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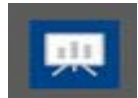
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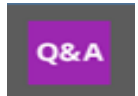
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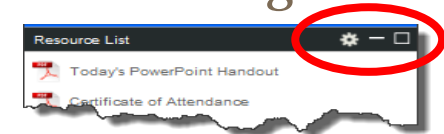
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HYPERBARIC OXYGEN THERAPY

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Provider Outreach and Education

June 8, 2020

Disclaimer

The content in this presentation is intended for JM/JJ providers and is current as of June 1, 2020.

Any changes or new information superseding this information is provided in articles with publication dates after June 1, 2020, at: www.Palmettogba.com.

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Objectives

Impart a comprehensive understanding of Medicare coverage for Hyperbaric Oxygen Therapy (HBO) service

Enable providers to utilize this information in their billing practices, ensuring beneficiaries receive quality care

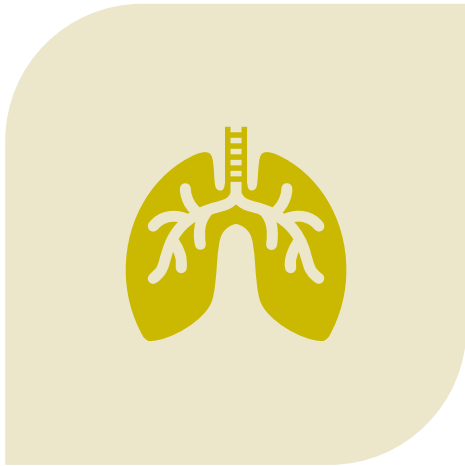
To reduce expenditures and minimize the risk of improper payments, and thus protect the Medicare Trust Fund

Agenda

- **National Coverage Determination (NCD)
20.29**
- **HBO G0277 Billing**
- **Granular Errors Data Analysis**

National Coverage Determination (NCD) 20.29 Hyperbaric Oxygen Therapy (HBO)

NCD 20.29 HBO



**MEDICARE COVERAGE PROGRAM
DEFINITION FOR HYPERBARIC
OXYGEN THERAPY (HBO) IS A
MODALITY IN WHICH THE ENTIRE
BODY IS EXPOSED TO OXYGEN
UNDER INCREASED ATMOSPHERIC
PRESSURE**

**TOPICAL APPLICATION OF OXYGEN
IS NOT COVERED, AS IT HAS NOT
BEEN DETERMINED TO BE
MEDICALLY NECESSARY**

Hyperbaric Oxygen (HBO) Chamber

Medicare coverage limits HBO Therapy services to those administered in a chamber



There are two styles of hyperbaric chambers:

Monoplace = narrow, Plexiglas tube for one patient

Multiplace = large, steel chamber for up to eight patients

HBO Coverage

**Acute carbon
monoxide
intoxication**

**Decompression
illness**

Gas embolism

Gas gangrene

**Progressive
necrotizing
infections**

- Necrotizing fasciitis

**Acute
peripheral
arterial
inefficiency**

**Cyanide
poisoning**

Coverage with Adjunctive Treatment



**ACUTE TRAUMATIC
PERIPHERAL
ISCHEMIA**



**CRUSH INJURIES
AND SUTURING
OF SEVERED
LIMBS**



**HBO THERAPY IS
A VALUABLE
ADJUNCTIVE
TREATMENT TO
BE USED IN
COMBINATION
WITH ACCEPTED
STANDARD
THERAPEUTIC
MEASURES
WHEN LOSS OF
FUNCTION, LIMB,
OR LIFE IS
THREATENED**

Coverage with Adjunctive Treatment

Chronic refractory osteomyelitis

- Unresponsive to conventional medical and surgical management

Osteoradionecrosis

- Possible complication following radiotherapy where an area of bone does not heal from irradiation

Coverage with Adjunctive Treatment

Soft tissue radionecrosis

- HBO therapy is a valuable adjunctive treatment to be used in combination with accepted standard therapeutic measures when loss of function, limb, or life is threatened

Actinomycosis

- Only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment

Graft Versus Surgical Wound

Preparation and preservation of compromised skin grafts — not for primary management of wounds.

- Graft is skin transplanted to new site on body
- Flap is a piece of tissue partly severed
- Surgical wound is a cut or incision in the skin

Diabetic Wound Coverage

Three criteria must be met:

Patient has type I or type II diabetes and a lower extremity wound that is a result of diabetes;

Patient has a wound classified as **Wagner grade III or higher**; and

Patient has failed an adequate course of standard wound therapy

- No measurable sign of healing for 30 days

Wagner Requirements

Wagner = grading system for diagnosis and treatment composed of six grades based on ulcer depth, infection and gangrene.

Grade	Description
0	Intact Skin
I	Superficial without penetration deeper layers
II	Deeper reaching tendon, bone, or joint capsule

HBO severity level not met

Wagner classification of diabetic foot ulcers

Grade 0

No ulcer in a high-risk foot



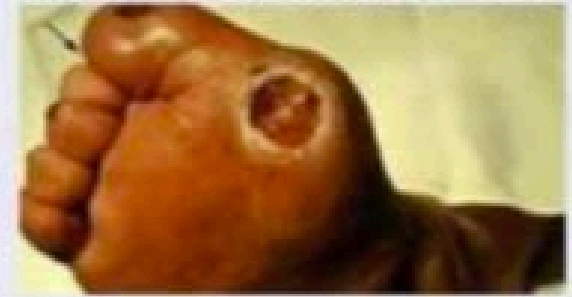
Grade 1

Superficial ulcer involving the full skin thickness but not underlying tissues



Grade 2

Deep ulcer, penetrating down to ligaments and muscle, but no bone involvement or abscess formation



Grade 3

Deep ulcer with cellulitis or abscess formation, often with osteomyelitis



Grade 4

Localized gangrene



Grade 5

Extensive gangrene involving the whole foot



Wagner Grade III

Working definition:



A diabetic foot ulcer may be classified as a Grade III ulcer where one or more of these elements is documented in the clinical record:

Abscess

**Osteomyelitis
or**

Tendonitis

Wagner Grade III — Abscess

Clinical translation — notation in medical record



Medical record contains entry noting the presence of some fluid release during the course of a surgical debridement or incision

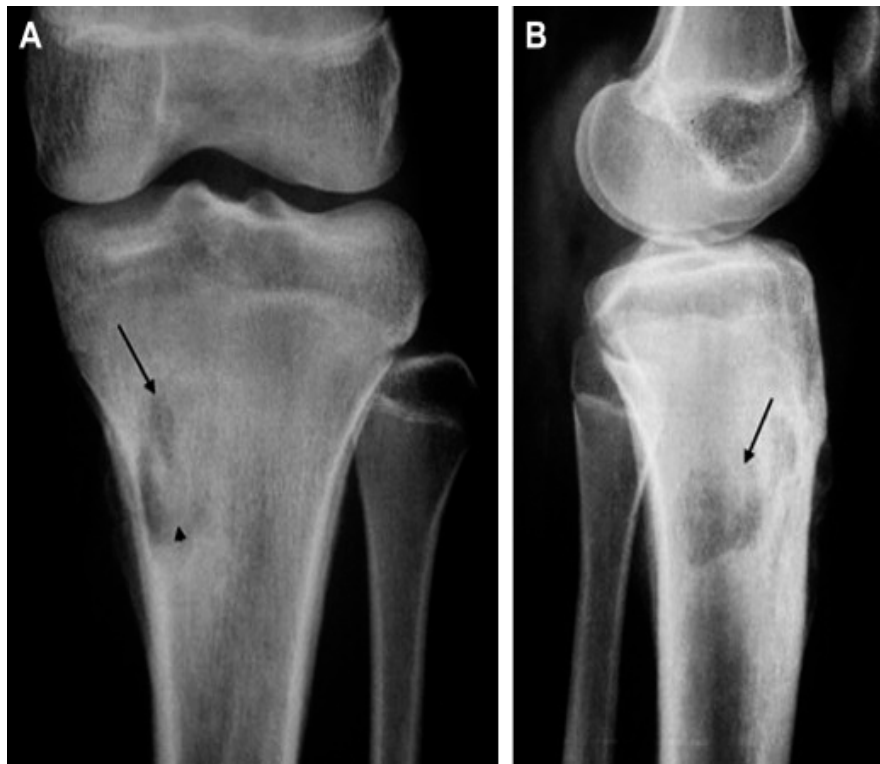
No restrictions on size

May range from a few drops of fluid to several cc's

Wagner Grade III — Osteomyelitis

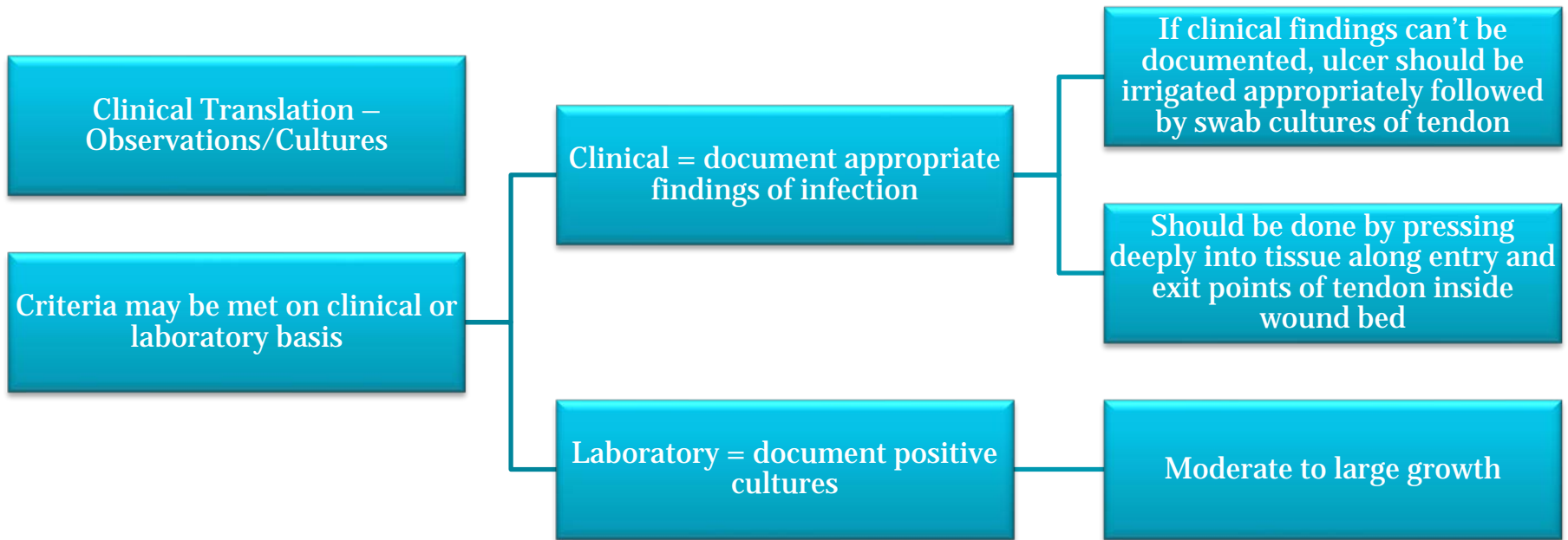
Clinical Translation — X-ray studies

- Initial evaluation of a non-healing ulcer traditionally includes X-rays to evaluate skeletal integrity of foot
 - Special attention should be given to stress fractures, occult foreign bodies and osteomyelitis
 - Study has special importance where neuropathy is present





Wagner Grade III — Tendonitis



Wagner Grade IV — Scenarios

Clinical Translation

- Gangrene of toes or portion of forefoot; HBO may not be used until the patient has received standard wound care which includes removal of devitalized tissue
- Six clinical scenarios exist for these patients

Wagner Grade IV — Scenarios

Flow Augmentation (FA) for Wagner Grade IV Patient

1	Amputation/Healing HBO not warranted	Local amputation represents ideal strategy and is typically successful
2	Complicated/ Amputation HBO for limb salvage	Failed balloon angioplasty or bypass graft; manipulation of vessel = traumatic
3	Amputation failed HBO candidate on 31st post-op day	Receive adequate FA procedure yet fail to demonstrate measurable signs of healing 30 days post amputation

Wagner Grade IV — Scenarios

Flow Augmentation (FA) for Wagner Grade IV Patient:

4	FA not achieved (NA)-TcPO ₂ <40 mm/Amputation HBO should be considered	Transcutaneous oxygen mapping = valuable pre-op guidance to: <ul style="list-style-type: none">• Determine most conservative surgical procedure to preserve limb length/function• Identify surgical sites with marginal but salvageable amputation flaps
5	FA NA-TcPO ₂ <40 mm/Amputation HBO not warranted	FA not an option; amputation site has room air values that approximate 40 mm Hg <ul style="list-style-type: none">• Uncomplicated post-op support expected
6	FA NA/amputation referral for non-healing site	Failed recovery; referred to wound center. HBO maybe applied if no healing in past 30 days and wound care has been provided.

Wagner Grade V — Scenario

Grade V foot is not salvageable; no local procedures possible and requires amputation



If a decision is made to maximize limb length by amputating at marginal level

Immediate post-op HBO will improve outcome

Wagner Classification of DFU

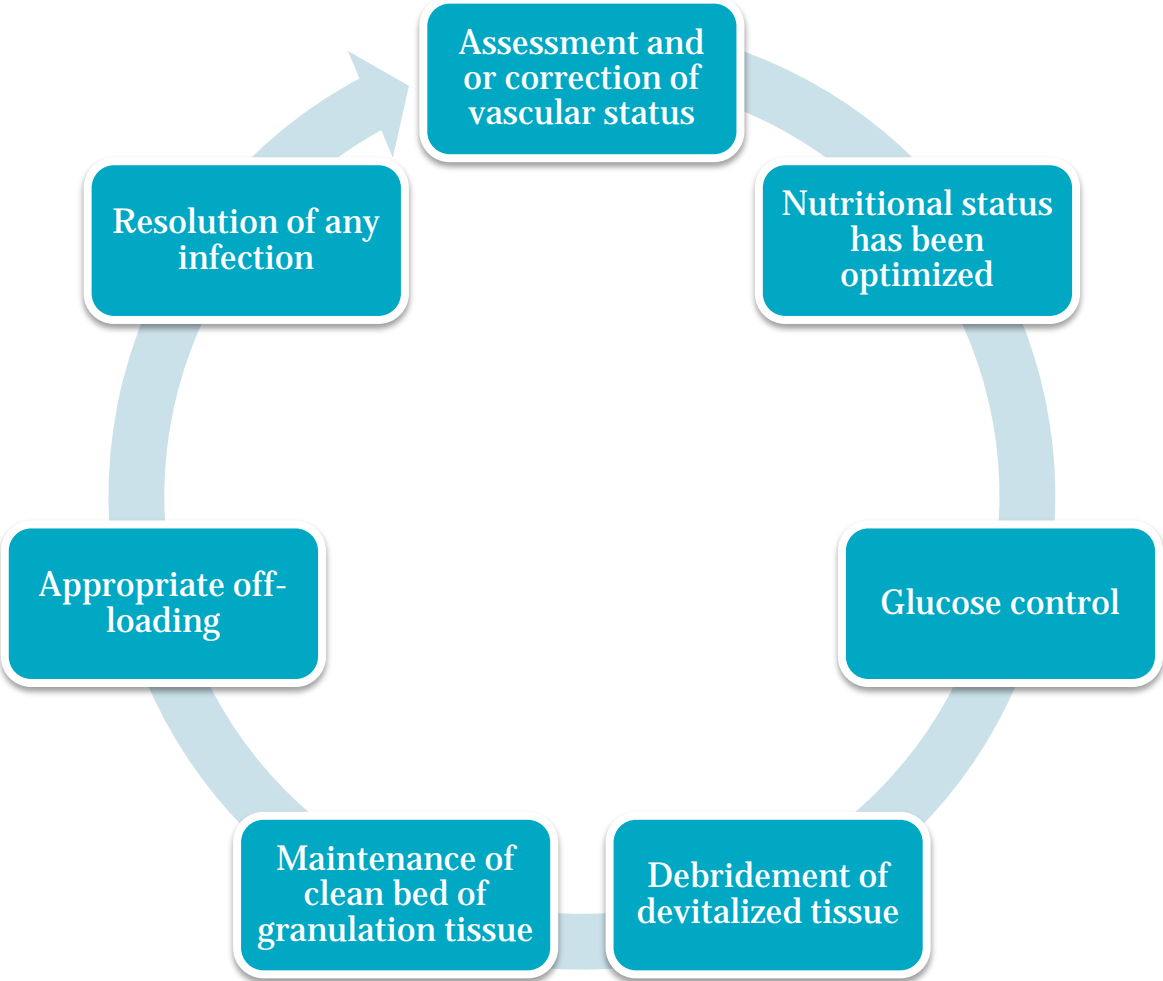
Grade 5
Gangrene of entire foot or leg

Needs Amputation (Cutting) of foot or leg



<http://www.ddcfoot.com/nwc.html>

Standard Diabetic Wound Care



Standard Diabetic Wound Care

- Failure to respond to standard wound care occurs when there are no measurable signs of healing for at least 30 consecutive days
 - Wounds must be evaluated at least every 30 days during administration of HBO therapy
 - Continued HBO therapy treatment is not covered if measurable signs of healing not demonstrated within any 30-day period of treatment

Non-Covered Conditions

Cutaneous, stasis and decubitus ulcers	Chronic peripheral vascular insufficiency	Anaerobic septicemia and infection other than clostridial
Skin burns (thermal)	Senility	Myocardial infarction
Cardiogenic shock	Sickle cell anemia	Hepatic necrosis
Acute or chronic cerebral vascular insufficiency	Nonvascular causes of chronic brain syndrome (Alzheimer's, Pick's, Korsakoff's disease)	Acute thermal and chemical pulmonary damage (smoke inhalation with pulmonary)
Aerobic septicemia	Tetanus	System aerobic infection
Organ transplantation and Organ Storage	Exceptional blood loss anemia	Pulmonary emphysema
Multiple sclerosis	Arthritic disease	Acute cerebral edema

Billing Guidelines



HBO Billing

Billable type of bills are 11x,
13x, 85x

Revenue code 0413
Respiratory Services

CAHs electing Method I,
report HBO under
appropriate revenue code
with HCPCS code

CPT/HCPCS codes

- 99183 physician or other qualified professional attendance and supervisions of HBO per session
- G0277 HBO under pressure, full body chamber, per 30 minute interval

Diagnosis Codes

- ICD-10-CM diagnosis codes in NCD 20.29
 - MLN Matters MM9252
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9252.pdf>

Hospital Outpatient HBO Therapy

Report service
using HCPCS
code G0277

- Per 30 minute interval, HBO under pressure, full body chamber, equals one unit
- Time spent by the patient under 100% oxygen

Elements to
consider when
calculating
time

- Time for descent
- Time for air breaks
- Time for ascent

Outpatient HBO Therapy

Physicians order for 90-minutes would not exceed 4 billed units.

- Patient receives 90-minutes in chamber
- Additional time may be added to provide descent, air breaks and ascent
- Session duration = 4 units; which covers 106 - 135 total minutes

Minutes/Increments

Duration of Treatment (minutes)	Number of Increments of Go277
0–15	0
16–45	1
46–75	2
76–105	3
106–135	4

Medically Unlikely Edit

- Units of services calculated based on the same
 - Date of service
 - Medicare Beneficiary Identification Number (MBI)
 - Provider (NPI or rendering provider)

- Contractors review current and prior finalized claims

Code	MUE Value	MUE Adjudication Indicator	MUE Rationale
G0277	5	3 Dates of Service: Clinical	Clinical: Data

Advanced Beneficiary Notice of Non-Coverage (ABN)

Issue prior to rendering otherwise covered services ordered by physician and provider believes Medicare may not pay due to:

Medical necessity

Frequency limitations



Report GA modifier and Occurrence Code 32 with date of service on the claim

Medical Review

Data Analysis for G0277 HBO

Data analysis results ranked G0277 as a high risk for improper payments



Determined some diagnoses codes billed that would not likely be reasonable and necessary

Example: HBO for arterial embolism and thrombosis of upper and lower extremity, iliac artery

To Validate Data Analysis Results

Palmetto GBA began prepayment, service-specific medical review probe on outpatient HBO therapy G0277 on October 18, 2016

Review by licensed medical professional

- Verify for reasonable/necessary and correct coding

Medical Records Requested

Ensure billing accuracy and send documentation that supports:

- Care provided under the care of a physician
- Whole body was exposed to oxygen under increased atmospheric pressure and administered in chamber
- Patient is being treated for a covered ICD-10 diagnosis code that meets 1 or more of the 15 approved Medicare conditions listed in NCD 20.29

Medical Records Requested

Include signed and dated physician's order

- Legible physician/clinician signatures and credentials for services provided
- If you question legibility of a signature; submit a signature log or attestation statement

Entries for provided/ordered services required to be authenticated by author

- Hand written or electronic signature acceptable
- Stamp signatures are not acceptable

Medically Denied HBO Claim

If you do not respond to an ADR you will receive a denial with reason code 56900

- You have 45 days from the decision date on the ADR letter to submit the requested documents

If you receive a medical review denial

- May submit Redetermination within 120 days if you are dissatisfied with initial determination

Additional Documentation Request (ADR)

- Providers who receive ADR must submit requested medical records within 45 days of the date listed on ADR letter
- Preferred method of response is via eServices Portal along with a copy of ADR www.palmettogba.com/eServices
 - To participate, you must have a signed Electronic Data Interchange (EDI) agreement on file

Medical Records Requested

Clinical documentation of history, examination findings, treatment parameters, failed treatments, expected outcomes;



Progress notes/Plan of Care that includes:

Treatment type, number of and length of treatments

Goals and progress updates with treatment response

Diagnostic test results to confirm diagnosis is for condition being treated

Medical Records Requested

- Patient identification, date of service and provider of the service should be clearly identified on the submitted documentation
- Submit copy of Advanced Beneficiary Notice (ABN), if issued

Review Results

- **Completed review results will be posted to our website, if significant billing aberrancies are identified:**
 - **Provider-specific medical review may be initiated, and individual providers with significant denials may be contacted for one-on-one education**

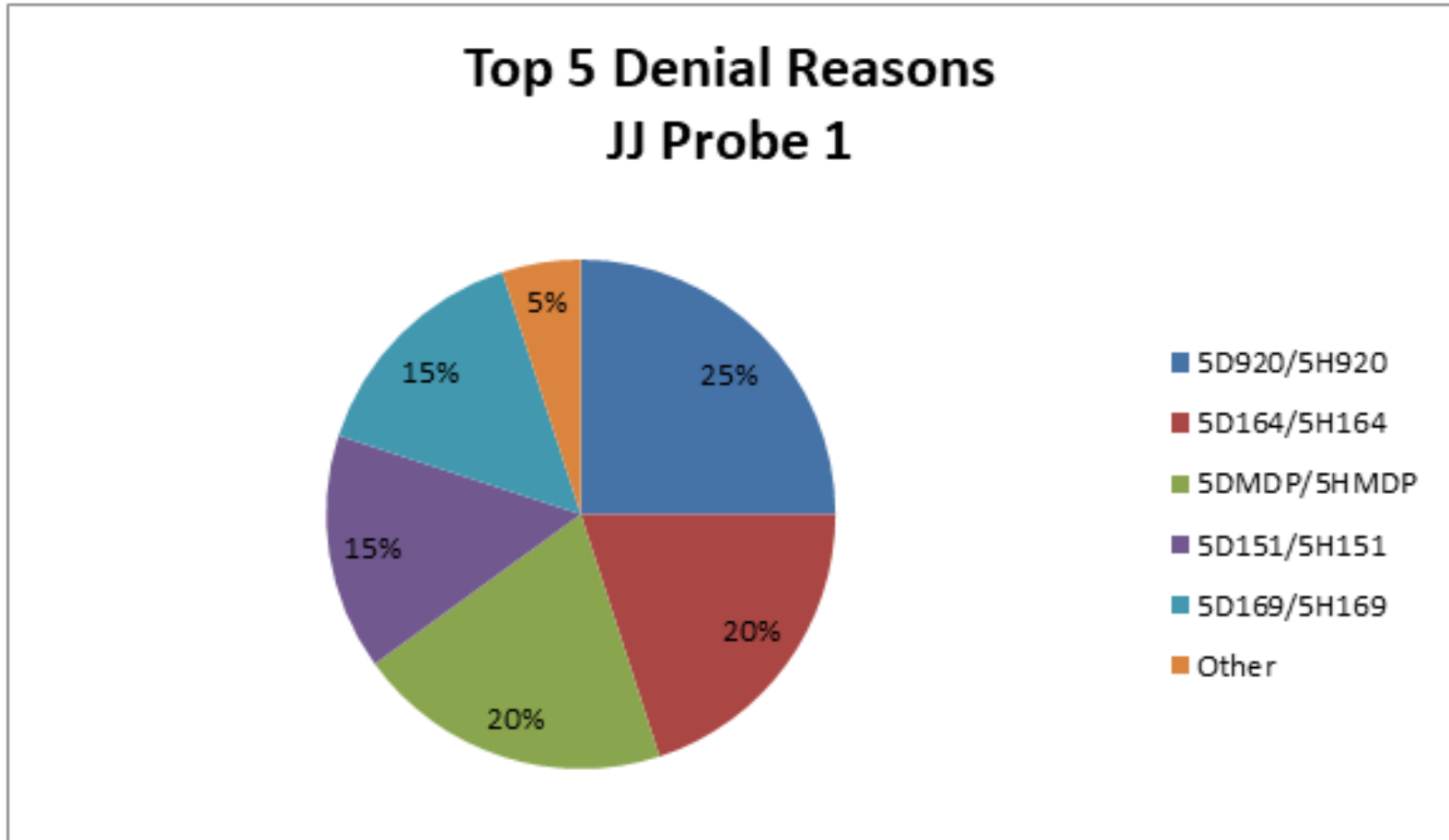
Avoid Documentation Errors

Medical Review Analysis

Common Denials Identified in JJA

- 5D920/5H920 — The Recommended Protocol Was Not Ordered and/or Followed
- 5D164/5H164 — No Documentation of Medical Necessity
- 5DMDP/5HMDP — Dependent Services Denied (Qualifying Service Denied Medically)
- 5D151/5H151 — Units Billed More Than Ordered
- 5D169/5H169 — Services Not Documented

Jurisdiction J Top Denials

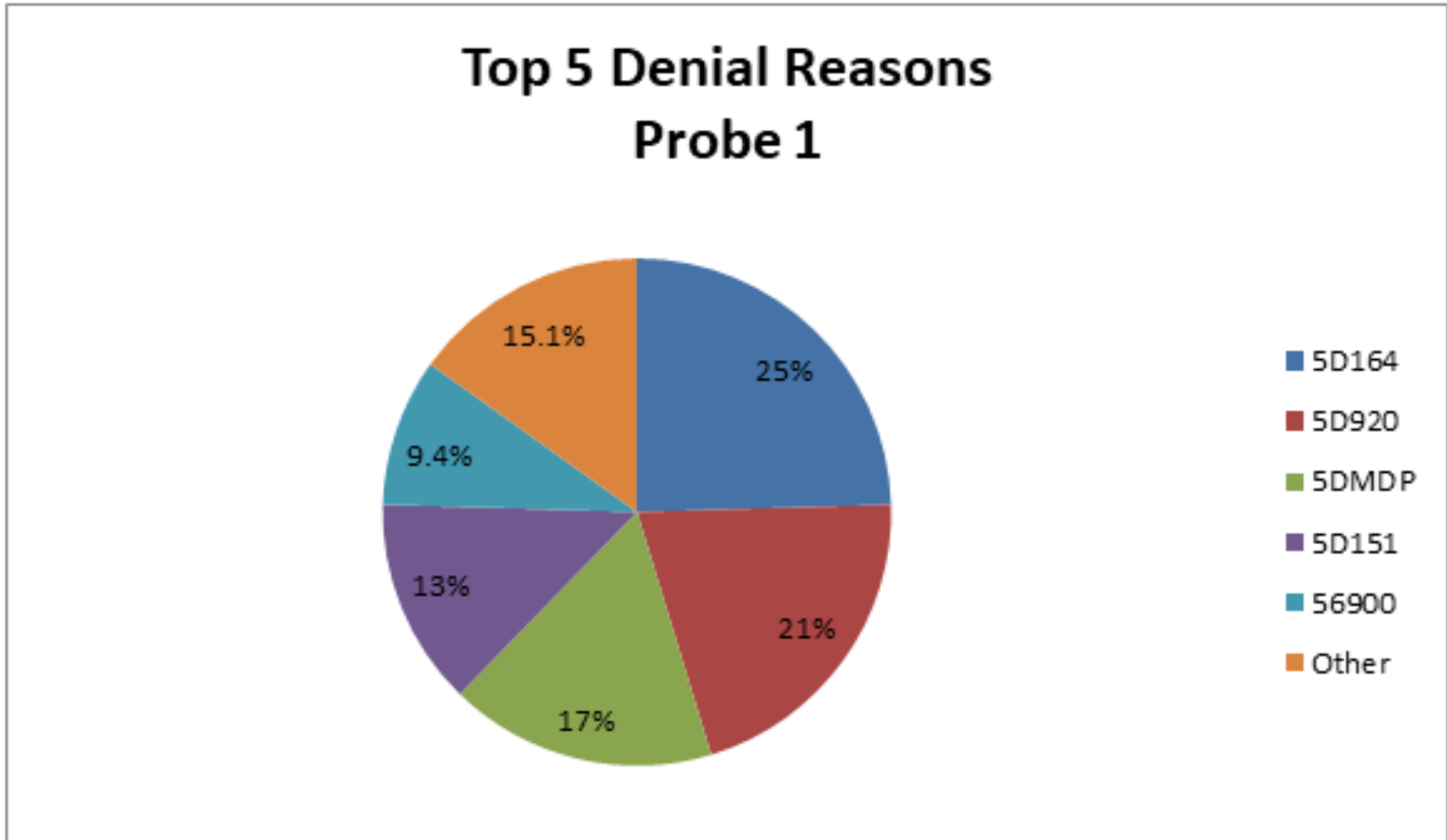


Medical Review Analysis

Common Denials Identified in JMA

- 5D164 — No Documentation of Medical Necessity
- 5D920 — The Recommended Protocol Was Not Ordered and/or Followed
- 5DMDP — Dependent Services Denied (Qualifying Service Denied Medically)
- 5D151 — Units Billed More Than Ordered
- 56900 — Auto Deny — Requested Records Not Submitted Timely

Jurisdiction M Top Denials



Medical Review Analysis

Prolonged therapy unsupported

Documentation must support there is an improvement with HBO services and reasonable to continue treatment

Re-assessment of wound every 30 days including wound measurements

Medical Review Analysis

NCD requires documentation of all previous and ongoing standard wound and other treatments for the patient's specific condition

Each HBO treatment must be completely documented including the ascent and descent time, patient toleration, and ongoing progress

Diabetic Wound Documentation

Diabetic wound documentation required to support medical necessity must include:

- Evidence that previous standard treatments failed after minimal treatment time of 30 days

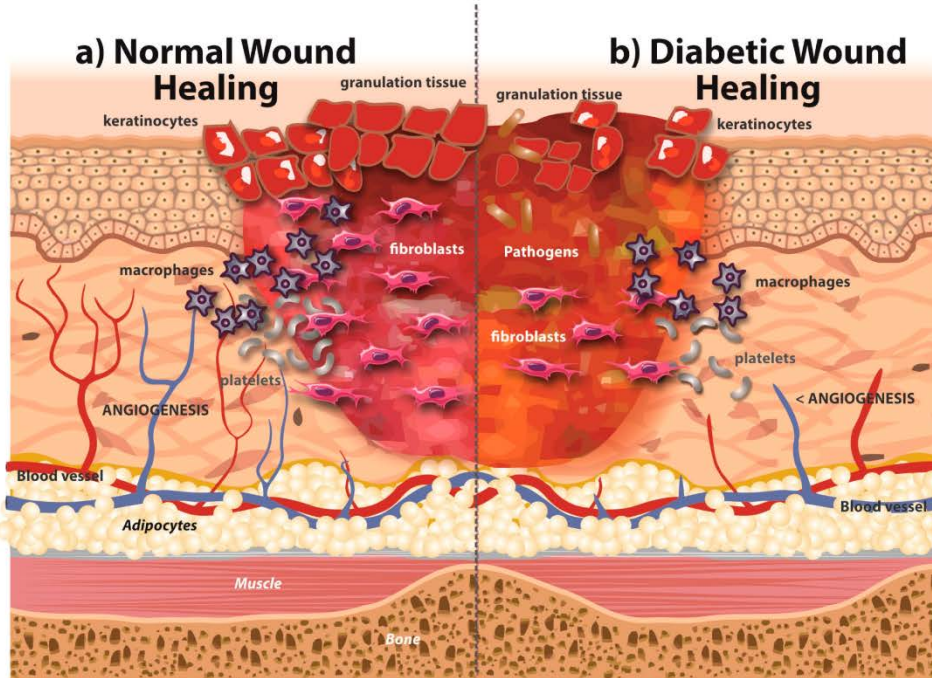
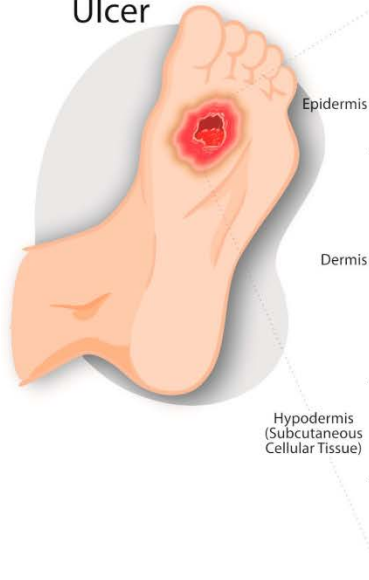
Standard wound care treatments must continue throughout course of HBO therapy

Diabetic Wound Documentation

Objective evidence wound meets criteria for Wagner III (includes osteomyelitis) required

- Evidence wound has been evaluated at least every 30 days for signs of significant improvement
- Wound must show **measurable** signs of significant improvement within any 30-day window of treatment in order to continue treatment

Diabetic Foot Ulcer



PHASES OF WOUND HEALING
(Limit varies within faded interval, mainly by wound severity)

	HAEMOSTASIS	INFLAMMATION	PROLIFERATION	REMODELING
EVENTS	- Bleeding - Coagulation - Vasoconstriction-Vasodilatation	OEDEMA - PMN Migration - Phagocytosis - Granulocytosis - Cytocites	Granulation Angiogenesis (neovascularization) Fibroplasty	Wound contraction Extracellular Matrix Synthesis
CELL FORMS (predominants)	Platelets	Neutrophils (PMN), Polymorphonucleares predominant Macrophages	Lymphocytes Endothelial Cells Keratinocytes	Epidermal Cells
TIME	0 - 1 HOURS	1 - 6 DAYS	4 - 21 DAYS	21 DAYS > 2 YEARS

Note: Prolonged Inflammation leads to CHRONIC WOUND.

Diabetic Wound Documentation

- Physician must clearly document the medical necessity of continued HBO therapy
 - Proper billing of HBO services for diabetic wound condition should include both diabetes **and** a wound ICD-10-CM code on the claim
 - All elements of CPT code descriptors must be met in order to bill debridement or other services, as well as all Medicare requirements

Physician E/M

- **Evaluation and Management (E/M) CPT codes for physician visits may be billed on the same day as an HBO treatment**
 - **Only if and the service provided by physician is above beyond the services required to continue with and perform the actual HBO treatment**

Physician E/M

E/M service should not be billed in addition to HBO service for wound assessment, wound monitoring and redressing

- Integral to continuance and delivery of HBO therapy



If documentation supports additional procedure performed other than HBO (i.e. debridement), or another health issue is addressed and treated;

- That service or procedure may be billable in addition to HBO

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Resources

Palmetto GBA website

<https://palmettoogba.com>

NCD 20.29

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=12&ncdver=4&bc=AAAQAAAAAA&>



**Please take our post-test
and a short survey before
leaving the virtual
classroom!**



Thank you for participating!