

Non-Emergent Hyperbaric Oxygen (HBO) Therapy Reason Codes and Statements
June 18, 2025

Reason Code	INSUFFICIENT DOCUMENTATION/GENERAL DOCUMENTATION
HBO1B	The documentation does not support a covered diagnosis. Refer to National Coverage Determination 20.29.
HBO1F	Documentation did not include evidence that there were no measurable signs of healing after at least 30 consecutive days of treatment with standard wound care. Refer to National Coverage Determination 20.29.
HBO1G	Documentation did not indicate the entire body was exposed to oxygen under increased atmospheric pressure. Refer to National Coverage Determination 20.29.
HBO1Z	No documentation was received. Refer to Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits

Reason Code	INSUFFICIENT DOCUMENTATION/SPECIFIC CONDITIONS
HBO2A	There is insufficient documentation to support acute carbon monoxide intoxication. Refer to National Coverage Determination 20.29.
HBO2B	There is insufficient documentation to support decompression illness. Refer to National Coverage Determination 20.29.
HBO2C	There is insufficient documentation to support gas embolism. Refer to National Coverage Determination 20.29.
HBO2D	There is insufficient documentation to support gas gangrene. Refer to National Coverage Determination 20.29.
HBO2E	There is insufficient documentation to support acute traumatic peripheral ischemia. Refer to National Coverage Determination 20.29.
HBO2F	There is insufficient documentation that accepted standard therapeutic measures were used in addition to HBO when loss of function, limb or life was threatened for acute traumatic peripheral ischemia. Refer to National Coverage Determination 20.29.
HBO2G	There is insufficient documentation of crush injuries or suturing of severed limbs. Refer to National Coverage Determination 20.29.
HBO2H	There is insufficient documentation loss of function, limb, or life was threatened for crush injuries or suturing of severed limbs. Refer to National Coverage Determination 20.29.
HBO2I	There is insufficient documentation of progressive necrotizing infection (necrotizing fasciitis). Refer to National Coverage Determination 20.29.

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HBO2J	There is insufficient documentation of acute peripheral arterial insufficiency. Refer to National Coverage Determination 20.29.
HBO2K	<i>There is insufficient documentation that the beneficiary needed preparation and preservation of compromised skin grafts. Refer to National coverage Determination 20.29.</i>
HBO2L	There is insufficient documentation of chronic refractory osteomyelitis. Refer to National Coverage Determination 20.29.
HBO2M	<i>There is insufficient documentation indicating the beneficiary was unresponsive to conventional medical and surgical management for chronic refractory osteomyelitis. Refer to Social Security Act 1833e; National Coverage Determination 20.29.</i>
HBO2N	There is insufficient documentation of osteoradionecrosis. Refer to National Coverage Determination 20.29.
HBO2O	There is insufficient documentation that treatment is an adjunct to conventional treatment for osteoradionecrosis. Refer to National Coverage Determination 20.29.
HBO2P	There is insufficient documentation of soft tissue radionecrosis. Refer to National Coverage Determination 20.29.
HBO2Q	There is insufficient documentation that treatment is an adjunct to conventional treatment for soft tissue radionecrosis. Refer to Social Security Act 1833e; National Coverage Determination 20.29.
HBO2R	There is insufficient documentation of cyanide poisoning. Refer to National Coverage Determination 20.29.
HBO2S	There is insufficient documentation of actinomycosis. Refer to National Coverage Determination 20.29.
HBO2T	There is insufficient documentation that treatment is an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment for actinomycosis. Refer to National Coverage Determination 20.29.
HBO2U	There is insufficient documentation of a lower extremity wound due to diabetes. Refer to National Coverage Determination 20.29.
HBO2V	There is insufficient documentation of a diabetic wound classified Wagner grade III or higher. Refer to Social Security Act 1833e; National Coverage Determination 20.29.
HBO2W	<i>There is insufficient documentation the beneficiary failed an adequate course of standard wound therapy for diabetic wound management. Refer to National Coverage Determination 20.29.</i>
HBO2X	There is insufficient evidence to support that the beneficiary failed to respond to standard wound care, per documentation of wound evaluations occurring at least every 30 days. Refer to Social Security Act 1833e; National Coverage Determination 20.29.

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HBO2Y	<i>There is insufficient documentation addressing the beneficiary's nutritional status for diabetic wound management. Refer to Social Security Act 1833e; National Coverage Determination 20.29.</i>
HB2AA	There is insufficient documentation that a clean, moist bed of granulation tissue with appropriate moist dressing was completed for diabetic wound management. Refer to Social Security Act 1833e; National Coverage Determination 20.29.
HB2AB	There is insufficient documentation indicating the patient's vascular status was addressed for diabetic wound management. Refer to National Coverage Determination 20.29.
HB2AC	There is insufficient documentation indicating optimal glucose control for diabetic wound management. Refer to Social Security Act 1833e; National Coverage Determination 20.29.
HB2AD	There is insufficient documentation indicating that the appropriate off-loading measures were utilized for diabetic wound management. Refer to Social Security Act 1833e; National Coverage Determination 20.29.
HB2AE	There is insufficient documentation indicating the type of treatment or intervention to resolve an active infection were initiated for diabetic wound management. Refer to National Coverage Determination 20.29.
HB2AF	There is insufficient documentation indicating debridement of devitalized tissue was completed for diabetic wound management. Refer to Social Security Act 1833e; National Coverage Determination 20.29.
HB2AG	There is insufficient documentation showing measurable signs of improvement of the diabetic wound after 30 days of Hyperbaric Oxygen (HBO) therapy. Refer to Social Security Act 1833e; National Coverage Determination 20.29.

Reason Code	MEDICAL NECESSITY
HBO3A	The documentation provided indicates less than 30 days of standard wound care treatment was completed for diabetic wound management. Refer to National Coverage Determination 20.29.
HBO3C	The documentation for continued use of Hyperbaric Oxygen (HBO) therapy for the identified wound did not show measurable signs of improvement after 30 days of Hyperbaric Oxygen (HBO) therapy. Refer to Social Security Act 1862(a)(1)(A); National Coverage Determination 20.29.
HBO3D	The documentation did not support the diabetic wound to be a Wagner grade III or higher. Refer to Social Security Act 1862(a)(1)(A); National Coverage Determination 20.29.

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HBO3E	The documentation supports there was measurable signs of healing to the wound with the use of standard wound care prior to the initiation of Hyperbaric Oxygen (HBO) therapy. Refer to Social Security Act 1862(a)(1)(A); National Coverage Determination 20.29.
HBO3F	<i>Documentation indicates the beneficiary's vascular status was compromised but not addressed. Refer to Social Security Act 1862(a)(1)(A); National Coverage Determination 20.29.</i>
HBO3G	<i>Documentation indicates the beneficiary's nutritional status was compromised but was not addressed. Refer to Social Security Act 1862(a)(1)(A); National Coverage Determination 20.29.</i>
HBO3H	The documentation does not indicate optimal glucose control was attempted for diabetic wounds. Refer to Social Security Act 1862(a)(1)(A); National Coverage Determination 20.29.
HBO3I	Documentation indicates an active infection was present and not being treated. Refer to Social Security Act 1862(a)(1)(A); National Coverage Determination 20.29.
HBO3J	Documentation indicates there was devitalized tissue in the wound and debridement of this tissue was not completed. Refer to Social Security Act 1862(a)(1)(A); National Coverage Determination 20.29.
HBO3K	The submitted Diagnosis code(s) did not meet 1 of the 15 Covered Conditions based on the ICD-10 codes approved per Medicare's National Coverage Determination (NCD) Guidelines. Refer to National Coverage Determination 20.29.
HBO3O	Documentation does not support that a clean, moist bed of granulation tissue with appropriate moist dressing was completed for diabetic wound management. Refer to Social Security Act 1862(a)(1)(A); National Coverage Determination 20.29.
HBO3P	Documentation does not indicate that the appropriate off-loading measures were utilized for diabetic wound management. Refer to Social Security Act 1862(a)(1)(A); National Coverage Determination 20.29.

Reason Code	ADMINISTRATIVE/OTHER <i>(For Transmission via esMD)</i>
GEX04	Other
GEX05	The system used to retrieve the Subscriber/Insured details using the given MBI is temporarily unavailable.
GEX06	<i>The documentation is incomplete</i>
GEX07	This submission is an unsolicited response
GEX08	<i>The documentation cannot be matched to a case/claim</i>

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GEX09	<i>This is a duplicate of a previous transaction</i>
GEX10	The date(s) of service on the cover sheet received is missing or invalid.
GEX11	The NPI on the cover sheet received is missing or invalid.
GEX12	The state where services were provided is missing or invalid on the cover sheet received.
GEX13	The Medicare ID on the cover sheet received is missing or invalid.
GEX14	The billed amount on the cover sheet received is missing or invalid.
GEX15	The contact phone number on the cover sheet received is missing or invalid.
GEX16	The Beneficiary name on the cover sheet received is missing or invalid
GEX17	The Claim number on the cover sheet received is missing or invalid
GEX18	The ACN on the coversheet received is missing or invalid
GEX19 (Effective 10/01/2021)	Provider is exempted from submitting this PA request