

# Medicare reimbursement for hyperbaric oxygen therapy

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In an atmosphere of changing reimbursement, it's important to understand indications and utilization guidelines for health-care services. Otherwise, facilities won't receive appropriate reimbursement for provided services. This article focuses on Medicare reimbursement for hyperbaric oxygen therapy (HBOT). (See *What is hyperbaric oxygen therapy?*)

## Indications and documentation requirements

The Centers for Medicare & Medicaid Services (CMS) National Coverage Determination for HBOT lists covered conditions for HBOT, as do the individual Medicare Administrative Contractor's (MAC) Local Coverage Determination policies and/or articles. (See *Conditions for which CMS approves use of HBOT.*) Providers should thoroughly review the indications and utilization guidelines to ensure coverage criteria are met for each clinical condition.

It's important that the documentation in the patient's medical record supports the medical necessity for HBOT. Reimbursement hinges on documenting all services performed. For example, diabetic wounds of the lower extremity will first require the assessment of the patient's vascular status with correction of any problems found, optimization of nutritional status and glucose control, removal of nonviable tissue,



appropriate offloading of the ulcer, treatment and resolution of infection, and maintenance of a clean, moist wound bed.

HBOT is indicated if all of the above have been done and the ulcer doesn't show measurable signs of healing after 30 days of standard wound care.

## Provider requirements

For HBOT to be reimbursed, a facility must ensure the provider supervising the treatment meets CMS requirements. Physicians who supervise HBOT should be certified in Undersea and Hyperbaric Medicine or must have completed a 40-hour, in-person training program by an ap-

## What is hyperbaric oxygen therapy?

Hyperbaric oxygen therapy (HBOT) is defined as intermittent administration of 100% oxygen inhaled at a pressure greater than sea level. The treatment may be given in multiplace chambers compressed to depth by air while the patient breathes 100% oxygen through a facemask or hood, or in monoplace chambers compressed to depth with oxygen.

**Read more about HBOT** and **watch a lecture** on the topic. You can also access a fun, simple **explanation of HBOT** that uses drawings.

## Conditions for which CMS approves use of HBOT

The Centers for Medicare & Medicaid Services (CMS) National Coverage Determination for Hyperbaric Oxygen Therapy (HBOT) Covered Conditions include the following:

- Acute carbon monoxide intoxication\*
- Decompression illness\*
- Gas embolism\*
- Gas gangrene\*
- Acute traumatic peripheral ischemia\*
- Crush injuries and suturing of severed limbs\*
- Acute peripheral arterial insufficiency\*
- Progressive necrotizing infections\*
- Preparation and preservation of compromised skin grafts
- Chronic refractory osteomyelitis
- Osteoradionecrosis
- Soft-tissue radionecrosis
- Cyanide poisoning
- Actinomycosis
- Diabetic wounds of the lower extremity with type 1 or 2 diabetes, a Wagner Grade 3 or higher ulcer, and failure of adequate course of standard wound therapy.

\*Emergent conditions normally treated in an inpatient setting; facilities will not be reimbursed if the patient is treated in the outpatient setting.

proved entity. In addition, if HBOT is performed off-site from a hospital campus or in a physician's office, Advanced Cardiac Life Support training and certification of the supervising physician are required.

CMS also requires appropriate direct physician supervision for coverage, meaning that the physician must be present on the premises and immediately available to furnish assistance and direction throughout the performance of the procedure.

### Billing and coding

In a hospital outpatient setting, the correct code is C1300, hyperbaric oxygen under

pressure, full body chamber, per 30-minute interval. Physician supervision of HBOT is reported with CPT code 99183, physician attendance and supervision of hyperbaric oxygen therapy, per session. It's important to note that the physician supervision code should be reported in a unit of 1, and the hospital outpatient procedure code of C1300 will be in multiple units, typically 4 units.

### Prepay probes

Providers may be asked to submit medical documentation for specific claims identified by the MAC prior to payment ("prepay probes"). These Additional Development Requests require a response within 30 days and generally involve 20 to 40 claims per provider. Such requests occur in both inpatient and outpatient settings, and some MACs are starting to use prepay probes in skilled nursing facilities as well.

After review of the documentation, providers receive notification of the results. Further reviews are based on the provider error rate calculated.

### Skilled nursing facility, inpatients, critical access hospitals

In a skilled nursing facility, HBOT is part of the facility Prospective Payment System (PPS) payment in Medicare part A stays. For hospital inpatients, HBOT is reported under revenue code 940. For critical access hospitals, a reasonable cost-based system is used.

### Ensuring reimbursement

To ensure reimbursement of HBOT, check CMS policies and articles for indications, utilization guidelines, and provider re-

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quirements. In addition, ensure that documentation clearly supports the need for HBOT and follows the billing and coding requirements. ■

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