Medicine: Hyperbaric Oxygen Therapy

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This section contains information to assist providers in billing for medicine procedures related to Hyperbaric Oxygen Therapy (HBO).

Hyperbaric Oxygen Therapy

HBO is defined as the intermittent administration of 100 percent oxygen inhaled at a pressure greater than sea level. Topical oxygen therapy is not considered HBO therapy and is not a covered benefit of the Medi-Cal program.

Billing Restrictions

Reimbursement for the use of a hyperbaric oxygen chamber is limited to hospitals, hospital outpatient departments and the physician's office. Authorization is required for all HBO services. No more than two treatments (two-hour maximum duration, each) will be reimbursed for the same recipient and date of service.

Inpatient facilities must bill for use of the HBO chamber with ancillary code 413 (respiratory services, hyperbaric oxygen therapy). Outpatient departments bill for use of the chamber with HCPCS code Z7606 (hyperbaric oxygen chamber, first 15 minutes or fraction thereof, at atmosphere absolute) or Z7608 (hyperbaric oxygen chamber, each subsequent 15 minutes or major portion thereof, at atmosphere absolute). Providers must list the total number of minutes at atmosphere absolute in the *Remarks* field (Box 80) of the *UB-04* claim.

Reimbursement of Z7606 and Z7608 covers the technical component of hyperbaric oxygen service only and includes all equipment, supporting staff and supply services routinely required for all HBO.

Note: Physicians' services should be billed separately on the *CMS-1500* claim form with CPT code 99183.

Providers must document an appropriate ICD-10-CM diagnosis code when requesting a *Treatment Authorization Request* (TAR) for HBO chamber (Z7606, Z7608 and 99183).TAR requests will be denied if it does not include an appropriate diagnosis code.

Non-Routine Supplies

Supplies that are not routinely given to all patients undergoing HBO may be billed separately. An itemization of the supplies billed is required for reimbursement. An example of non-routine supplies follows:

I.V. Supplies

When a physician orders a continuous I.V., it must not be interrupted by the hyperbaric therapy. Therefore, the I.V. must be restarted through special ports in the chamber wall while the patient undergoes therapy and subsequently, after therapy, started again. Not all patients require an I.V. during therapy. Providers must submit an invoice to substantiate reimbursement of I.V. supplies (solution, tubing, etc.).

Unlisted supplies should be billed under CPT code 99070 for providers using the *CMS-1500* claim form.

Covered Conditions

Medi-Cal covers conditions that may justify HBO include, but are not limited to one of the following ICD-10-CM codes:

Table of ICD-10-CM Codes for Covered Conditions

Condition	ICD-10-CM Code
Actinomycosis refractory to medical or surgical treatment	A43.0 thru A43.9, L08.1
Air embolism	T79.0XXA thru T80.0XXS
Caisson disease (decompression sickness)	T70.3XXA thruT70.9XXS
Chronic multifocal osteomyelitis, unspecified sites	M86.30 thru M86.8X9
Crushing injury	S47.1XXA thru S47.9XXS S57.00XA thru S57.82XS S67.00XA thru S67.92XS S77.00XA thru S77.22XS S87.00XA thru S87.82XS S97.00XA thruS97.82XS
Idiopathic aseptic necrosis of unspecified bone	M87.00 thru M90.59, T66.XXXA thruT66.XXXS radiation sickness, unspecified
Other disorders of arteries and arterioles	I77.0 thru I77.9
Saddle embolus of abdominal aorta	I74.01 thru I74.9

Table of ICD-10-CM Codes for Covered Conditions (continued)

Condition	ICD-10-CM Code
Embolism following ectopic molar pregnancy	O08.2
Gangrene	E08.52, E09.52, E10.52 E11.52, E13.52 I70.361 thru I70.769, I73.01 I96
Gas gangrene	A48.0
Toxic effects of hydrocyanic acid and cyanides	T65.0X1A thruT65.0X4S
Injury of blood vessels	S45.001A thru S65.999S S75.001A thru S95.999S
Occlusion and stenosis of precerebral and cerebral arteries, not resulting in cerebral infraction	I65.01 thru I66.9
Unspecified complication of internal prosthetic device, implant and graft	T85.9XXA thru T85.9XXS
Pyoderma	L08.0
Raynaud's syndrome	I73.00 thru I73.9
Other venous embolism and thrombosis	I82.0 thru I82.91
Polyarteritis nodosa	M30.0 thru M30.8
Radiation necrosis of soft tissue	T20.30XA thru T20.39XS T20.70XA thru T20.79XS T21.30XA thruT21.39XS T21.70XA thru T21.79XS T22.30XA thru T22.39XS T22.70XA thru T22.799S T24.301A thru T24.399S T24.701A thru T24.799S, T30.0, T30.4
Toxic effect of carbon monoxide	T58.01XA thru T58.94XS
Toxic effect of hydrogen cyanide	T57.3X1A thru T573X4S
Pyogenic granuloma	L98.0
Omphalitis not of newborn	L08.82
Other specified local infections of the skin and subcutaneous tissue	L08.89
Local infection of the skin and subcutaneous tissue, unspecified	L08.9
Skin graft (allograft)	T86.820 thru T86.822
Complication of unspecified transplanted organ and tissue	T86.91 thru T86.93

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
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