

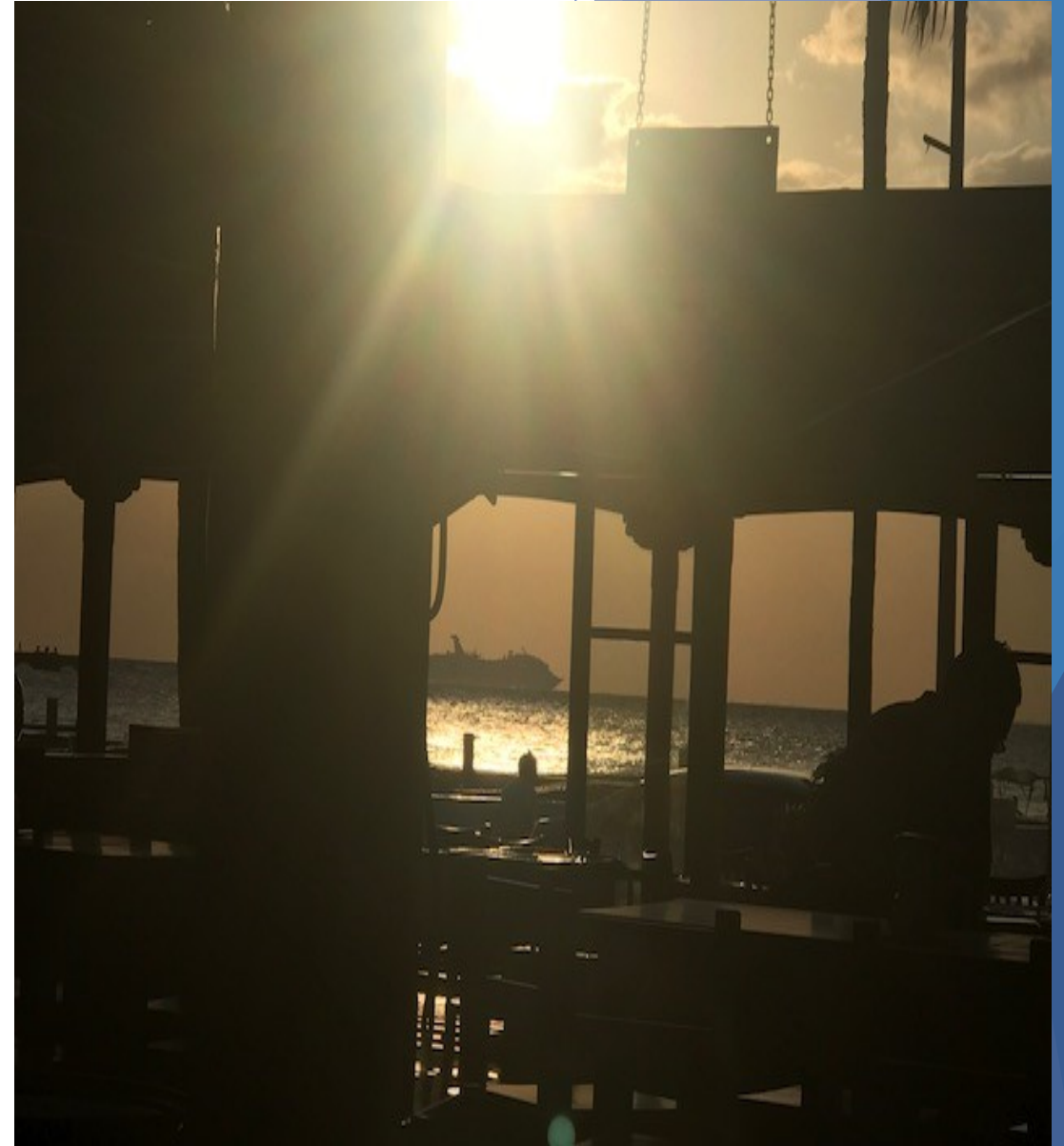
HBOT Reimbursement & Clinical Documentation

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Objectives

1. Who & What is a Medicare Administrative Contractor
2. What is the rationale for an NCD & LCD
3. Common Terms Utilized
4. Appropriate CPT & other Codes utilized
5. Common Audit Processes



Terms and Definitions

MAC- Novitas Solutions Inc.

Medical Administrative Contractor for the J-L Region

NCD 20.29- National Carrier Decision/Federal Registry

LCD-L35021-Local Carrier Decision Policy

Target Probe Educate (TPE)

Additional Documentation Review (ADR)

Advance Beneficiary Notice (ABN)

Regulatory Stuff-(or how do I find this stuff?)

NCD 20.29- <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=12&ver=3>

NOVITAS Solutions Inc.

LCD- https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00024343&_afrLoop=92255335195570#!%40%40%3F_afrLoop%3D92255335195570%26contentId%3D00024343%26_adf.ctrl-state%3Dnwwg2pin6_17

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Codes

CPT-Procedure Codes

G0277- Hbot Full Body Chamber 30 minutes (unit)

Typical treatment consist of four units (unit >16 minutes)

Technical Component (resource Utilization)

99183- Hyperbaric Oxygen Therapy

Professional Component (provider oversight)

Ambulatory Payment Classification (APC) 5061

Revenue Code (Rev) 413

Place of Service Code (POS) 22 Provider Based On-Campus Department

Do I follow the NCD or the LCD????

This LCD supplements but **does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCD 20.29) or payment policy rules and regulations for HBO services.** Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for HBO services and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

What is the importance of the LCD?

Spells out Medical Necessity inclusive of ICD 10 codes

Provides Narrative of conditions that meet Medical Necessity

Provides Documentation Requirements

Provides Utilization Guidelines

Spells out elements of appropriate “DIRECT” Medical Supervision

Provides bibliography- “Evidence Based Literature”

Defines Procedures Codes utilized

What DO We Treat?

ACUTE

1. Acute carbon monoxide intoxication
2. Cyanide Poisoning
3. Decompression illness
4. Gas embolism
5. Gas gangrene
6. Acute traumatic peripheral ischemia
7. Crush injuries and suturing of severed
8. Progressive necrotizing infections (necrotizing fasciitis)
9. Acute peripheral arterial insufficiency
10. Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment

CHRONIC

11. Preparation and preservation of compromised skin grafts
12. Chronic refractory osteomyelitis
13. Osteoradionecrosis
14. Soft tissue radionecrosis
15. Diabetic wounds of the lower extremities in patients who meet the following three criteria
 - Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes
 - Patient has a wound classified as Wagner grade III or higher; and
 - Patient has failed an adequate course of standard wound therapy.

Noncovered conditions according to NCD 20.29

1. Cutaneous, decubitus and stasis ulcers
2. Chronic peripheral vascular insufficiency
3. Anaerobic septicemia and infection other than clostridial
4. Skin burns (thermal)
5. Senility
6. Myocardial infarction
7. Cardiogenic shock
8. Sickle cell anemia
9. Acute thermal and chemical pulmonary damage, i.e., smoke inhalation with pulmonary insufficiency
10. Acute or chronic cerebral vascular insufficiency
11. Hepatic necrosis
12. Aerobic septicemia
13. Nonvascular causes of chronic brain syndrome (Pick's disease, Alzheimer's disease, Korsakoff's disease).

NOTE: ANY THING NON-COVERED OR OFF LABEL & PATIENT IS MEDICARE YOU MUST PROVIDE AN ADVANCE BENEFICIARY NOTICE (ABN) TO THE PATIENT.

The “Serena Group” process (assurance of Medical Necessity)

PROCESS	DFU	ORN/STRN	GRAFT/FLAP	OSTEO
Consult All Elements to support Medical Necessity	<ol style="list-style-type: none"> 1. Thirty days of conventional wound care and what it included. Debridements, Antibiotics, Surgical interventions. 2. Include correspondence with whom, what & when for above. 3. Wound Volume currently & that there has been no measureable improvement over the last thirty days. 4. Ongoing wound care- what are you currently doing & photos. 5. Smoking Cessation Education. 6. Glycemic Control & HgbA1C as well as education. 7. ABI or other quantifier of vascular flow. 	<ol style="list-style-type: none"> 1. All correspondence with the specialist: (Urology, Oral Surgery, Plastics, etc) 2. Radiation History-what, where, when, how much. 3. Anatomical Location 4. What care have been delivered & will continue to be delivered. 5. Photos- STRN 6. Procedures-has the patient been scoped? 7. Patients symptoms: <ul style="list-style-type: none"> >Pain-how much & location >Blood-where? >Urine-how much, frequency, clots. >Stools- consistency, frequency, 	<ol style="list-style-type: none"> 1. Date & Time of Graft/Flap. 2. Anatomical location & type of Graft/Flap. 3. Date Compromised & description. 4. All Correspondences with Specialists. 5. Other Clinical correspondences. 	<ol style="list-style-type: none"> 1. Diagnostic Imaging- type & in the M/R 2. Labs- what & in M/R 3. ABX-type, course, delivery 4. Wound Care- what care has been delivered. 5. Specialist engaged in care. 6
Orders	All components of the treatment	All components of the treatment	All components of the treatment	All components of the treatment
Goals/Plan of Care	To support the decision of Medical Necessity, what is your expected outcome?	To support the decision of Medical Necessity, what is your expected outcome?	To support the decision of Medical Necessity, what is your expected outcome?	To support the decision of Medical Necessity, what is your expected outcome?
Daily Treatment	See proposed MACRO	See proposed MACRO	See proposed MACRO	See proposed MACRO
Re-Asses.	Most recent wound assessment w/ improving wound volume Off Loading S/C & B/S education Revisit & update the POC	Clinical Improvement- Pain Blood Stools & Urine Revisit & update POC	Clinical Improvement What does the Graft/Flap site look like? Has it declared itself, did it survive, will the patient be re-grated? Revisit POC	Clinical Improvement Education Improving Wound Volume Revisit and Update POC

Is it MEDICALLY NECESSARY? (CROM)

Patient has chronic refractory osteomyelitis of (where). The diagnosis of osteomyelitis was first noted on (date). The patient has had previous surgical debridement(s) performed on (date) and has also received appropriate antibiotic therapy without resolution. The patient received (antibiotics) from (dates). Currently noted by (imaging/bone culture,lab) and bone debridement (if done) the osteomyelitis is still present and supports the diagnosis. Education regarding: smoking cessation (if smoker) blood glucose optimization and nutrition, patient is currently being offloaded (how).The contraindications for therapy have been reviewed and the patient risk/benefit regarding therapy discussed. Pre-albumin and Albumin levels are within normal ranges or been optimized by (how) indicating that the patient's nutritional status is optimized. Recent Hemoglobin A1C is (value <8) & being followed by (who). Patient (is/not) being treated with (antibiotic) to resolve any infection. Patient is candidate for hyperbaric oxygen therapy for the chronic refractory osteomyelitis of the (anatomical). Treatment will consist of 2.5 ATA for 90-120 minutes for (# treatments) daily as an adjunct to the appropriate standard of care.

On-Going Treatment Documentation

Patient is receiving Hyperbaric Oxygen for a wound with Chronic Refractory Osteomyelitis that has failed to respond to conventional wound care including a course of antibiotics, and debridement. The patient was treated at 2.0 ATA (33fsw), receiving an oxygen dose time of ninety minutes zero breaks breathing air to reduce the potential of oxygen toxicity. Both ACLS & ICU capability were available throughout the treatment. The patient tolerated the procedure without incident and I provided direct supervision during the procedure.

Required elements:

Depth/Time/ Dose

Elements of Medical Necessity

Appropriate Medical Supervision

WHY

WHY

WHY

Why do we get denials on treatments?

- ❖ **Incorrect patient identifier information**
- ❖ **Missing or invalid CPT/HCPCS codes**
- ❖ **Invalid or missing ICD-10-CM**
- ❖ **Requires prior authorization or precertification**
- ❖ **Request for medical records**
- ❖ **Services not covered**
- ❖ **Timely filing**
- ❖ **No referral on file**
- ❖ **Coordination of benefits**
- ❖ **Coverage Terminated**

“TARGET PROBE EDUCATE”

The screenshot shows a web browser window with the URL <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-Educate>. The page title is "Targeted Probe and Educate..." and the content area is titled "How does it work?".

The flowchart illustrates the TPE process:

- Step 1:** "If chosen for the program, you will receive a letter from your Medicare Administrative Contractor (MAC)." (Icon: envelope)
- Step 2:** "The MAC will review 20-40 of your claims and supporting medical records." (Icon: document)
- Step 3 (Compliant):** "If compliant, you will not be reviewed again for at least 1 year on the selected topic.*" (Icon: calendar with "1 YEAR")
- Step 3 (Non-Compliant):** "If some claims are denied, you will be invited to a one-on-one education session." (Icon: two people talking)
- Step 4:** "You will be given at least a 45-day period to make changes and improve." (Icon: calendar with "45 DAYS")

Arrows indicate the flow from Step 1 to Step 2, then to Step 3 (Compliant) or Step 3 (Non-Compliant). From Step 3 (Non-Compliant), an arrow points to Step 4, which then loops back to Step 2. A "COMPLIANT" label with a green checkmark is above the arrow to Step 3 (Compliant), and a red "X" is above the arrow to Step 3 (Non-Compliant).

The browser's taskbar at the bottom shows the date and time as 5:54 PM on 6/21/2018.

ADDITIONAL DOCUMENT REQUEST (ADR)

- ▶ Documentation to support care is being provided under the care/direction of a physician.
- ▶ Documentation to support that the entire body was exposed to the oxygen under increased atmospheric pressure and administered in a chamber.
- ▶ Diagnostic test results to confirm the diagnosis for the condition being treated.
- ▶ Op notes, pathology reports, radiation oncology notes, physician office notes (you know, outside providers that have been involved in some of the care prior to HBO getting involved)
- ▶ HBO provider's order? **Be Specific!!!**

ADR (continued)

- ▶ Other pertinent documentation to support medical necessity.
- ▶ Clinical documentation of history, examination findings, treatment parameters, failed treatments (including who provided care, dates, specifically what was done, types of antibiotics given and start & stop dates,
- ▶ Progress notes/Plan of Care that includes:
 - ▶ Treatment type
 - ▶ Number of treatments
 - ▶ Length of treatment
 - ▶ Goals
 - ▶ Progress updates with response to treatment

Conclusion

1. G0277 is the appropriate code to bill for HBOT. A normal treatment consist of four units. A typical treatment is two hours in length.
2. A patient must meet Medical Necessity to be treated with HBOT.
3. A patient must be evaluated for HBOT by a Physician Provider or Non-Physician Provider credentialed in HBOT.
4. All patients are required to meet periodic re-assessment for continued HBOT.
5. In order to bill for HBOT “Direct” Medical supervision is required.
6. If a decision to treat a non-covered decision is made, an ABN should be completed.