

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Your MAC May Just Cover Hyperbaric Oxygen Therapy

Be sure to report by session for accurate payment of your HBO services.

Are you fully versed on how to report Hyperbaric Oxygen Therapy ("HBO")? If not, you could be leaving precious dollars on the table. Check out this expert advice on how to report these services, the potential of adding an E/M code, and delineating this therapy from therapeutic hypothermia services.

Background: HBO is a treatment that involves placing the patient in a pressure chamber so that the patient's body is exposed to oxygen under increased atmospheric pressure. HBO may be used to treat a variety of conditions/injuries such as decompression sickness, carbon monoxide poisoning, gas gangrene, gas embolism, acute traumatic peripheral ischemia, necrotizing fasciitis, and crush injuries and suturing of severed limbs as well as certain types of diabetic wounds, says Stacie **Norris, MBA, CPC, CCS-P**, Director of Coding Quality Assurance at Zotec-MMP in Durham, NC.

The CPT® code used for the attendance and supervision of the HBO therapy is 99183 (Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session). As the code definition states, this code should be reported per session. The time of each session, number of sessions per day and overall length of the HBO therapy varies depending upon the condition being treated.

If separate E/M services are provided at the same encounter as CPT® 99183, then both services may be reported by appending modifier 25 to the E/M service (always make certain when utilizing the 25 modifier that the documentation supports the use of the modifier, i.e., separately identifiable service, Norris warns.

Check Out This Clinical Example

A 68 year old heavy smoker banged his shin while bicycle riding at the beach. After three months of unsuccessful treatment he has a non-healing ulcer of the lower limb. He is not diabetic. The wound care physician refers him for hyperbaric treatment. Several rounds of HBO therapy are prescribed lasting one hour each. A separate physician in a different group supervises the HBO treatments. You would report 99183 for each session and ICD 9 code 707.10

There is a Medicare NCD for HBO service and most MACs do have LCD policies for HBO services. Consult your MAC and other local payer policy for specific HBO reimbursement guidelines, such as medical necessity requirements, diagnosis lists and documentation guidelines, suggests Norris.

For example, NGS Medicare, a Part B payer, reimburses HBO for 15 different conditions, including gas gangrene, cyanide poisoning, and diabetic wounds refractory to antibiotics and surgical treatments. You can see this MAC's entire policy at http://apps.ngsmedicare.com/LCD/LCD_L25204.html

Medicare Payment in 2013 for code 99183 is \$119.76 based on RVU assignments of Work 2.34, PE facility 0.92 and PLI 0.26.

Check Your Codes One More Time

HBO therapy should not be confused with therapeutic hypothermia services. Therapeutic hypothermia services are provided when the patient's body temperature is decreased, after a cardiac arrest or stroke, in order to decrease the injuries and swelling to the brain; thereby improving the patient's outcome. The patient's body temperature may be decreased in several different ways such as ice packs, cooling blankets or IV's. Hypothermia services are receiving more attention because of recent improved outcomes but don't currently have a CPT® code. The hypothermia codes 99185

(Hypothermia; regional) and 99186 (Hypothermia, total body) were deleted from CPT® in 2010 because they were outdated and not specific enough to the type of technology used, making it difficult to adequately determine the procedure performed. Typically, true hypothermia services are reported as part of the other critical care services being provided to the patient, says Norris.