

Article for Billing HCPCS C1300 (HYPERBARIC OXYGEN Services) (A47851)

Contractor Information

Contractor Name

BlueCross BlueShield of Tennessee (Riverbend Government Benefits Administrator)

Contractor Number

00390

Contractor Type

FI

Article Information

Article ID Number

A47851

Article Type

Article

Key Article

No

Article Title

Billing HCPCS C1300 (HYPERBARIC OXYGEN Services)

Primary Geographic Jurisdiction

Tennessee

Secondary Geographic Jurisdiction

Alaska
Alabama
Arkansas
Arizona
California
Colorado
Connecticut
Florida
Georgia
Hawaii
Iowa
Idaho
Illinois
Indiana
Kansas
Kentucky
Louisiana
Massachusetts
Maryland
Maine
Michigan
Minnesota
Missouri
Mississippi

North Carolina
North Dakota
Nebraska
New Jersey
New Mexico
Nevada
New York
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Texas
Utah
Virginia
Vermont
Washington
Wisconsin
West Virginia
Wyoming

Original Article Effective Date

07/11/2008

Article Revision Effective Date

Article Ending Effective Date

ANTICIPATED 08/02/2009

Article Text

Billing HCPCS C1300 (Hyperbaric Oxygen Services)

Riverbend GBA randomly sampled Medicare claims to determine if HCPCS C1300, Hyperbaric Oxygen Services being billed to Medicare were medically reasonable and necessary. The selected records were also reviewed to determine if all other requirements for Medicare coverage were met. The following information depicts the findings of the reviewed sample.

Some of the records received did not have documentation of the minutes for the HBO descent time, breaks and ascent time as requested. In some of the claims that were reviewed there was no documentation to support that the patient had a wound classified as a Wagner grade III or higher. The records reviewed contained no documentation to support that the diabetic patients fulfilled all three qualifications listed in NCD 20.29 (A) for HBO:

- a) Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes;
- b) Patient has a wound classified as Wagner grade III or higher; and
- c) Patient has failed an adequate course of standard wound therapy

Several claims showed no documentation of the HBO treatment to support services billed for HCPCS code C1300. Title XVIII of the Social Security Act, section 1833 (e) prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

“The use of HBO therapy is covered as adjunctive therapy only after there are no measurable signs of healing for at least 30 days of treatment with standard wound therapy and must be used in addition to standard wound care. Standard wound care in patients with diabetic wounds includes: assessment of a patient’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 a clean, moist bed of granulation tissue with appropriate moist dressings, appropriate off-loading, and necessary treatment to resolve any infection that might be present. 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 treatment with HBO therapy is not covered if measurable signs of healing have not been demonstrated within any 30-day period of treatment” NCD 20.29 pg.58.

In reviewing the medical records of claims submitted, it was noted that the main reasons for denials were; no documentation to support medical necessity for HBO treatments and insufficient documentation to support services billed under HCPCS code C1300.

For more information go to www.rgbagov.com. Under the Essentials heading, click on LCD’s, then select National Coverage Decisions (NCD). Select HBO therapy at:

https://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part1.pdf

Providers are reminded that documentation must be maintained in each patient record to support the medical necessity of all services. Maintaining and submitting the appropriate documentation will help to eliminate many of the errors noted above, and should also help to decrease the number of appeals for denied claims. Implementing a quality check policy prior to submission of requested records will help to assure that all documentation pertaining to the services billed is included in the medical records you are submitting to Riverbend GBA.

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Other Comments

08/27/2008 – Effective September 1, 2008, the state of New Jersey removed from the Primary Geographic Jurisdiction as required by the MAC-PartA/PartB contractor workload number 12401

Revision History Explanation

08/27/2008 – Effective September 1, 2008, the state of New Jersey removed from the Primary Geographic Jurisdiction as required by the MAC-PartA/PartB contractor workload number 12401

All Versions

Updated on 08/27/2008 with effective dates 07/11/2008 - N/A

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