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Information for Medicare Fee-For-Service Health Care Professionals

Related Change Request (CR) #: 3172

MLN Matters Number: MM3172

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Related CR Transmittal #: 187

Effective Date: April 1, 2003

Implementation Date: June 28, 2004

Billing Requirements for Hyperbaric Oxygen Therapy for the Treatment of Diabetic Wounds of the Lower Extremities

Note: This article was updated on May 7, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Providers who submit claims to Medicare fiscal intermediaries/carriers for Hyperbaric Oxygen (HBO) therapy.

Provider Action Needed

This instruction manualizes the billing requirements from two prior Program Memoranda, issued by the Centers for Medicare & Medicaid Services (CMS) regarding Hyperbaric Oxygen (HBO) therapy for the treatment of wounds of the lower extremities. Providers should not submit claims for HBO therapy with bill type 22X (Skilled Nursing Facility, Inpatient, Part B).

Background

Two prior Program Memoranda (Transmittals AB-02-183 (CR2388, December 27, 2002) and AB-03-102 (CR 2388 and CR 2769)) were issued by CMS regarding HBO therapy for the treatment of wounds of the lower extremities.

HBO therapy exposes the entire body 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.

This latest instruction also contains one revision regarding bill type 22X (Skilled Nursing Facility Inpatient Part B claim). Transmittal AB-03-102 instructed Fiscal Intermediaries to include bill type 22X for this benefit. However, this is **incorrect**. Bill type 22X is **not** acceptable for HBO therapy.

Providers: do not submit such claims with bill type 22X.

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Also, please note that 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.

The Coverage Issues Manual Section 35-10 contains the specific expanded coverage criteria of HBO therapy for the treatment of diabetic wounds of the lower extremities in patients including the specific diagnosis codes. This coverage information will soon appear in the National Coverage Determinations Manual, Chapter 1, Section 20.29. Revised instructions have also been issued for Chapter 32, Section 30 of the Medicare Claims Processing Manual. These instructions are attached to CR3172 which may be accessed by following the instructions below.

Additional Information

The official instruction issued to your carrier regarding this change may be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R187CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Transmittal AB-02-183, CR2388, "Coverage of Hyperbaric Oxygen (HBO) Therapy for the Treatment of Diabetic Wounds of the Lower Extremities" can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/AB02183.pdf> on the CMS website.

Also, Transmittal AB-03-102, CR2769, "Clarification Regarding Coverage of Hyperbaric Oxygen (HBO) Therapy for the Treatment of Diabetic Wounds of the Lower Extremities," can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/AB03102.pdf> on the CMS website.

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