CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 187 **Date: MAY 28, 2004**

CHANGE REQUEST 3172

I. SUMMARY OF CHANGES: This instruction is a manualization of the billing requirements from two prior Program Memoranda regarding Hyberbaric Oxygen Therapy for the Treatment of Wounds of the Lower Extremities. The manualization includes a revision regarding bill type 22X**.**

MANUALIZAITON - EFFECTIVE DATE: April 1, 2003
***IMPLEMENTATION DATE: June 28, 2004**

Disclaimer for manual changes only: The revision date and transmittal number apply in the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated)*
R = REVISED, N = NEW, D = DELETED)—*(Only One Per Row.)*

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	32/ Table of Contents
N	32/30/Hyperbaric Oxygen (HBO) Therapy
N	32/30.1/Billing Requirements for HBO Therapy for the Treatment of Diabetic Wounds of the Lower Extremities

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

X	**Business Requirements**
X	**Manual Instruction**
	Confidential Requirements
	One-Time Special Notification

Attachment - Business Requirements

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SUBJECT: Billing Requirements for Hyperbaric Oxygen (HBO) Therapy for the Treatment of Diabetic Wounds of the Lower Extremities

I. GENERAL INFORMATION

A. Background: This is a manualization of two Program Memoranda, Transmittals AB-02-183 and AB-03-102. This manualization also includes one revision regarding bill type 22X. Originally transmittal AB-03-102 instructed FIs to include bill type 22X for this benefit. However, that is incorrect. Bill type 22X is not acceptable and that is the one revision to this manualization.

B. Policy: See Coverage Issues Manual (CIM) 35-10, Hyperbaric Oxygen Therapy or the National Coverage Determinations Manual, Chapter 1, Section 20.29 for details regarding coverage criteria regarding HBO.

C. Provider Education: A provider education article alerting the providers that the use of bill type 22X for when billing for this benefit is not acceptable will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Fiscal Intermediaries shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3172.1	FIs shall alert providers using the Medlearn Matters Article that bill type 22X is not acceptable when billing for HBO therapy for the treatment of diabetic wounds of the lower extremities and that the directions for use of bill type 22X in Transmittal AB-03-102 shall not be followed.	FI
3172.2	Fiscal Intermediaries shall inform the affected provider communities by following instructions set forth in **I.C** of this instruction regarding Bill Type 22X.	FI
3172.3	Medicare contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, Medicare contractors should adjust claims brought to their attention by providers.	FI

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: April 1, 2003 **Implementation Date:** June 28, 2004 **Pre-Implementation Contact(s):** Kelly Buchanan, 410-786-6132 or Pat Gill, 410-786-1297 **Post-Implementation Contact(s):** Appropriate Regional Office	**These instructions shall be implemented within your current operating budget.**	

Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

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(Rev. 187, 05-28-04)

Crosswalk to Old Manuals

20- *Reserved*

30- Hyperbaric Oxygen (HBO)Therapy

30.1 – Billing Requirements for HBO Therapy for the Treatment of Diabetic Wounds of the Lower Extremities

30. Hyperbaric Oxygen (HBO) Therapy

(Rev. 187, 05-28-04)

30.1 – Billing Requirements for HBOTherapy for the Treatment of Diabetic Wounds of the Lower Extremities

(Rev. 187, 05-28-04)

Hyperbaric Oxygen Therapy is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. Effective April 1, 2003, a National Coverage Decision expanded the use of HBO therapy to include coverage for the treatment of diabetic wounds of the lower extremities. For specific coverage criteria for HBO Therapy, refer to the National Coverage Determinations Manual, Chapter 1, Section 20.29.

NOTE: *Topical application of 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.*

I. Billing Requirements for Intermediaries

Claims for HBO therapy should be submitted on Form CMS-1450 or its electronic equivalent.

a. Applicable Bill Types

The applicable hospital bill types are 11X, 13X and 85X.

b. Procedural Coding

- *99183 – Physician attendance and supervision of hyperbaric oxygen therapy, per session.*
- *C1300 – Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval.*

HCPCS codes are shown in FL 44 of the Form CMS-1450 or the electronic equivalent.

NOTE: *Code C1300 is not available for use other than in a hospital outpatient department. In skilled nursing facilities (SNFs), HBO therapy is part of the SNF PPS payment for beneficiaries in covered Part A stays.*

For hospital inpatients and critical access hospitals (CAHs) not electing Method I, HBO therapy is reported under revenue code 940 without any HCPCS code. For inpatient services, show ICD-9-CM procedure code 93.59 in FL 80 and 81.

For CAHs electing Method I, HBO therapy is reported under revenue code 940 along with HCPCS code 99183.

c. Payment Requirements for Intermediaries

Payment is as follows:

Intermediary payment is allowed for HBO therapy for diabetic wounds of the lower extremities when performed as a physician service in a hospital outpatient setting and for inpatients. Payment is allowed for claims with valid diagnostic ICD-9 codes as shown above with dates of service on or after April 1, 2003. Those claims with invalid codes should be denied as not medically necessary.

For hospitals, payment will be based upon the Ambulatory Payment Classification (APC) or the inpatient Diagnosis Related Group (DRG). Deductible and coinsurance apply.

Payment to Critical Access Hospitals (electing Method I) is made under cost reimbursement. For Critical Access Hospitals electing Method II, the technical component is paid under cost reimbursement and the professional component is paid under the Physician Fee Schedule.

II. Carrier Billing Requirements

Claims for this service should be submitted on Form CMS-1500 or its electronic equivalent.

The following HCPCS code applies:

- *99183 – Physician attendance and supervision of hyperbaric oxygen therapy, per session.*

a. Payment Requirements for Carriers

Payment and pricing information will occur through updates to the Medicare Physician Fee Schedule Database (MPFSDB). Pay for this service on the basis of the MPFSDB. Deductible and coinsurance apply. Claims from physicians or other practitioners where assignment was not taken, are subject to the Medicare limiting charge.

III. Medicare Summary Notices (MSNs)

Use the following MSN Messages where appropriate:

In situations where the claim is being denied on the basis that the condition does not meet our coverage requirements, use one of the following MSN Messages:

"Medicare does not pay for this item or service for this condition." (MSN Message 16.48)

The Spanish version of the MSN message should read:

"Medicare no paga por este articulo o servicio para esta afeccion."

In situations where, based on the above utilization policy, medical review of the claim results in a determination that the service is not medically necessary, use the following MSN message:

"The information provided does not support the need for this service or item." (MSN Message 15.4)

The Spanish version of the MSN message should read:

"La informacion proporcionada no confirma la necesidad para este servicio o articulo."

IV. Remittance Advice Notices

Use appropriate existing remittance advice and reason codes at the line level to express the specific reason if you deny payment for HBO therapy for the treatment of diabetic wounds of lower extremities.