

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Ambulatory Surgery Centers, Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Physician Clinics, Physicians, Physician Assistants, Rural Health Clinics, HMOs and Other Managed Care Programs

## **New Policy Regarding Coverage and Prior Authorization Criteria for Hyperbaric Oxygen Therapy**

This *ForwardHealth Update* introduces new policy regarding coverage and prior authorization (PA) criteria for hyperbaric oxygen therapy (HBOT). Effective September 1, 2015, HBOT provided in an office or outpatient hospital requires PA.

### **General Coverage Information**

This *ForwardHealth Update* introduces new policy regarding coverage and prior authorization (PA) criteria for hyperbaric oxygen therapy (HBOT). Effective September 1, 2015, HBOT will be allowable when provided in an office setting. Effective September 1, 2015, HBOT provided in an office or outpatient hospital requires PA.

Hyperbaric oxygen therapy is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure.

### **Prior Authorization**

ForwardHealth has established clinical criteria for HBOT for PA requests received on and after September 1, 2015. ForwardHealth requires the PA request to be submitted with the professional procedure code 99183 (Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session).

Hyperbaric oxygen therapy provided in an inpatient hospital setting does not require PA.

### **Approval Criteria**

ForwardHealth covers HBOT for the following conditions:

- Acute carbon monoxide intoxication.
- Decompression illness.
- Gas embolism.
- Gas gangrene.
- Acute traumatic peripheral ischemia.
- Crush injuries and suturing of severed limbs.
- Progressive necrotizing infections (necrotizing fasciitis).
- Acute peripheral arterial insufficiency (compartment syndrome).
- Preparation and preservation of compromised skin grafts (not for primary management of wounds).
- Chronic refractory osteomyelitis unresponsive to conventional medical and surgical management.
- Osteoradionecrosis as an adjunct to conventional treatment.
- Soft tissue radionecrosis as an adjunct to conventional treatment.
- Cyanide poisoning.
- Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment. Hyperbaric oxygen therapy must be utilized as an adjunct to conventional therapy.

- Treatment of diabetic wounds of the lower extremities. (Refer to the following section for specific approval criteria.)

### *Approval Criteria for Diabetic Wounds*

Clinical criteria for approval of a PA request for HBOT for a member with diabetic wounds of the lower extremities are **all** of the following:

- Member has type I or type II diabetes and has a lower extremity wound that is due to diabetes.
- Member has a non-pressure wound classified as Wagner grade 3 or higher:
  - ✓ Grade 2 — ulcer penetrates to tendon, bone or joint.
  - ✓ Grade 3 — lesion has penetrated as deeply as grade 2 and there is abscess, osteomyelitis, pyarthrosis, plantar space abscess, or infection of the tendon and tendon sheaths.
  - ✓ Grade 4 — gangrene of the forefoot.
  - ✓ Grade 5 — gangrene of the entire foot.
- Member has failed an adequate course of standard wound therapy. The use of HBOT will be covered as adjunctive therapy only after there have been no measurable signs of healing for at least 30 days of treatment with standard wound therapy and only when the use of HBOT is in addition to standard wound care. Standard wound care in members with diabetic wounds includes:
  - ✓ Assessment of a member's vascular status and correction of any vascular problems in the affected limb if possible.
  - ✓ Optimization of nutritional status.
  - ✓ Optimization of glucose control.
  - ✓ Debridement by any means to remove devitalized tissue.
  - ✓ Maintenance of clean, moist bed of granulation tissue with appropriate moist dressings.
  - ✓ Appropriate off-loading.
  - ✓ Necessary treatment to resolve any infection that might be present.

Failure to respond to standard wound care means 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 HBOT. Continued treatment with HBOT is not covered if no measurable signs of healing have been demonstrated within any 30-day period of treatment.

### **Documentation Requirements**

All of the following must be included as part of a PA request for HBOT:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/13).
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/12).
- Documentation supporting the criteria in the Approval Criteria section of this *Update*.
- Documentation indicating that the member has failed an adequate course of standard therapy, including conventional medical or surgical management.

### **Submission Options**

Providers may submit PA requests for HBOT via any of the following:

- Portal.
- Fax.
- Mail.
- 278 Health Care Services Review — Request for Review and Response Transaction.

For specific information about each of these submission options, providers should refer to the Submission Options chapter of the Prior Authorization section of the Physician service area of the ForwardHealth Online Handbook at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

### **Covered Services and Requirements**

ForwardHealth covers HBOT when administered in a chamber (including the one-man unit).

Physicians, physician assistants, and nurse practitioners supervising HBOT are required to meet one of the following educational certification requirements:

- Have certification in Undersea and Hyperbaric Medicine (certification provided by the American Board of Emergency Medicine [ABEM]).
- Be certified by the American Board of Preventive Medicine (ABPM).
- Be certified by the American Osteopathic Conjoint Committee of Undersea and Hyperbaric Medicine (AOCUHM).
- Have successfully completed a minimum 40-hour in-person accredited training program such as one approved by the American College of Hyperbaric Medicine or the Undersea and Hyperbaric Medical Society and have supervised at least 300 HBOTs.

The physician, physician assistant, or nurse practitioner is required to be present in the location of the HBOT, with a maximum response time of five minutes allowed to get to the chamber in case of emergency or if assistance is needed. When HBOT is performed in a physician's office, the physician, physician assistant, or nurse practitioner is required to be present in the office.

A physician assistant or nurse practitioner may supervise HBOT services when **all** of the following criteria are met:

- The service is included within the physician assistant's or nurse practitioner's scope of practice.
- His or her required supervision or collaborative agreement is with a physician qualified to provide HBOT services.
- He or she meets the educational certification requirements identified above.

### **Claim Submission Procedure Codes**

For HBOT provided in an inpatient hospital setting, providers should submit an institutional claim and follow appropriate revenue code and procedure code billing per **National Uniform Billing Committee** billing instructions.

For HBOT provided in an outpatient hospital or office setting, providers may submit the following procedure codes:

- C1300 (Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval), which is an outpatient hospital code end-dated December 31, 2014.
- G0277 (Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval), which is an outpatient hospital code effective for DOS on and after January 1, 2015. ForwardHealth will allow procedure code G0277 for HBOT services performed in an office setting effective for DOS on and after September 1, 2015.
- 99183 (Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session).

To receive Medicaid reimbursement for HBOT, providers are required to use the most appropriate *Current Procedural Terminology* (CPT) or Healthcare Common Procedure Coding System (HCPCS) procedure code that describes the procedure or service being performed or provided; they are also required to meet all CPT and HCPCS coding and billing requirements.

### **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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