

Current Effective Date: 2/12/26

Status: New Policy

Reviewed by Medical Policy Subcommittee: 2/12/26

Reviewed Dates: 12/23/25

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Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

Continuous Diffused Oxygen Therapy \ Topical Hyperbaric Therapy Policy

Indication/Usage:

Continuous Diffused Oxygen \ topical hyperbaric therapy is a technique of delivering 100% oxygen directly to an open wound with pressure. The high concentrations of oxygen diffuse directly into the wound to increase the local cellular oxygen tension, which in turn promotes wound healing. Topical hyperbaric oxygen devices consist of an appliance to enclose the wound area and a source of oxygen. Conventional oxygen tanks may be used with hyperbaric oxygen.

Topical hyperbaric oxygen therapy has been investigated as a treatment of skin ulcerations resulting from diabetes, venous stasis, postsurgical infection, gangrenous lesion, decubitus ulcers, skin graft, burns amputations, skin graft, burns, or frostbite.

Medical Indications for Authorization Commercial and Medicare Members

SummaCare considers Continuous Diffused Oxygen\ Topical Hyperbaric Therapy devices experimental, investigational, or unproven for all conditions because its efficacy has not been established.

CPT Codes NOT covered

E0446 Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories

A4575 Topical hyperbaric oxygen chamber, disposable

Limitations

There are currently no NCD or LCD for Continuous Diffused Oxygen \ Topical Hyperbaric Therapy

There is insufficient evidence of the effectiveness of Topical Hyperbaric Oxygen Treatment at this time.

Coverage Decisions

Coverage decisions made per CMS Guidelines, Hayes Research and industry standards research

Plans Covered By This Policy

Commercial and Medicare

Considered experimental and investigational for all lines of business

Sources Reviewed

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