

## Medical Policy:

### Hyperbaric Oxygen Therapy

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

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### Definition

For the purposes of coverage by the Plan, hyperbaric oxygen therapy (HBOT) is a modality in which the entire body is exposed to pure oxygen (100%) under increased atmospheric pressure (> 1 atmospheres absolute [ATM]). The therapy is conducted in either a monoplace chamber (pure O<sub>2</sub> delivery under pressure) or in a larger multiplace chamber (O<sub>2</sub> delivery under pressure with compressed air where the patient receives pure O<sub>2</sub> by mask, head tent or endotracheal tube).

HBOT has been established as the primary therapy in treating medical disorders such as carbon monoxide poisoning and gas gangrene. The therapy is also considered acceptable in treating acute vascular compromise and as adjuvant therapy in the management of disorders that are refractory to standard medical and surgical care, including acute ischemic injury, crush injuries, acute peripheral arterial insufficiency, compromised skin grafts, osteomyelitis, radiation necrosis of bone or soft tissue and cyanide poisoning.

### Related Medical Guideline

[Topical Oxygen Wound Therapy for Medicaid/FHP members](#) (New York State)

## Guideline

Members are eligible for coverage of chamber-administered HBOT (including the one-man unit) for any of the following conditions:

1. Acute carbon monoxide intoxication
2. Decompression illness.
3. Gas embolism.
4. Gas gangrene.
5. Acute traumatic peripheral ischemia.
6. Crush injuries and suturing of severed limbs.
7. Progressive necrotizing infections (necrotizing fasciitis, Meleney's ulcer).
8. Acute peripheral arterial insufficiency.
9. Preparation and preservation of compromised skin grafts (not primary management of wounds).
10. Chronic refractory osteomyelitis unresponsive to conventional medical and surgical management. (Prerequisite — assessment of vascular status and correction of any vascular problems in the affected limb if possible; see [Chronic refractory osteomyelitis](#))
11. Osteoradionecrosis, as an adjunct to conventional treatment (including pre- and post-treatment for dental extractions or dental surgery)
12. Soft tissue radionecrosis, as an adjunct to conventional treatment.
13. Cyanide poisoning.
14. Actinomycosis, as an adjunct to conventional treatment.
15. Diabetic wounds of the lower extremities. (Prerequisite — assessment of vascular status including objective vascular testing, and correction of any vascular problems in the affected limb if possible; see [Diabetic wounds of the lower extremities](#))
16. Idiopathic sudden sensorineural hearing loss (ISSHL) when HBOT is initiated within 3 months after onset.

HBOT should not replace successful standard therapeutic measures. Depending upon the response of the member and the severity of the condition, treatment may range from < 1 week to several months. The average duration of HBOT is 2–4 weeks.

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**Suggested Protocols per Indication** (Subject to demonstration of medical necessity; see [Documentation](#))

### Actinomycosis

A bacterial infection caused by *Actinomyces israelii*; symptoms include slow growing granulomas that later break down, discharging viscid pus-containing minute yellowish granules. Treatment includes prolonged administration of antibiotics (penicillin and tetracycline); surgical incision and draining of accessible lesions may also be helpful. Only after the disease process has been shown refractory to antibiotics and surgery could HBOT be deemed medically necessary. HBOT must be utilized as an adjunct to conventional therapy.

### Acute carbon monoxide poisoning (aka carbon monoxide intoxication)

Acute carbon monoxide poisoning induces hypoxic stress and may result in injury to the cardiac and central nervous systems. HBOT produces a higher rate of dissociation of carbon monoxide from hemoglobin than occurs at sea level pressure. Chamber-pressure should be between 2.5–3.0 ATA. Members with persistent neurological dysfunction may require subsequent treatments within 6–8 hours, continuing once or twice daily until there is no further improvement in cognitive functioning.

### **Acute traumatic ischemia**

Treatment typically consists of three 1.5-hour treatment periods per day for the first 48 hours. An additional two 1.5-hour sessions per day for the next 48 hours may be also required. On days 5 and 6, one 1.5-hour session would typically be offered.

### **Chronic refractory osteomyelitis**

Chronic refractory osteomyelitis persists or recurs following appropriate interventions, which include all of the following:

1. Antibiotic use (treatment course no < 90 days).
2. Abscess drainage.
3. Immobilization of the affected extremity.
4. Surgical débridements with removal of the sequestrum.

HBOT is an adjunctive therapy used with the appropriate antibiotics and surgical debridement to eliminate the dead bone. Antibiotics are chosen on the basis of bone culture and sensitivity studies.

HBOT 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 HBOT augments the efficacy of certain antibiotics (gentamicin, tobramycin and amikacin). Finally, the body's osteoclast function of removing necrotic bone is dependent upon a proper oxygen tension environment, which HBOT can provide.

HBOT is typically delivered daily at a pressure of 2.0–2.5 ATA for 90–120 minutes following major debridement surgery. The number of treatments required varies on an individual basis.

HBOT may be covered for members with for chronic refractory osteomyelitis who have been unresponsive to conventional medical and surgical management for three months.

### **Clostridial myositis and myonecrosis (gas gangrene)**

Gas gangrene is an acute, rapidly growing invasive infection of the muscle 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 is hemolytic, tissue-necrotizing and lethal.

The diagnosis of gas gangrene is based on clinical data supported by a positive gram-stained smear or culture obtained from tissue fluids. X-ray radiographs, if obtained, can visualize tissue gas.

Onset 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. 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. The infection can progress as rapidly as 6 inches per hour.

The goal of HBOT is to stop alpha-toxin production, thereby inhibiting further bacterial growth at which point the body can use its own host defense mechanisms.

HBOT is initiated as soon as the clinical picture presents (supported by a positive gram-stained smear) and is utilized as an adjunct to antibiotic therapy and surgery.

Initial surgery may be limited to opening the wound. Debridement of necrotic tissue can be performed between HBOT sessions when clear demarcation between dead and viable tissue is evident.

Treatment of HBOT typically consists of oxygen administered at 3.0 ATA for 90 minutes 3 times in the first 24 hours. Over the next 4–5 days, twice-daily sessions are usual. The earlier the HBOT-initiation, the better the outcome in terms of life, limb and tissue-sparing.

### **Compromised skin grafts**

HBOT typically starts at 2 treatments per day and is then reduced to 1 per day when the graft appears stable. Treatment for normal, uncompromised skin grafts or flaps is not medically necessary.

### **Crush injuries and suturing of severed limbs, acute traumatic peripheral ischemia (ATI) and acute peripheral arterial insufficiency associated with arterial embolism and thrombosis**

Acute traumatic ischemia is the result of injury by external force or violence compromising circulation to an extremity. The extremity is then at risk for necrosis or amputation. Secondary complications are frequently seen and include infection, non-healing wounds and non-united fractures.

The goal of HBOT is to enhance oxygen at the tissue level to support viability. When tissue oxygen tensions fall below 30mm Hg, the body's ability to respond to infection and wound repair is compromised. With treatment at 2–2.4 ATA, tissue oxygen tension is raised to a level such that the body's responses can become functional again. The benefits of HBOT for this indication are:

1. Increased oxygen delivery per unit of blood flow or enhanced tissue oxygenation.
2. Edema reduction and reduction in infection complication rates, nonunion and amputation.

Treatment typically consists of three 1.5 hour periods daily for the first 48 hours. Additionally, two 1.5 hour sessions daily for the next 48 hours may be required. On days 5 and 6, one 1.5 hour session is typically given. At this point, outcomes of restored perfusion, edema reduction and either demarcation or recovery would be sufficient to guide discontinuing further treatments.

For ATI, crush injuries and suturing of severed limbs, HBOT is a valuable adjunctive treatment in combination with accepted standard therapeutic measures when loss of function, limb or life is threatened. Arterial insufficiency ulcers may be treated by HBOT if they persist after reconstructive surgery has restored large vessel function.

### **Cyanide poisoning**

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 HBOT as an adjunct therapy adds the benefit of increased plasma dissolved oxygen; however, its benefit for pulmonary injury related to smoke inhalation remains experimental.

Treatment typically consists of oxygen administration at 2.5–3.0 ATA for up to 120 minutes during the initial session. Most patients with combination cyanide and carbon monoxide poisoning require only one treatment.

### **Decompression illness**

Gas bubbles in tissue or blood, in volumes sufficient enough to interfere with organ function or to cause alteration in sensation resulting from rapid decompression during ascent, presents clinical manifestations ranging from skin eruptions to shock and death.

HBOT with mixed gases is the treatment of choice. The result is immediate reduction in bubble-volume. The treatment prescription is highly variable and case-specific with depths that could range from between 60–165 feet of sea water for durations of 1.5 to > 14 hours. The member may or may not require repeat dives.

### **Diabetic wounds of the lower extremities**

All 3 must be met:

1. Member has type I or type II diabetes with a lower extremity wound secondary to diabetes.
2. Wound classified as  $\geq 3$  on the [Wagner Scale](#).

3. Failure of adequate course of standard wound therapy, as defined by all of the following:
  - a. Assessment of vascular status and correction of any vascular problems in the affected limb if possible
  - b. Optimization of nutritional status
  - c. Optimization of glucose control
  - d. Debridement by any means to remove devitalized tissue
  - e. Maintenance of clean, moist bed of granulation tissue with appropriate moist dressings
  - f. Appropriate off-loading<sup>1</sup>
  - g. Necessary treatment to resolve any infection that might be present

HBOT is indicated as an adjunctive therapy only when standard wound treatment has failed (failure is defined as no measurable signs of healing for at least 30 consecutive days).

Failure of transcutaneous **oxygen** measurements to demonstrate adequate local blood flow with which to effect improvement (within any 30-day treatment period) will result in continued treatments to be considered not medically necessary.

### **Gas embolism**

Gas embolism occurs when gases enter the venous or arterial vasculature embolizing in a large enough volume to compromise organ or body-part function and 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).

HBOT, the treatment of choice, is most effective when initiated early and is directed toward reducing the gas-bubble volume and increasing the diffusion gradient of the embolized gas. Treatment modalities range from high pressure to low pressure mixed gas dives.

### **Gas gangrene**

HBOT typically consists of oxygen administration at 3.0 ATM for 90 minutes, three times in the first 24 hours. The frequency is decreased to twice daily over the next 4–5 days.

### **Osteoradionecrosis and soft tissue radionecrosis**

HBOT for osteoradionecrosis and soft tissue radionecrosis is one part of an overall plan of care that also includes debridement or resection of nonviable tissue in conjunction with antibiotic therapy. Soft tissue flap reconstruction and bone grafting may also be indicated.

HBOT can be indicated in the preoperative and postoperative management of existing osteoradionecrosis or soft tissue radionecrosis and may be utilized prophylactically for dental procedures or as an adjunct to conventional therapy.

Patients who suffer from soft tissue damage or bone necrosis present with disabling, progressive, painful tissue breakdown (i.e., wound dehiscence, infection, tissue loss and graft or flap loss). The HBOT goal is to increase oxygen

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<sup>1</sup> For individuals with neuropathic diabetic foot ulcers, total contact casting (or devices where patient removal is detectable) has been shown to heal a higher proportion of wounds in a shorter amount of time than either patient removable cast walkers or half shoes. In practice, patients with patient removable devices were off-loaded for only 22% of steps taken. Failure to adequately off-load the foot exposes the wound to repetitive stress during activity. If, after evaluation at a tertiary care wound center, the patient is not considered a candidate for non-removable devices, then HBOT could be approved.

tension in both hypoxic bone and tissue in order to stimulate growth in functioning capillaries, fibroblastic proliferation and collagen synthesis.

Recommended daily treatment consists of 90–120 minutes at 2.0–2.5 ATA with treatment duration highly individualized and variable per case.

### **Progressive necrotizing infections (necrotizing fasciitis)**

Principal treatment consists of surgical debridement and systemic antibiotics. HBOT is recommended as an adjunct only in those settings where mortality and morbidity are expected to be high despite aggressive standard treatment.

Progressive necrotizing fasciitis is a relatively rare infection that 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 often serves as a portal of entry for the infection, but occasionally no such lesion is found.

The histologic hallmark is extensive inflammation and necrosis of the subcutaneous fat, fascia and muscle. Numerous polymorphonuclear leukocytes and mononuclear cells are present in the upper layers of the dermis.

HBOT may be a beneficial adjunct for a subset of patients with anaerobic gram negative necrotizing fasciitis. The recommended protocol is 90 minutes at 2.5 ATA every 8 hrs for the first day and then twice daily for a total or maximum of 10 treatments.

### **Preparation and preservation of compromised skin grafts**

*Note: HBOT does not apply to the initial preparation of a body site for a graft, nor is it considered medically necessary for normal, uncompromised skin grafts or flaps.*

HBOT may be utilized for graft or flap salvage in cases where hypoxia or decreased perfusion has compromised viability. This indication is not for primary management of wounds. HBOT enhances flap survival.

Treatments are administered at a pressure of 2.0–2.5 ATA from 90–120 minutes; twice-daily is not atypical and is reduced to daily when the graft or flap appears stable. Should a graft or flap fail, HBOT may be used to prepare the already compromised recipient site for a new graft or flap.

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## **Documentation**

HBOT should not be a replacement for successful standard therapeutic measures. Treatment may range from < 1 week to several months in duration. The average treatment time frame is 2–4 weeks; however, duration is dependent upon the member's severity of illness and HBOT response. Documentation must clearly indicate the reason(s) why HBOT should continue for > 40 treatment sessions.

Documentation in the medical record should support medical necessity and must be submitted (inclusive of photos) upon request. The following information must be documented, as applicable, to the specific medical condition:

1. 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.
2. Current adjunctive treatment that includes treatment-type and its effectiveness.
3. Physician progress notes and any communication between physicians detailing past or proposed treatments.
4. Established HBOT goals.

5. HBOT session records describing physical findings and treatment rendered (including ascent, descent and total compression times, oxygen dose, pressurization level, documentation of attendance and a recording of events).
6. Effect of treatment upon established HBOT goals.
7. Condition-specific information such as the following, as applicable:
  - a. Laboratory tests (positive Gram-stain smear or culture) to confirm gas gangrene diagnosis.
  - b. Radiographic tests to confirm gas gangrene clinical diagnosis.
  - c. Threatened loss of function, limb or life.
  - d. Surgical and pathology reports for treatment of necrotizing fasciitis.
  - e. Definitive radiographic findings or positive bone culture with sensitivity studies to confirm osteomyelitis diagnosis and failed antibiotic therapy and surgical management.
  - f. History of radiation therapy (including date and anatomical site) with documentation of fracture or resorption of bone and radiographic studies, if available, to confirm osteoradionecrosis diagnosis.
  - g. History of radiation therapy and clinical photographs of necrotic site in support of HBOT medical necessity for soft tissue radionecrosis.
  - h. Presence of type I or type II diabetes with a lower extremity wound secondary to diabetes that is classified as  $\geq 3$  on the [Wagner scale](#) and which has failed to respond to an adequate course of [standard therapy](#).
  - i. For treatment of diabetic wounds of the lower extremities, documentation must also reflect that there have been no measurable signs of healing for at least 30 consecutive days of treatment with standard wound therapy and that HBOT is used in addition to standard wound care with wound evaluation at least every 30 days during HBOT.

**Table 1 – Wagner’s Classification**

<b>GRADE 0</b>	At-risk foot, preulcerative lesion (callus), healed ulcers, presence of bony deformity or cellulitis.
<b>GRADE 1</b>	Superficial ulcer without subcutaneous tissue involvement.
<b>GRADE 2</b>	Penetration through subcutaneous tissue: may expose bone, tendon, ligament, joint capsule or deep fascia without abscess or osteomyelitis.
<b>GRADE 3</b>	Deep ulcer with abscess, osteomyelitis or joint sepsis.
<b>GRADE 4</b>	Gangrene localized to a portion of the forefoot or heel.
<b>GRADE 5</b>	Gangrene of the whole foot.

## Limitations and Exclusions

1. Topical oxygen application is not considered medically necessary, as its efficacy has not been established in the medical literature and it does not fall within the HBOT definition as put forth in the Definition section of this guideline. (See [Topical Oxygen Wound Therapy for Medicaid/FHP members](#))
2. HBOT is contraindicated during pregnancy, except in cases of carbon monoxide poisoning where it is specifically indicated.
3. HBOT is not considered medically necessary for any of the following conditions:

- Acute cerebral edema
- Acute or chronic cerebral vascular insufficiency
- Acute thermal and chemical pulmonary damage, i.e., smoke inhalation with pulmonary insufficiency
- Aerobic septicemia
- Alzheimer’s disease
- Anaerobic septicemia and infection other than clostridial
- Arthritic diseases
- Autism disorder
- Cardiogenic shock
- Chronic peripheral vascular insufficiency
- Cutaneous, decubitus and stasis ulcers
- Exceptional blood loss anemia
- Hepatic necrosis
- Korsakoff’s disease
- Multiple sclerosis
- Myocardial infarction
- Nonvascular causes of chronic brain syndrome
- Organ storage
- Organ transplantation
- Pick’s disease
- Pulmonary emphysema
- Senility
- Sickle cell anemia
- Skin burns (thermal)
- Systemic aerobic infection
- Tetanus
- Post-concussive syndrome

## Procedure Codes

99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval

## ICD-10 Diagnoses

A42.0	Pulmonary actinomycosis
A42.1	Abdominal actinomycosis
A42.2	Cervicofacial actinomycosis
A42.81	Actinomycotic meningitis
A42.82	Actinomycotic encephalitis



A42.89	Other forms of actinomycosis
A42.9	Actinomycosis, unspecified
A43.0	Pulmonary nocardiosis
A43.1	Cutaneous nocardiosis
A43.8	Other forms of nocardiosis
A43.9	Nocardiosis, unspecified
A48.0	Gas gangrene
B47.1	Actinomycetoma
B47.9	Mycetoma, unspecified
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E08.628	Diabetes mellitus due to underlying condition with other skin complications
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E09.628	Drug or chemical induced diabetes mellitus with other skin complications
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.65	E10.65 Type 1 diabetes mellitus with hyperglycemia
E10.69	E10.69 Type 1 diabetes mellitus with other specified complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis

E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.65	E11.65 Type 2 diabetes mellitus with hyperglycemia
E11.69	E11.69 Type 2 diabetes mellitus with other specified complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.620	Other specified diabetes mellitus with diabetic dermatitis -
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
H91.20	Sudden idiopathic hearing loss, unspecified ear
H91.21	Sudden idiopathic hearing loss, right ear
H91.22	Sudden idiopathic hearing loss, left ear
H91.23	Sudden idiopathic hearing loss, bilateral
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot

170.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
170.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
170.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
170.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
170.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
170.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
170.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
170.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
170.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
170.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
170.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
170.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot
170.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
170.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
170.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
170.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
170.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
170.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
170.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
170.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
170.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
170.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
170.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
170.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
170.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
170.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
170.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
170.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
170.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
170.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
170.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
170.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
170.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
170.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle

I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
I74.2	Embolism and thrombosis of arteries of the upper extremities
I74.3	Embolism and thrombosis of arteries of the lower extremities
I74.5	Embolism and thrombosis of iliac artery
L08.1	Erythrasma
L59.8	Other specified disorders of the skin and subcutaneous tissue related to radiation
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis
L97.218	Non-pressure chronic ulcer of right calf with other specified severity

L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis
L97.228	Non-pressure chronic ulcer of left calf with other specified severity
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis
L97.318	Non-pressure chronic ulcer of right ankle with other specified severity
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity
M27.2	Inflammatory conditions of jaws
M27.8	Other specified diseases of jaws
M72.6	Necrotizing fasciitis
M86.30	Chronic multifocal osteomyelitis, unspecified site
M86.311	Chronic multifocal osteomyelitis, right shoulder
M86.312	Chronic multifocal osteomyelitis, left shoulder
M86.319	Chronic multifocal osteomyelitis, unspecified shoulder
M86.321	Chronic multifocal osteomyelitis, right humerus
M86.322	Chronic multifocal osteomyelitis, left humerus

M86.329	Chronic multifocal osteomyelitis, unspecified humerus
M86.331	Chronic multifocal osteomyelitis, right radius and ulna
M86.332	Chronic multifocal osteomyelitis, left radius and ulna
M86.339	Chronic multifocal osteomyelitis, unspecified radius and ulna
M86.341	Chronic multifocal osteomyelitis, right hand
M86.342	Chronic multifocal osteomyelitis, left hand
M86.349	Chronic multifocal osteomyelitis, unspecified hand
M86.351	Chronic multifocal osteomyelitis, right femur
M86.352	Chronic multifocal osteomyelitis, left femur
M86.359	Chronic multifocal osteomyelitis, unspecified femur
M86.361	Chronic multifocal osteomyelitis, right tibia and fibula
M86.362	Chronic multifocal osteomyelitis, left tibia and fibula
M86.369	Chronic multifocal osteomyelitis, unspecified tibia and fibula
M86.371	Chronic multifocal osteomyelitis, right ankle and foot
M86.372	Chronic multifocal osteomyelitis, left ankle and foot
M86.379	Chronic multifocal osteomyelitis, unspecified ankle and foot
M86.38	Chronic multifocal osteomyelitis, other site
M86.39	Chronic multifocal osteomyelitis, multiple sites
M86.40	Chronic osteomyelitis with draining sinus, unspecified site
M86.411	Chronic osteomyelitis with draining sinus, right shoulder
M86.412	Chronic osteomyelitis with draining sinus, left shoulder
M86.419	Chronic osteomyelitis with draining sinus, unspecified shoulder
M86.421	Chronic osteomyelitis with draining sinus, right humerus
M86.422	Chronic osteomyelitis with draining sinus, left humerus
M86.429	Chronic osteomyelitis with draining sinus, unspecified humerus
M86.431	Chronic osteomyelitis with draining sinus, right radius and ulna
M86.432	Chronic osteomyelitis with draining sinus, left radius and ulna
M86.439	Chronic osteomyelitis with draining sinus, unspecified radius and ulna
M86.441	Chronic osteomyelitis with draining sinus, right hand
M86.442	Chronic osteomyelitis with draining sinus, left hand
M86.449	Chronic osteomyelitis with draining sinus, unspecified hand
M86.451	Chronic osteomyelitis with draining sinus, right femur
M86.452	Chronic osteomyelitis with draining sinus, left femur
M86.459	Chronic osteomyelitis with draining sinus, unspecified femur
M86.461	Chronic osteomyelitis with draining sinus, right tibia and fibula
M86.462	Chronic osteomyelitis with draining sinus, left tibia and fibula

M86.469	Chronic osteomyelitis with draining sinus, unspecified tibia and fibula
M86.471	Chronic osteomyelitis with draining sinus, right ankle and foot
M86.472	Chronic osteomyelitis with draining sinus, left ankle and foot
M86.479	Chronic osteomyelitis with draining sinus, unspecified ankle and foot
M86.48	Chronic osteomyelitis with draining sinus, other site
M86.49	Chronic osteomyelitis with draining sinus, multiple sites
M86.50	Other chronic hematogenous osteomyelitis, unspecified site
M86.511	Other chronic hematogenous osteomyelitis, right shoulder
M86.512	Other chronic hematogenous osteomyelitis, left shoulder
M86.519	Other chronic hematogenous osteomyelitis, unspecified shoulder
M86.521	Other chronic hematogenous osteomyelitis, right humerus
M86.522	Other chronic hematogenous osteomyelitis, left humerus
M86.529	Other chronic hematogenous osteomyelitis, unspecified humerus
M86.531	Other chronic hematogenous osteomyelitis, right radius and ulna
M86.532	Other chronic hematogenous osteomyelitis, left radius and ulna
M86.539	Other chronic hematogenous osteomyelitis, unspecified radius and ulna
M86.541	Other chronic hematogenous osteomyelitis, right hand
M86.542	Other chronic hematogenous osteomyelitis, left hand
M86.549	Other chronic hematogenous osteomyelitis, unspecified hand
M86.551	Other chronic hematogenous osteomyelitis, right femur
M86.552	Other chronic hematogenous osteomyelitis, left femur
M86.559	Other chronic hematogenous osteomyelitis, unspecified femur
M86.561	Other chronic hematogenous osteomyelitis, right tibia and fibula
M86.562	Other chronic hematogenous osteomyelitis, left tibia and fibula
M86.569	Other chronic hematogenous osteomyelitis, unspecified tibia and fibula
M86.571	Other chronic hematogenous osteomyelitis, right ankle and foot
M86.572	Other chronic hematogenous osteomyelitis, left ankle and foot
M86.579	Other chronic hematogenous osteomyelitis, unspecified ankle and foot
M86.58	Other chronic hematogenous osteomyelitis, other site
M86.59	Other chronic hematogenous osteomyelitis, multiple sites
M86.60	Other chronic osteomyelitis, unspecified site
M86.611	Other chronic osteomyelitis, right shoulder
M86.612	Other chronic osteomyelitis, left shoulder
M86.619	Other chronic osteomyelitis, unspecified shoulder
M86.621	Other chronic osteomyelitis, right humerus
M86.622	Other chronic osteomyelitis, left humerus

M86.629	Other chronic osteomyelitis, unspecified humerus
M86.631	Other chronic osteomyelitis, right radius and ulna
M86.632	Other chronic osteomyelitis, left radius and ulna
M86.639	Other chronic osteomyelitis, unspecified radius and ulna
M86.641	Other chronic osteomyelitis, right hand
M86.642	Other chronic osteomyelitis, left hand
M86.649	Other chronic osteomyelitis, unspecified hand
M86.651	Other chronic osteomyelitis, right thigh
M86.652	Other chronic osteomyelitis, left thigh
M86.659	Other chronic osteomyelitis, unspecified thigh
M86.661	Other chronic osteomyelitis, right tibia and fibula
M86.662	Other chronic osteomyelitis, left tibia and fibula
M86.669	Other chronic osteomyelitis, unspecified tibia and fibula
M86.671	Other chronic osteomyelitis, right ankle and foot
M86.672	Other chronic osteomyelitis, left ankle and foot
M86.679	Other chronic osteomyelitis, unspecified ankle and foot
M86.68	Other chronic osteomyelitis, other site
M86.69	Other chronic osteomyelitis, multiple sites
M86.8X0	Other osteomyelitis, multiple sites
M86.8X1	Other osteomyelitis, shoulder
M86.8X2	Other osteomyelitis, upper arm
M86.8X3	Other osteomyelitis, forearm
M86.8X4	Other osteomyelitis, hand
M86.8X5	Other osteomyelitis, thigh
M86.8X6	Other osteomyelitis, lower leg
M86.8X7	Other osteomyelitis, ankle and foot
M86.8X8	Other osteomyelitis, other site
M86.8X9	Other osteomyelitis, unspecified sites
N30.40	Irradiation cystitis without hematuria
N30.41	Irradiation cystitis with hematuria
S35.511A	Injury of right iliac artery, initial encounter
S35.512A	Injury of left iliac artery, initial encounter
S45.011A	Laceration of axillary artery, right side, initial encounter
S45.012A	Laceration of axillary artery, left side, initial encounter
S45.091A	Other specified injury of axillary artery, right side, initial encounter
S45.092A	Other specified injury of axillary artery, left side, initial encounter



S45.111A	Laceration of brachial artery, right side, initial encounter
S45.112A	Laceration of brachial artery, left side, initial encounter
S45.191A	Other specified injury of brachial artery, right side, initial encounter
S45.192A	Other specified injury of brachial artery, left side, initial encounter
S45.211A	Laceration of axillary or brachial vein, right side, initial encounter
S45.212A	Laceration of axillary or brachial vein, left side, initial encounter
S45.291A	Other specified injury of axillary or brachial vein, right side, initial encounter
S45.292A	Other specified injury of axillary or brachial vein, left side, initial encounter
S47.1xxA	Crushing injury of right shoulder and upper arm, initial encounter
S47.2xxA	Crushing injury of left shoulder and upper arm, initial encounter
S47.9xxA	Crushing injury of shoulder and upper arm, unspecified arm, initial encounter
S57.00xA	Crushing injury of unspecified elbow, initial encounter
S57.01xA	Crushing injury of right elbow, initial encounter
S57.02xA	Crushing injury of left elbow, initial encounter
S57.80xA	Crushing injury of unspecified forearm, initial encounter
S57.81xA	Crushing injury of right forearm, initial encounter
S57.82xA	Crushing injury of left forearm, initial encounter
S67.01XA	Crushing injury of right thumb, initial encounter
S67.02XA	Crushing injury of left thumb, initial encounter
S67.190A	Crushing injury of right index finger, initial encounter
S67.191A	Crushing injury of left index finger, initial encounter
S67.192A	Crushing injury of right middle finger, initial encounter
S67.193A	Crushing injury of left middle finger, initial encounter
S67.194A	Crushing injury of right ring finger, initial encounter
S67.195A	Crushing injury of left ring finger, initial encounter
S67.196A	Crushing injury of right little finger, initial encounter
S67.197A	Crushing injury of left little finger, initial encounter
S67.20xA	Crushing injury of unspecified hand, initial encounter
S67.21xA	Crushing injury of right hand, initial encounter
S67.22xA	Crushing injury of left hand, initial encounter
S67.30xA	Crushing injury of unspecified wrist, initial encounter
S67.31xA	Crushing injury of right wrist, initial encounter
S67.32xA	Crushing injury of left wrist, initial encounter
S67.40xA	Crushing injury of unspecified wrist and hand, initial encounter
S67.41xA	Crushing injury of right wrist and hand, initial encounter
S67.42xA	Crushing injury of left wrist and hand, initial encounter

S67.90xA	Crushing injury of unspecified part(s) of unspecified wrist, hand and fingers, initial encounter
S67.91xA	Crushing injury of unspecified part(s) of right wrist, hand and fingers, initial encounter
S67.92xA	Crushing injury of unspecified part(s) of left wrist, hand and fingers, initial encounter
S75.011A	Minor laceration of femoral artery, right leg, initial encounter
S75.012A	Minor laceration of femoral artery, left leg, initial encounter
S75.021A	Major laceration of femoral artery, right leg, initial encounter
S75.022A	Major laceration of femoral artery, left leg, initial encounter
S75.091A	Other specified injury of femoral artery, right leg, initial encounter
S75.092A	Other specified injury of femoral artery, left leg, initial encounter
S77.00xA	Crushing injury of unspecified hip, initial encounter
S77.01xA	Crushing injury of right hip, initial encounter
S77.02xA	Crushing injury of left hip, initial encounter
S77.10xA	Crushing injury of unspecified thigh, initial encounter
S77.11xA	Crushing injury of right thigh, initial encounter
S77.12xA	Crushing injury of left thigh, initial encounter
S77.20xA	Crushing injury of unspecified hip with thigh, initial encounter
S77.21xA	Crushing injury of right hip with thigh, initial encounter
S77.22xA	Crushing injury of left hip with thigh, initial encounter
S85.011A	Laceration of popliteal artery, right leg, initial encounter
S85.012A	Laceration of popliteal artery, left leg, initial encounter
S85.091A	Other specified injury of popliteal artery, right leg, initial encounter
S85.092A	Other specified injury of popliteal artery, left leg, initial encounter
S87.00xA	Crushing injury of unspecified knee, initial encounter
S87.01xA	Crushing injury of right knee, initial encounter
S87.02xA	Crushing injury of left knee, initial encounter
S87.80xA	Crushing injury of unspecified lower leg, initial encounter
S87.81xA	Crushing injury of right lower leg, initial encounter
S87.82xA	Crushing injury of left lower leg, initial encounter
S97.00xA	Crushing injury of unspecified ankle, initial encounter
S97.01xA	Crushing injury of right ankle, initial encounter
S97.02xA	Crushing injury of left ankle, initial encounter
S97.101A	Crushing injury of unspecified right toe(s), initial encounter
S97.102A	Crushing injury of unspecified left toe(s), initial encounter
S97.109A	Crushing injury of unspecified toe(s), initial encounter
S97.111A	Crushing injury of right great toe, initial encounter
S97.112A	Crushing injury of left great toe, initial encounter

S97.119A	Crushing injury of unspecified great toe, initial encounter
S97.121A	Crushing injury of right lesser toe(s), initial encounter
S97.122A	Crushing injury of left lesser toe(s), initial encounter
S97.129A	Crushing injury of unspecified lesser toe(s), initial encounter
S97.80xA	Crushing injury of unspecified foot, initial encounter
S97.81xA	Crushing injury of right foot, initial encounter
S97.82xA	Crushing injury of left foot, initial encounter
T57.3X1A	Toxic effect of hydrogen cyanide, accidental (unintentional), initial encounter
T57.3X2A	Toxic effect of hydrogen cyanide, intentional self-harm, initial encounter
T57.3X3A	Toxic effect of hydrogen cyanide, assault, initial encounter
T57.3X4A	Toxic effect of hydrogen cyanide, undetermined, initial encounter
T58.01xA	Toxic effect of carbon monoxide from motor vehicle exhaust, accidental (unintentional), initial encounter
T58.02xA	Toxic effect of carbon monoxide from motor vehicle exhaust, intentional self-harm, initial encounter
T58.03xA	Toxic effect of carbon monoxide from motor vehicle exhaust, assault, initial encounter
T58.04xA	Toxic effect of carbon monoxide from motor vehicle exhaust, undetermined, initial encounter
T58.11xA	Toxic effect of carbon monoxide from utility gas, accidental (unintentional), initial encounter
T58.12xA	Toxic effect of carbon monoxide from utility gas, intentional self-harm, initial encounter
T58.13xA	Toxic effect of carbon monoxide from utility gas, assault, initial encounter
T58.14xA	Toxic effect of carbon monoxide from utility gas, undetermined, initial encounter
T58.2X1A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, accidental (unintentional), initial encounter
T58.2X2A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, intentional self-harm, initial encounter
T58.2X3A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, assault, initial encounter
T58.2X4A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, undetermined, initial encounter
T58.8X1A	Toxic effect of carbon monoxide from other source, accidental (unintentional), initial encounter
T58.8X2A	Toxic effect of carbon monoxide from other source, intentional self-harm, initial encounter
T58.8X3A	Toxic effect of carbon monoxide from other source, assault, initial encounter
T58.8X4A	Toxic effect of carbon monoxide from other source, undetermined, initial encounter
T58.91xA	Toxic effect of carbon monoxide from unspecified source, accidental (unintentional), initial encounter
T58.92xA	Toxic effect of carbon monoxide from unspecified source, intentional self-harm, initial encounter
T58.93xA	Toxic effect of carbon monoxide from unspecified source, assault, initial encounter
T58.94xA	Toxic effect of carbon monoxide from unspecified source, undetermined, initial encounter
T65.0X1A	Toxic effect of cyanides, accidental (unintentional), initial encounter
T65.0X2A	Toxic effect of cyanides, intentional self-harm, initial encounter
T65.0X3A	Toxic effect of cyanides, assault, initial encounter

T65.0X4A	Toxic effect of cyanides, undetermined, initial encounter
T66.xxxA	Radiation sickness, unspecified, initial encounter
T70.3xxA	Caisson disease [decompression sickness], initial encounter
T70.29XA	Other effects of high altitude, initial encounter
T79.0xxA	Air embolism (traumatic), initial encounter
T80.0xxA	Air embolism following infusion, transfusion and therapeutic injection, initial encounter
T86.820	Skin graft (allograft) rejection
T86.821	Skin graft (allograft) (autograft) failure
T86.822	Skin graft (allograft) (autograft) infection
T86.828	Other complications of skin graft (allograft) (autograft)
T86.829	Unspecified complication of skin graft (allograft) (autograft)
T87.0X1	Complications of reattached (part of) right upper extremity
T87.0X2	Complications of reattached (part of) left upper extremity
T87.0X9	Complications of reattached (part of) unspecified upper extremity
T87.1X1	Complications of reattached (part of) right lower extremity
T87.1X2	Complications of reattached (part of) left lower extremity
T87.1X9	Complications of reattached (part of) unspecified lower extremity
T87.2	Complications of other reattached body part

## References

American Academy of Otolaryngology — Head and Neck Surgery. Clinical practice guideline: Sudden hearing loss. *Otolaryngol Head Neck Surg* 2012;146(3 Suppl):S1-S35. <http://www.entnet.org/content/clinical-practice-guideline-sudden-hearing-loss>. Accessed July 8, 2022.

American Academy of Otolaryngology — Head and Neck Surgery. The Laryngectomy Guide. <http://www.entnet.org/sites/default/files/LaryngectomyGuide.pdf>. 2013. Accessed July 8, 2022.

Armstrong DG, Lavery LA, Kimbriel HR, Nixon BP, Boulton AJ. Activity patterns of patients with diabetic foot ulceration: patients with active ulceration may not adhere to a standard pressure off-loading regimen. *Diabetes Care*. 2003;26:2595-2597.

Armstrong DG, Nguyen HC, Lavery LA, van Schie CH, Boulton AJ, Harkless LB. Off-loading the diabetic foot wound: a randomized clinical trial. *Diabetes Care*. 2001;24:1019-1022.

Bennett MH, Kertesz T, Perleth M, et al. Hyperbaric oxygen for idiopathic sudden sensorineural hearing loss and tinnitus. *Cochrane Database Syst Rev*. 2012c;10:CD004739.M. Wahl. Osteoradionecrosis prevention myths. *International Journal of Radiation OncologyBiologyPhysics*, 2006 Mar 1;64(3):661-9.

Centers for Medicare & Medicaid Services. National Coverage Determination. Hyperbaric Oxygen Therapy. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=12&ncdver=4&keyword=hyperbaric&keywordType=starts&areald=s41&docType=NCA,CAL,NCD,ME DCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>. Accessed July 8, 2022.

Maxymiw WG, Wood RE, Liu FF. Postradiation dental extractions without hyperbaric oxygen. *Oral Surg Oral Med Oral Pathol*. 1991 Sep;72(3):270-4.

Specialty-matched clinical peer review.

Sulaiman F, Huryn JM, Zlotolow IM. Dental extractions in the irradiated head and neck patient: a retrospective analysis of Memorial Sloan-Kettering Cancer Center protocols, criteria, and end results. *J Oral Maxillofac Surg.* 2003 Oct;61(10):1123-31.

Wagner FW Jr. The dysvascular foot: a system for diagnosis and treatment. *Foot Ankle.* 1981;2(2):64-122.

## Revision History

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	Oct. 14, 2022	Added post-concussive syndrome to list of conditions considered not medically necessary
ConnectiCare	Oct. 14, 2022	ConnectiCare adopts the clinical criteria of its parent corporation EmblemHealth