as a portal of entry for the infection, but sometimes no such lesion is found.

7. Preparation and preservation of compromised skin grafts utilizes HBO for graft or flap salvage in cases where hypoxia or decreased perfusion have compromised viability. HBO enhances flap survival. Treatments are given at a pressure of 2.0 to 2.5 atm abs lasting from 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 may be used to prepare the already compromised recipient site for a new graft or flap. HBO therapy is not necessary for normal, uncompromised skin grafts or flaps. This excludes artificial skin grafts. This indication is not for primary management of wounds.

8. Chronic refractory osteomyelitis persists or recurs following appropriate interventions. These interventions include the use of antibiotics, aspiration of the abscess, immobilization of the affected extremity, and surgery. HBO is an adjunctive therapy used with the appropriate antibiotics. Antibiotics are chosen on the basis of bone culture and sensitivity studies. HBO can elevate the oxygen tensions found in infected bone to normal or above normal levels. This mechanism enhances healing and the body's antimicrobial defenses. It is believed that HBO augments the efficacy of certain antibiotics (gentamicin, tobramycin, and amikacin). Finally, the body's osteoclast function of removing necrotic bone is dependent on a proper oxygen tension environment. HBO provides this environment. HBO treatments are delivered at a pressure of 2.0 to 2.5 atm abs for a duration of 90-120 minutes. It is not unusual to receive daily treatments following major debridement surgery. The number of treatments required vary on an individual basis. Medicare Part A can cover the use of HBO for chronic refractory osteomyelitis that has been demonstrated to be unresponsive to conventional medical and surgical management.

9. HBO's use in the treatment of osteoradionecrosis and soft tissue radionecrosis is one part of an overall plan of care. Also included in this plan of care are debridement or resection of nonviable tissues in conjunction with antibiotic therapy. Soft tissue flap reconstruction and bone grafting may also be indicated. HBO treatment can be indicated both preoperatively and postoperatively.

a. The patients who suffer from soft tissue damage or bone necrosis present with disabling, progressive, painful tissue breakdown. They may present with wound dehiscence, infection, tissue loss and graft or flap loss. The goal of HBO treatment is to increase the oxygen tension in both hypoxic bone and tissue to stimulate growth in functioning capillaries, fibroelastic proliferation and collagen synthesis. The recommended daily treatments last 90-120 minutes at 2.0 to 2.5 atm abs. The duration of HBO therapy is highly individualized.
10. Cyanide poisoning carries a high risk of mortality. Victims of smoke inhalation frequently suffer from both carbon monoxide and cyanide poisoning. The traditional antidote for cyanide poisoning is the infusion of sodium nitrite. This treatment can potentially impair the oxygen carrying capacity of hemoglobin. Using HBO as an adjunct therapy adds the benefit of increased plasma dissolved oxygen. The HBO treatment protocol is to administer oxygen at 2.5 to 3.0 atm abs for up to 120 minutes during the initial treatment. Most patients with combination cyanide and carbon monoxide poisoning will receive only one treatment.

11. Actinomycosis is a bacterial infection that resembles a fungal infection caused by Actinomyces israelii. Its symptoms include slow growing granulomas that later break down, discharging viscid pus containing minute yellowish granules. The treatment includes prolonged administration of antibiotics (penicillin and tetracycline). Surgical incision and draining of accessible lesions is also helpful. Only after the disease process has been shown refractory to antibiotics and surgery, could HBO be covered by Medicare Part A.

12. HBO therapy may be used to treat patients with type I or type II diabetes and has a lower extremity wound that is due to diabetes. (For definition of wound care and HBO, see CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual – Internet Only Manual).

Note: Staging/grading of wounds in this policy is as follows and is a modified Wagner Cianci grading system (Wagner 1981, Cianci 1997):

Grade 0 No open lesion; skin changes including erythema (reddening), whitening, mild exfoliation (scaling), or luminous variations (shining, glowing, or dullness in relation to surrounding skin).

Grade 1 Superficial ulcer without penetration to deeper layers

Grade 2 Ulcer penetrates to tendon, bone, or joint

Grade 3 Lesion has penetrated deeper than grade 2 and there is abscess, osteomyelitis, pyarthrosis, or infection of the tendon and tendon sheaths

Grade 4 Wet or dry gangrene in the toes, forefoot, knee area, buttocks, elbow, or fingers

Grade 5 Gangrene involving the whole foot, or hand, or hind quarter such that no local procedures are possible and limb amputation or major hind quarter reconstruction is indicated

Contraindications for use of HBO are:

1. Traumatic or spontaneous pneumothorax (especially if left untreated)

2. Pregnancy (except in cases of carbon monoxide poisoning and gas gangrene)

3. Premature infants

4. Concomitant administration of doxorubicin or cisplatin as chemotherapeutic agents

5. Use of disulfiram

Indications of effective treatment outcomes of HBO:

- There is improvement or healing of wounds.
- There is improvement of tissue perfusion.
There is new epithelial tissue growth and granulation.

- Tissue PO$_2$ of at least 30 mmHg of oxygen is necessary for oxidative function to occur.

- The mechanical reduction in bubble size of air emboli alleviate of decompression sickness (and gas/air emboli).

- Tissue PO$_2$ of 40 or greater defines resolved hypoxia. The body can now resume host functions of wound healing and anti-microbial defenses without the need of HBO. Tissue PO$_2$ of 40 or greater defines resolved hypoxia (the host function of wound healing and anti-microbial defenses can be resumed without need of HBO).

Hyperbaric oxygen therapy is an “incident to” therapy that requires direct supervision by the physician to be covered. “Direct Supervision” means that physician must be present and on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

Medicare will cover hyperbaric oxygen therapy only in the setting of a hospital, either inpatient or outpatient. Cardiopulmonary resuscitation team coverage must be immediately available during the hours of the hyperbaric chamber operation.

**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.

<table>
<thead>
<tr>
<th>Bill Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>13x</td>
<td>Hospital-outpatient (HHA-A also) (under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00)</td>
</tr>
<tr>
<td>85x</td>
<td>Special facility or ASC surgery-rural primary care hospital (eff 10/94)</td>
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</tbody>
</table>

**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.

*This code (0940) is for Critical Access Hospitals who elect Method I*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0413</td>
<td>Respiratory services-hyperbaric oxygen therapy</td>
</tr>
<tr>
<td>0940</td>
<td>Other therapeutic services-general classification</td>
</tr>
</tbody>
</table>
CPT/HCPCS Codes

*This code (99183) is for Critical Access Hospitals who elect Method I

99183  PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION

C1300  HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL

ICD-9 Codes that Support Medical Necessity

039.0 - 039.9  CUTANEOUS ACTINOMYCOTIC INFECTION - ACTINOMYCOTIC INFECTION OF UNSPECIFIED SITE

040.0  GAS GANGRENE

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

526.4  INFLAMMATORY CONDITIONS OF JAW

526.89  OTHER SPECIFIED DISEASES OF THE JAWS

728.86  NECROTIZING FASCIITIS

730.10 - 730.19  CHRONIC OSTEOMYELITIS SITE UNSPECIFIED - CHRONIC OSTEOMYELITIS INVOLVING MULTIPLE SITES

785.4  GANGRENE

902.53  INJURY TO ILIAC ARTERY

903.01  INJURY TO AXILLARY ARTERY

903.1  INJURY TO BRACHIAL BLOOD VESSELS

904.0  INJURY TO COMMON FEMORAL ARTERY

904.41  INJURY TO POPLITEAL ARTERY

927.00 - 927.03  CRUSHING INJURY OF SHOULDER REGION - CRUSHING INJURY OF UPPER ARM

927.09 - 927.11  CRUSHING INJURY OF MULTIPLE SITES OF UPPER ARM - CRUSHING INJURY OF ELBOW

927.20 - 927.21  CRUSHING INJURY OF HAND(S) - CRUSHING INJURY OF WRIST

927.8  CRUSHING INJURY OF MULTIPLE SITES OF UPPER LIMB
ICD-9-CM CODES THAT SUPPORT MEDICAL NECESSITY OF HBO FOR THE TREATMENT OF DIABETIC WOUNDS OF THE LOWER EXTREMITIES

Note: Claims submitted with diabetic wounds should be identified with ICD-9-CM codes of 250.70-250.73 or 250.80-250.83 in addition to 249.70, 249.71, 249.80, 249.81, 707.10, 707.12, 707.13, 707.14, 707.15, 707.19, 707.22, 707.23, 707.24, 707.25 or 785.4.
249.70  SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED

249.71  SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, UNCONTROLLED

249.80  SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED

249.81  SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, UNCONTROLLED

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

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

707.22  PRESSURE ULCER, STAGE II

707.23  PRESSURE ULCER, STAGE III

707.24  PRESSURE ULCER, STAGE IV

707.25  PRESSURE ULCER, UNSTAGEABLE

785.4  GANGRENE

Diagnoses that Support Medical Necessity
N/A

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

Diagnoses that DO NOT Support Medical Necessity
N/A

General Information

Documentation Requirements
1. There must be medical documentation to support the condition for which HBO therapy is being provided. This documentation typically includes:

a. An initial assessment which should include a medical history detailing the condition requiring HBO. The history should list prior treatments including antibiotic therapy and surgical interventions. This note should also list and/or describe any adjunctive treatment currently in progress.

b. Communication between physicians regarding treatment plans (past, current, future).

c. Definitive radiographic evidence and/or bone culture with sensitivity studies are required to confirm the diagnosis of osteomyelitis.

d. HBO treatment records describing the physical findings, the treatment rendered and the effect of the treatment upon the established goals of therapy.

e. Culture reports when appropriate.

2. Documentation supporting the medical necessity should be legible, maintained in the patient’s medical record, and must be made available to the Intermediary upon request.

Appendices
N/A

Utilization Guidelines
For usage of codes 707.22, 707.23 and 707.24 in diabetics, the pressure ulcer(s) must be located on the lower extremity/extremities.

Sources of Information and Basis for Decision


Undersea and Hyperbaric Medical Society. (1196). *Hyperbaric Oxygen Therapy; A committee report*. 

**Advisory Committee Meeting Notes**

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the Intermediary, this policy was developed in cooperation with advisory groups, which include representatives from the affected provider community. Advisory Committee Meeting date: N/A

**Start Date of Comment Period**

04/01/1998

**End Date of Comment Period**

05/31/1998

**Start Date of Notice Period**

06/01/1998

**Revision History Number**

26.09/03/2009
25.10/01/2008
24.04/24/2008
23.01/25/2008
22.07/05/2007
21.11/15/2006
20.10/01/2006
19.05/24/2006
18.08/16/2005
17.04/27/2005
16.02/11/2005
15.09/02/2004
14.01/06/2004
13.12/12/2003
12.09/23/2003
11.08/06/2003
10.03/28/2003
9.02/12/2003
8.02/05/2001
7.12/01/2000
6.09/22/2000
5.08/01/2000
4.04/01/2000
3.03/01/1999
2.09/30/1998
1.08/30/1998

**Revision History Explanation**
Revision #26, 09/03/2009

Revision #25, 10/01/2008
Under AMA/CPT & ADA/CDT Copyright Statement changed the copyright date from 2007 to 2008. Under Indications and Limitations of Coverage and/or Medical Necessary section the word "extremity" was added to #12. Under ICD-9 Codes That Support Medical Necessity of HBO for the Treatment of Diabetic Wounds of the Lower Extremities added ICD-9 codes 249.70, 249.71, 249.80, 249.81, 707.22, 707.23 and 707.24. Under Utilization Guidelines, verbiage regarding code 0940 removed and added reminder of location of wound for coverage for diabetic patients. This revision becomes effective on 10/01/2008.

Revision #24, 04/16/2008
Under CMS National Coverage section CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 6, §20.5 was added. Under Indications and Limitations of Coverage and/or Medical Necessity section the verbiage requiring the physician to be present in the suite during the HBO dive has been deleted. The HBO therapy is an “incident to” service and the physician should be immediately available in case of an emergency. It does not mean the physician must be present in the room when the procedure is performed. Under Documentation Requirements “b” was deleted under #1. This stated that the physician’s progress notes must indicate that the physician was present throughout the treatment. This revision becomes effective on 04/24/2008.

Revision #23, 01/25/2008
Under CMS National Coverage Policy section the following citation has been deleted: CMS Manual System, Pub 100-04, Medicare Claims Processing, Transmittal 187, dated May 28, 2004, Change Request 3172

Under ICD-9 Codes That Support Medical Necessity section the ICD-9 code 526.4 was added.

These changes become effective 01/25/2008.

Revision #22, 07/05/2007
Under CMS National Coverage Policy changed the citation CMS Manual System, Pub. 100-14, Medicare Claims Processing Manual, Chapter 32 §30 was changed to 30.1. Under Indications and Limitations of Coverage and/or Medical Necessity section under Indications of effective treatment outcomes of HBO the verbiage was changed for easier understanding of the statements. Under Documentation Requirements section again the verbiage was changed for easier understanding of the statements. Under Sources of Information and Basis for Decision under #2 Pa was added after Philadelphia. These changes become effective July 5, 2007.

Revision #21, 11/15/2006
Under ICD-9 CM Codes That Support Medical Necessity or HBO for the Treatment of Diabetic Wounds of the Lower Extremities section of the LCD the NOTE was changed to read, “Claims submitted with diabetic wounds should be identified with ICD-9-CM code of 250.70-250.73 or 250.80-250.83 in addition to 707.10, 707.12-707.19 or 785.4. This revision becomes effective 11/15/2006.

Revision #20, 10/01/2006
Under AMA/CPT & ADA/CDT Copyright Statement changed the copyright date from 2005 to 2006. Under ICD-9 Codes That Support Medical Necessity added 958.91 and 958.92. Under Documentation Requirements, the first bullet added the word “should” to “An initial assessment..” Under Sources of Information and Basis for Decision the references were placed in the AMA citation format. Under Advisory Committee Meeting Notes the verbiage was changed. This policy was reviewed for annual validation. This revision becomes effective 10/01/2006.

05/24/2006 Under CMS National Coverage Section, added Transmittal 48. Under Indications and Limitations of Coverage removed definition of "chronic osteomyelitis". This revision is effective 05/24/2006

08/16/2005 Added text to the Indications and Limitations of Coverage section and added ICD-9 code 785.4 Gangrene to the ICD-9-CM codes that support medical necessity of HBO for the treatment of diabetic wounds of the lower extremities. This revision is effective 09/15/2005.

04/27/2005 Added ICD-9 code 785.4 Gangrene to the diagnoses that support medical necessity. This revision is effective 05/16/2005.

02/11/2005 ICD-9 codes were revised in the ICD-9-CM section of the policy to be consistent with CMS Pub 100-3, National Coverage Determination Manual, Chapter 1, Part 1, §20.29. Bill types 12X, 21X, and 22X were deleted to be consistent with CMS Pub 100-4, Claims Processing Manual, Ch 32, §30. The policy was reformatted to comply with CR 3010. Citations were added to the CMS National Coverage Policy section to support this revision. This revision is effective immediately.

09/02/2004 Expanded the ICD-9 code range 707.00-707.09 in the diagnosis codes that support medical necessity section of the policy. This revision is effective 10/01/2004.

12/12/2003 Deleted the Coverage Issues Manual, section 35-10, reference in the CMS National Coverage section of the policy. This revision is effective 12/12/2003.

09/23/2003 Added language to clarify direct supervision in the indications and limitations section of the policy. This revision is effective 09/23/2003.

08/06/2003 Added TOB 22X to type of bill section. Effective 08/06/2003.

03/28/2003 Added the diagnosis 785.4 gangrene to the ICD-9 diagnoses that support medical necessity. Added narrative to the ICD-9 diagnoses that support medical necessity stating: Payment is allowed for claims with these diagnostic ICD-9 codes 250.70-250.73, 250.80-250.83, 707.0-707.19 when all 3 criteria for diabetic wounds are met in requested documentation (please see Indications and Limitations section II. O.).

02/12/2003 Added the indication diabetic wounds of the lower extremities in patients who meet the following three criteria: 1. Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes; 2. Patient has a wound classified as Wagner Cianci grade III or higher; and 3. Patient has failed an adequate course of standard wound therapy.

02/05/2001-TOB 85X added to policy. Effective immediately

12/01/2000 Formalizes ICD-9 codes for covered conditions, formalizes non-covered conditions. Utilization parameters added to policy from original CIM 35-10. Removal of ICD-9 codes 730.01-730.09, 733.41-733.49, 903.01-903.8, 904.0-904.7, 909.2, 927.3, 993.8.. Added ICD-9 codes 039.9, 444.81, 730.10, 902.53, 903.01, 903.1, 904.0, 904.41, 927.9, 928.3, 928.9, 929.0, 929.9, 993.2, 996.90.

11/10/2000-Manulization of Program

09/22/2000-TOB12X added to policy. Effective June 1, 2000
08/01/2000-HCPCS Code C1300 to be used. Removal of CPT code 99183, descriptor /coding guidelines for CPT code 99183

04/01/2000-Clarification of documentation to indicate physicians presence, use of HCPCS/CPT code 99183. Use of G0167 will be a reason for denial and addition of HCFA statement from PM AB-00-15.

01/01/2000- AMA Copyright statement added.

03/01/1999 - Clarification of codes requiring 5 digits. Verbiage added reflecting physician attendance requirement


8/30/1998- National policy clarification: A physician must be in attendance throughout the dive. (see August 1998 Bulletin)& (December 2, 1993 Federal Register page 63675)

This LCD was converted from an LMRP on 2/11/2005

Reason for Change

Last Reviewed On Date
07/22/2009

Related Documents
This LCD has no Related Documents.

LCD Attachments
There are no attachments for this LCD.

All Versions
Updated on 08/10/2009 with effective dates 09/03/2009 - N/A
Updated on 09/19/2008 with effective dates 10/01/2008 - 09/02/2009
Updated on 04/16/2008 with effective dates 04/24/2008 - 09/30/2008
Updated on 01/10/2008 with effective dates 01/25/2008 - 04/23/2008
Updated on 06/21/2007 with effective dates 07/05/2007 - 01/24/2008