
Medicare Coverage Issues Manual

Department of Health and
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HEALTH CARE FINANCING
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<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
35-10 – 35-10 (Cont.)	2 pp.	2 pp.

This revision manualizes Program Memorandum AB-00-15, Change Request 1138, dated April 1, 2000.

CLARIFICATION/MANUALIZATION--EFFECTIVE/IMPLEMENTATION DATE: Not Applicable

Section 35-10, Hyperbaric Oxygen Therapy, is revised to replace §35-10A.9 with the correct policy and adds a list of noncovered conditions in §35-10B. Program Memorandum AB-00-15 indicated that an analysis by the coverage and analysis staff in the Office of Clinical Standards and Quality through a review of the medical evidence regarding hyperbaric oxygen and wound healing would lead to a national coverage decision. This revision restates the correct policy. Letters E and F have been **deleted**.

NOTE: We want to clarify that the covered indication in §35-10A.9, “preparation and preservation of compromised skin grafts” requires that there be a compromised skin graft. This indication is not for primary management of wounds. Another point of clarification is that the only Medicare-covered indications for hyperbaric oxygen therapy are those listed in §35-10A.

These instructions should be implemented within your current operating budget.

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in those areas of the world where it has been widely used, its mechanism is not known. Three units of the National Institutes of Health, the National Institute of General Medical Sciences, National Institute of Neurological Diseases and Stroke, and Fogarty International Center have been designed to assess and identify specific opportunities and needs for research attending the use of acupuncture for surgical anesthesia and relief of chronic pain. Until the pending scientific assessment of the technique has been completed and its efficacy has been established, Medicare reimbursement for acupuncture, as an anesthetic or as an analgesic or for other therapeutic purposes, may not be made. Accordingly, acupuncture is not considered reasonable and necessary within the meaning of §1862 (a) (1) of the Act.

35-9 PHACO-EMULSIFICATION PROCEDURE - CATARACT EXTRACTION

In view of recommendations of authoritative sources in the field of ophthalmology, the subject technique is viewed as an accepted procedure for removal of cataracts. Accordingly, program reimbursement may be made for necessary services furnished in connection with cataract extraction utilizing the phaco-emulsification procedure.

35-10 HYPERBARIC OXYGEN THERAPY

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.

A. 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, (ICD-9 -CM diagnosis 986).
2. Decompression illness, (ICD-9-CM diagnosis 993.2, 993.3).
3. Gas embolism, (ICD-9-CM diagnosis 958.0, 999.1).
4. Gas gangrene, (ICD-9-CM diagnosis 0400).
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. (ICD-9-CM diagnosis 902.53, 903.01, 903.1, 904.0, 904.41.)
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. (ICD-9-CM diagnosis 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), (ICD-9-CM diagnosis 728.86).
8. Acute peripheral arterial insufficiency, (ICD-9-CM diagnosis 444.21, 444.22, 444.81).
9. Preparation and preservation of compromised skin grafts (not for primary management of wounds), (ICD-9CM diagnosis 996.52; excludes artificial skin graft).
10. Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management, (ICD-9-CM diagnosis 730.10-730.19).

11. Osteoradionecrosis as an adjunct to conventional treatment, (ICD-9-CM diagnosis 526.89).
12. Soft tissue radionecrosis as an adjunct to conventional treatment, (ICD-9-CM diagnosis 990).
13. Cyanide poisoning, (ICD-9-CM diagnosis 987.7, 989.0).
14. Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment, (ICD-9-CM diagnosis 039.0-039.4, 039.8, 039.9).

B. Noncovered Conditions.--All other indications not specified under §35-10 (A) are not covered under the Medicare program. No program payment may be made for any conditions other than those listed in § 35-10 (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.

C. Reasonable Utilization Parameters.--Make payment where HBO therapy 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 months duration, the average being 2 to 4 weeks. Review and document the medical necessity for use of hyperbaric oxygen for more than 2 months, regardless of the condition of the patient, before further reimbursement is made.

D. 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. (Cross refer: §35-31.)