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I. SCOPE:

This policy applies to (1) Tenet Healthcare Corporation and its wholly-owned subsidiaries and affiliates (each, an “Affiliate”); (2) any other entity or organization in which Tenet Healthcare Corporation or an Affiliate owns a direct or indirect equity interest greater than 50%; and (3) any hospital or healthcare facility in which Tenet Healthcare Corporation or an Affiliate either manages or controls the day-to-day operations of the facility (each, a “Tenet Facility”) (collectively, “Tenet”).

II. PURPOSE:

The purpose of this policy is to ensure safe provision of hyperbaric oxygen therapy (HBOT) in accordance with Medicare guidelines.

III. POLICY:


HBOT provided in Tenet Facilities must meet the credentialing, treatment, attendance, and documentation requirements stated in this policy.

IV. PROCEDURE:

A. Facility Implementation

1. Credentialing Requirements

Centers for Medicare & Medicaid Services (CMS) encourages physicians and other staff performing HBOT to complete a recognized hyperbaric medicine training program, such as those offered by American College of Hyperbaric Medicine (ACHM) and the Undersea and Hyperbaric Medical Society (UHMS). In conjunction with such specialized training, CMS also encourages physicians and staff to obtain the appropriate number of hours of continuing education, as recommended by ACHM and UHMS. As such, the attending physician needs to provide documentation supporting that he is credentialed in hyperbaric medicine and is qualified to manage the scope of work required in the delivery of hyperbaric oxygen therapy, as well as an acute cardiopulmonary emergency. Limited license physicians performing hyperbaric medicine services must have an unlimited license physician who is also credentialed in hyperbaric medicine by the hospital entity readily available to render assistance if needed.

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2. Physician Attendance, Response to Complications, and Orders

- a. HBOT services are considered “incident to” a physician or non-physician practitioner’s¹ professional service for purposes of Medicare reimbursement and require direct supervision of a physician or non-physician practitioner, whether the service is provided in the hospital, or in a provider based department on or off hospital campus. “Direct supervision” means that the physician or non-physician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. Immediately available means the physician or NPP must be physically present and interruptible. It does not require that the physician or non-physician practitioner must be present in the room or the provider based department when the procedure is performed.

- b. Additional requirements applicable to Medicare patients TrailBlazer considers certain diagnoses to be emergent conditions that require personal physician supervision, with the continuous presence of the physician beside the chamber. These include:
 - (1) Acute carbon monoxide intoxication
 - (2) Decompression illness
 - (3) Gas embolism
 - (4) Gas gangrene
 - (5) Crush injuries and suturing of severed limbs
 - (6) Progressive necrotizing infections
 - (7) Acute peripheral arterial insufficiency
 - (8) Cyanide poisoning

- c. During the hours of operation of the hyperbaric chamber, a cardiopulmonary resuscitation team must be available to respond and to be able to provide advanced cardiac life support (ACLS)

¹For purposes of this policy, “non-physician practitioner” means a physician assistant, nurse practitioner, or clinical nurse specialist to the extent such non-physician practitioner may perform HBOT themselves within their State scope of practice and hospital-granted privileges.

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should a complication occur. The Tenet Facility must provide documentation that a trained emergency response team is available in a setting that provides the availability of intensity of care services that are needed to ensure the patient’s safety should a complication occur.

- d. Hyperbaric staff may only accept orders from physicians who have been granted hyperbaric privileges by the Tenet Facility’s Medical Staff due to the specialized knowledge related to high pressure and high oxygen concentration.

3. Coverage and Billing Requirements

- a. Medicare limits its coverage of HBOT to therapy administered in a chamber and only for certain diagnoses (see the Medicare [National Coverage Determination Manual 100-03 Ch1 Part 1 20.29](#) for a list of diagnoses that Medicare covers). Any codes not listed in the current Medicare National Coverage Determination Manual or Local Coverage Determination are generally not covered by the Medicare program. For non-Medicare payers, Tenet Facilities should review their managed care agreement or other coverage documents to determine what diagnoses may be covered.
- b. Additional criteria exist for coverage of HBOT for diabetic wounds of the lower extremities:
 - (1) The patient has Type I or Type II diabetes and has a lower extremity wound due to the diabetes (ICD-9-CM codes 250.70, 250.80, 707.10, 707.12, 707.13, 707.14, 707.15, and 707.19);
 - (2) The patient’s wound is classified as Wagner grade III or higher; and
 - (3) The patient has failed an adequate course of standard wound therapy.

In order for HBOT to be covered as an adjunctive therapy for lower extremity wounds due to diabetes there must have been no measurable signs of healing after at least 30 days of standard wound therapy. The HBOT must be used in conjunction with continuing standard wound care. Standard wound care in patients with diabetic wounds includes assessment of the patient’s vascular status and

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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 treatment necessary to resolve any infection that might present.


- (4) Diabetic wounds must be evaluated at least every 30 days during HBOT. Continued treatment with hyperbaric oxygen is not covered if measurable signs of healing have not been demonstrated within any 30-day period of treatment.

- c. All bill types must indicate units billed. Report CPT code 99183 (physician attendance and supervision of hyperbaric oxygen therapy) on the claim. The HCPCS code C1300 may be used to bill “hyperbaric oxygen under pressure, full body chamber, per 30-minute interval.”

4. Clinical Documentation

For all payers, the documentation in the medical record must provide an accurate description and diagnosis of the medical condition supporting the use of hyperbaric oxygen therapy as reasonable and medically necessary. The medical documentation must include but is not limited to the following:

- a. An initial assessment, which includes a history and physical, that clearly describes the condition for which HBOT is recommended. This should also include any prior medical, surgical and/or HBOT treatments. The medical history should list prior treatments including antibiotic therapy and surgical interventions, if relevant. Documentation should also contain information about adjunctive treatment currently being rendered.
- b. Physician progress notes that describe the physical findings, type(s) of treatment(s) provided, number of treatments provided, the effects of treatment(s) received, and the assessment of the level of progress made toward achieving the completion of established therapy goals.

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- c. Physician to physician communications or records of consultations and/or additional assessments, recommendation or procedural reports.
- d. For patients with a diagnosis of diabetic wounds of the lower extremities, documentation of a wound of Wagner grade III or higher and documentation of at least 30 days of standard wound care and lack of measurable signs of healing are required. In addition, a documented re-evaluation of the wounds at least every 30 days during the administration of HBOT that demonstrates measurable signs of healing.
- e. HBOT treatment record that describes the physical findings, type(s) of treatments provided and the effect of treatment(s) received with regard to wound healing and the assessment of the level of progress made toward achieving the completion of established therapy goals.
- f. The record must include documentation confirming the underlying covered diagnosis through laboratory reports, x-ray findings, cultures, treatment records.
- g. Documentation of the procedure including ascent time, descent time, and pressurization level. There should be a treatment plan identifying timeline and treatment goals.
- h. Documentation that a trained emergency response team is available and ICU services are available if a complication occurs.

B. Auditing and Monitoring

Tenet's Clinical Quality Department shall audit adherence to this policy in its Comprehensive Clinical Audits.

C. Responsible Person

The HBOT Director is responsible for assuring that all individuals adhere to the requirements of this policy, that these procedures are implemented and followed at the Facility, and that instances of noncompliance with this policy are reported to the Hospital Compliance Officer.

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D. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

V. REFERENCES:

- [Medicare National Coverage Determination Manual 100-03 Ch 1 Part 1 20.29](#)
- [Trailblazer Local Coverage Determination – Hyperbaric Oxygen Therapy – 4M-30AB-R4](#)
- [CMS Program Transmittal No. AB-02-183 \(December 27, 2002\)](#)
- CMS Decision Memorandum, August 30, 2002, “Coverage Decision Memorandum for Hyperbaric Oxygen Therapy in the Treatment of Hypoxic Wounds and Diabetic Wounds of the Lower Extremities”
- Patrick Tibbles, M.D. and John Edelsberg, M.D. “Hyperbaric Oxygen Therapy” *New England Journal of Medicine* (June 20, 1996). NEJM 1996; 334:1642-1648