

Title 23: Division of Medicaid

Part 202: Hospital Services

Chapter 5: Hospital Procedures

Rule 5.1: Hyperbaric Oxygen Therapy

- A. The Division of Medicaid defines Hyperbaric Oxygen Therapy (HBOT) as a modality in which the beneficiary's entire body is placed into the hyperbaric chamber and exposed to oxygen under increased atmospheric pressure.
 - 1. The beneficiary is entirely enclosed in a pressure chamber breathing 100% oxygen (O₂) at greater than one atmosphere pressure.
 - 2. Either a mono-place chamber pressurized with pure O₂ or a larger multi-place chamber pressurized with compressed air where the beneficiary receives pure O₂ by mask, head tent, or endotracheal tube may be used.
- B. The Division of Medicaid covers systemic HBOT in an inpatient or outpatient hospital setting in accordance with current standards of the Undersea and Hyperbaric Medical Society (UHMS) and when administered in a Food and Drug Administration (FDA) approved chamber.
- C. The Division of Medicaid covers HBOT for medical conditions that are FDA approved or that follow medically accepted indications supported by one (1) or more of the official compendia as designated by the Centers for Medicare and Medicaid (CMS) or the UHMS when the following criteria are met:
 - 1. A physician or non-physician practitioner (NPP), practicing within their scope of practice, must:
 - a) Order HBOT treatments which must include the estimated number of treatments and duration,
 - b) Document medical necessity,
 - c) Establish the plan of care which must:
 - 1) Specify the goals for HBOT and
 - 2) Include revisions as appropriate with justification for extending treatments.
 - 2. A cardiopulmonary resuscitation (CPR) team and a fully equipped emergency cart must be immediately available where the hyperbaric chamber is located when a beneficiary is receiving HBOT in the event of a complication.

3. Emergency response procedures are in place that ensures timely beneficiary access to a hospital or acute care facility capable of providing emergent clinical support and treatment of any complications arising from hyperbaric therapy or, when indicated, the beneficiary's underlying disease processes for outpatient hospital HBOT facilities located on or off the hospital's campus.
- D. The Division of Medicaid requires HBOT treatment facilities to meet the UHMS standards for the number of trained and credentialed hyperbaric medicine physicians and non-physician providers on staff for appropriate treatment and medical care required by a beneficiary.
1. The Division of Medicaid defines:
 - a) Direct supervision as supervision by a physician or non-physician provider (NPP) providing services within their scope of practice and hospital-granted privileges, the knowledge, skills, and ability in accordance with UHMS standards during a performed procedure in which the physician or NPP must be immediately available to furnish assistance and direction throughout the performance of the procedure.
 - b) Immediately available as being in close physical proximity within the same building or connected building or structure, to where HBO2 treatments are provided and able to personally and physically attend to the chamber-side as soon as requested.
 2. The Division of Medicaid requires a physician or NPP to provide direct supervision and be immediately available to the hyperbaric oxygen chamber(s) location while the beneficiary is receiving HBOT
 3. NPPs may supervise HBOT services, if such service including definitive evaluation of the beneficiary is included within their scope of practice, or if their required supervision or collaborative agreement is with a physician qualified to provide HBOT services who remains immediately available and if the NPP meets required educational requirements.
- E. The Division of Medicaid does not cover topical application of oxygen with portable HBOT chambers.
- F. The Division of Medicaid reimburses the:
1. Hospital per beneficiary regardless if the HBOT is received in a mono or multi-place chamber per thirty (30) minute interval.
 2. Physician or NPP per beneficiary session for attendance or supervision of HBOT.
- G. The Division of Medicaid requires the following documentation of medical necessity:
1. Must be maintained in the beneficiary's record and available for review upon request.
 2. Must be legible and include appropriate beneficiary identification information and

signature of the physician or non-physician practitioner responsible for and providing care to the patient.

3. Must support the use of the selected ICD-10-CM code(s) and CPT/HCPCS code must describe the service performed.
4. Documentation that a trained emergency response team is available and that the hospital setting provides the required availability of intensive care unit (ICU) services that could be needed to ensure the beneficiary's safety if a complication occurred.
5. Documentation present in the clinical record must provide an accurate description and diagnosis of the medical condition supporting that the use of HBOT is 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 substantiates the condition for which HBOT is recommended. This should also include any prior medical, surgical or HBOT treatments.
 - b) Documentation of the procedure including ascent time, descent time and pressurization level. There should be a treatment plan identifying timeline and treatment goals.
 - c) Physicians' progress notes that describe the physical findings, type(s) of treatment(s) provided, number of treatments provided, the effect of treatment(s) received and the assessment of the level of progress made toward achieving the completion of established therapy goals.
 - d) Physician-to-physician communications or records of consultations, additional assessments, recommendations or procedural reports.
 - e) Laboratory reports (cultures or Gram stains) that confirm the diagnosis of necrotizing fasciitis are required and must be present as support for payment of HBOT.
 - f) X-ray findings and bone cultures confirming the diagnosis of osteomyelitis are required and must be present as support for payment of HBOT.
 - g) Documentation to support the presence of gas gangrene as proven with laboratory reports (Gram stain or cultures) and X-ray.
 - h) Documentation of date and anatomical site of prior radiation treatments.
 - i) Documentation supporting date of skin graft and compromised state of graft site.
 - j) For diabetic wounds of the lower extremity, the Wagner classification of the wound and the failure of an adequate course (at least 30 days) of standard wound therapy

must be documented at the initiation of therapy.

- k) Specific written record of the physician's or NPP's direct supervision of the hyperbaric chamber while the beneficiary is undergoing HBOT; and
- l) Specific written record of the availability of a trained CPR team and a fully equipped emergency cart where the hyperbaric chamber is located while the beneficiary is undergoing HBOT.

Source: 42 U.S.C. § 1395y; 42 C.F.R. §§ 410.26, 410.27, 410.32; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 09/01/2019; Moved from Rule 1.5 and revised Rule 5.1.A. eff. 10/01/2013.

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- A. The Division of Medicaid defines Hyperbaric Oxygen Therapy (HBOT) as a modality in which the beneficiary's entire body is placed into the hyperbaric chamber and exposed to oxygen under increased atmospheric pressure.
1. The beneficiary is entirely enclosed in a pressure chamber breathing 100% oxygen (O₂) at greater than one atmosphere pressure.
 2. Either a mono-place chamber pressurized with pure O₂ or a larger multi-place chamber pressurized with compressed air where the beneficiary receives pure O₂ by mask, head tent, or endotracheal tube may be used.
- B. The Division of Medicaid covers systemic Hyperbaric Oxygen Therapy (HBOT) is covered in an inpatient or outpatient hospital setting in accordance with current standards of medical practice the Undersea and Hyperbaric Medical Society (UHMS) and when administered in a Food and Drug Administration (FDA) approved chamber.
- C. The Division of Medicaid covers HBOT for medical conditions that are FDA approved or that follow medically accepted indications supported by one (1) or more of the official compendia as designated by the Centers for Medicare and Medicaid (CMS) or the UHMS when the following criteria are met:
1. The patient's entire body must be placed into the hyperbaric chamber. Note that topical application of oxygen with portable chambers is not covered.
 2. HBOT must be performed in the hospital setting, either inpatient or outpatient.
 - 1.3. A physician or non-physician practitioner (NPP), practicing within their scope of practice, must:
 - a) Order HBOT treatments which must include the estimated number of treatments and duration,
 - b) Document medical necessity, and
 - c) Establish the plan of care which must:
 - 1) Specifying the goals for hyperbaric oxygen therapy HBOT to accomplish and an estimated number of treatments, with and

2). Include revisions made—as appropriate and with justification for extending treatments.

2.4.- A cardiopulmonary resuscitation (CPR) team and a fully equipped emergency cart must be immediately available where the hyperbaric chamber is located when a patient beneficiary is receiving HBOT in the event of a complication.

3. Emergency response procedures are in place that ensures timely beneficiary access to a hospital or acute care facility capable of providing emergent clinical support and treatment of any complications arising from hyperbaric therapy or, when indicated, the beneficiary's underlying disease processes for outpatient hospital HBOT facilities located on or off the hospital's campus.

~~B. Hyperbaric oxygen therapy is covered for the following medical diagnoses only:~~

~~1. Acute carbon monoxide intoxication,~~

~~2. Decompression illness (Caisson disease),~~

~~3. Air (gas) embolism,~~

~~4. Gas gangrene,~~

~~5. Acute traumatic peripheral ischemia, as adjunctive treatment to accepted standard therapeutic measures when function, life, or limb is threatened,~~

~~6. Crush injuries and suturing of severed limbs, as adjunctive treatment to accepted standard therapeutic measures when function, life, or limb is threatened,~~

~~7. Progressive necrotizing infections—necrotizing fasciitis or melency ulcer also known as pyoderma gangrenosum,~~

~~8. Acute peripheral arterial insufficiency,~~

~~9. Preparation and preservation of compromised skin grafts,~~

~~10. Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management,~~

~~11. Osteoradionecrosis, as an adjunct to conventional treatment,~~

~~12. Soft tissue radionecrosis, as an adjunct to conventional treatment,~~

~~13. Cyanide poisoning, and~~

~~14. Actinomyces, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment.~~

ED. The Division of Medicaid requires HBOT treatment facilities to meet the UHMS standards for the number of trained and credentialed hyperbaric medicine physicians and non-physician providers on staff for appropriate treatment and medical care required by a beneficiary.

1. The Division of Medicaid defines:

a) Direct supervision as supervision by a physician or non-physician provider (NPP) providing services within their scope of practice and hospital-granted privileges, the knowledge, skills, and ability in accordance with UHMS standards during a performed procedure in which the physician or NPP must be immediately available to furnish assistance and direction throughout the performance of the procedure.

b) Immediately available as being in close physical proximity within the same building or connected building or structure, to where HBO2 treatments are provided and able to personally and physically attend to the chamber-side as soon as requested.

2. The Division of Medicaid requires a ~~P~~physician or NPP ~~must be in constant personal attendance to~~ provide direct supervision and be immediately available to ~~where~~ the hyperbaric oxygen chamber(s) is ~~located~~ location while the ~~patient-beneficiary~~ is receiving HBOT and ~~must not delegate administration of HBOT to hospital staff. Physician's absence during the entire HBOT treatment shall result in reimbursement to the facility only.~~

3. NPPs may supervise HBOT services, if such service including definitive evaluation of the beneficiary is included within their scope of practice, or if their required supervision or collaborative agreement is with a physician qualified to provide HBOT services who remains immediately available and if the NPP meets required educational requirements.

E. The Division of Medicaid does not cover topical application of oxygen with portable HBOT chambers.

F. The Division of Medicaid reimburses the:

1. Hospital per beneficiary regardless if the HBOT is received in a mono or multi-place chamber per thirty (30) minute interval.

2. Physician or NPP per beneficiary session for attendance or supervision of HBOT.

FG. The Division of Medicaid requires the following ~~D~~documentation of ~~M~~medical ~~N~~necessity:

1. ~~Documentation m~~Must be legible-maintained in the beneficiary's record and available for

review upon request if requested.

2. Must be legible and include appropriate beneficiary identification information and signature of the physician or non-physician practitioner responsible for and providing care to the patient.
3. Must support the use of the selected ICD-10-CM code(s) and CPT/HCPCS code must describe the service performed.
4. Documentation that a trained emergency response team is available and that the hospital setting provides the required availability of intensive care unit (ICU) services that could be needed to ensure the beneficiary's safety if a complication occurred.

5.2. ~~Documentation must include~~ Documentation present in the clinical record must provide an accurate description and diagnosis of the medical condition supporting that the use of HBOT is 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 substantiates the condition for which HBOT is recommended. This should also include any prior medical, surgical or HBOT treatments.
- b) Documentation of the procedure including ascent time, descent time and pressurization level. There should be a treatment plan identifying timeline and treatment goals.
- c) Physicians' progress notes that describe the physical findings, type(s) of treatment(s) provided, number of treatments provided, the effect of treatment(s) received and the assessment of the level of progress made toward achieving the completion of established therapy goals.
- d) Physician-to-physician communications or records of consultations, additional assessments, recommendations or procedural reports.
- e) Laboratory reports (cultures or Gram stains) that confirm the diagnosis of necrotizing fasciitis are required and must be present as support for payment of HBOT.
- f) X-ray findings and bone cultures confirming the diagnosis of osteomyelitis are required and must be present as support for payment of HBOT.
- g) Documentation to support the presence of gas gangrene as proven with laboratory reports (Gram stain or cultures) and X-ray.
- h) Documentation of date and anatomical site of prior radiation treatments.
- i) Documentation supporting date of skin graft and compromised state of graft site.

j) For diabetic wounds of the lower extremity, the Wagner classification of the wound and the failure of an adequate course (at least 30 days) of standard wound therapy must be documented at the initiation of therapy.

~~Specific written record that HBOT was performed in a hospital setting, inpatient or outpatient, utilizing a full body hyperbaric chamber;~~

~~b) A written physician order, comprehensive history, and physical report detailing the condition/diagnosis(es) requiring HBOT, including prior treatments and their results and additional treatments being rendered concurrently with HBOT;~~

~~c) Physician progress notes and consultation reports that describe the patient's response to treatment;~~

~~d) Established goals for hyperbaric oxygen therapy to accomplish and an estimated number of treatments, with revisions made as appropriate and justification for extending treatments;~~

~~e) Wound description, if applicable, including wound size and appearance, for each day of service billed;~~

~~f) Radiology and laboratory reports, including culture and sensitivity studies, to support the diagnosis when applicable;~~

kg) Specific written record of the physician's or NPP's constant personal attendance where direct supervision of the hyperbaric chamber is located while the patient/beneficiary is undergoing HBOT; and

lh) Specific written record of the availability of a cardiopulmonary resuscitation trained CPR team and a fully equipped emergency cart where the hyperbaric chamber is located while the patient/beneficiary is undergoing HBOT.

Source: 42 U.S.C. § 1395y; 42 C.F.R. §§ 410.26(a)(2), 410.27(f), 410.32(b)(3)(ii); Social Security Act §§ 1862(a)(1)(A), 1833(e); Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 09/01/2019; Moved from Rule 1.5 and revised Rule 5.1.A. eff. 10/01/2013.