

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3921	Date: November 17, 2017
	Change Request 10220

SUBJECT: Hyperbaric Oxygen (HBO) Therapy (Section C, Topical Application of Oxygen)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to inform MACs that effective April 3, 2017, coverage of topical oxygen for the treatment of chronic wounds will be determined by the local contractors.

EFFECTIVE DATE: April 3, 2017

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: December 18, 2017

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	32/Table of Contents
N	32/30.2/Hyperbaric Oxygen (HBO) Therapy (Section C, Topical Application of Oxygen)

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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IMPLEMENTATION DATE: December 18, 2017

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) received a reconsideration request to remove the coverage exclusion of Continuous Diffusion of Oxygen Therapy (CDO) from National Coverage Determination (NCD) Manual 20.29, Hyperbaric Oxygen (HBO) Therapy, Section C. This section of the NCD (Topical Application of Oxygen) considers treatment known as CDO as the application of topical oxygen and currently nationally non-covers this treatment. CMS asserts that the topical application of oxygen does not meet the definition of HBO therapy as stated in NCD 20.29.

B. Policy: Effective April 3, 2017, CMS decided that no NCD is appropriate at this time concerning the use of topical oxygen for the treatment of chronic wounds. As a result, CMS will amend NCD 20.29 by removing Section C, Topical Application of Oxygen, and Medicare coverage of topical oxygen for the treatment of chronic wounds will be determined by the local Medicare Administrative Contractors (MACs).

Though a MAC may decide to cover this procedure, there shall be no coverage for any separate or additional payment for any physician's professional services related to this procedure.

Associated claims processing instructions can be found at chapter 32, section 30.2, of Pub. 100-04, Claims Processing Manual.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers				Other
		A	B		H H H	F M V C	M C S S	V M S S	
10220 - 04.1	Effective April 3, 2017, Medicare coverage of topical oxygen for the treatment of chronic wounds will be determined by the local Medicare Administrative Contractors (MACs).	X	X		X				
10220 - 04.2	Contractors shall adjust claims in the interim period that are brought to their attention.	X	X		X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
10220 - 04.3	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X		X	

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov (Coverage) , Kimberly Long, 410-786-5702 or kimberly.long@cms.hhs.gov (Coverage) , Patricia Brocato-Simons, 410-786-0261 or patricia.brocato-simons@cms.hhs.gov (Coverage) , Valeri Ritter, 410-786-8652 or valeri.ritter@cms.hhs.gov (Part A) , Thomas Dorsey, 410-786-7434 or thomas.dorsey@cms.hhs.gov (Part B)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Claims Processing Manual
Chapter 32 – Billing Requirements for Special Services

Table of Contents
(Rev3921, Issued: 11-17-17)

30.2 Hyperbaric Oxygen (HBO) Therapy (Section C, Topical Application of Oxygen)

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(Rev.3921, Issued: 11-17-17, Effective: 04-03-17, 12-18-17)

CMS considers topical oxygen therapy (TOT) to be a method whereby a local supply of oxygen is applied to a wound.

I. Billing Requirements for A/B MACs (A)

Claims for HBO therapy should be submitted using the ASC X12 837 institutional claim format or, in rare cases, on Form CMS-1450.

II. Payment Requirements for A/B MACs (A)

As of April 3, 2017, Medicare coverage of topical oxygen for the treatment of chronic wounds will be determined by the local contractors.

NOTE: Regardless of whether an A/B MAC (A) has made a determination to cover this service, there shall be no coverage for any separate or additional physician's professional services related to this procedure.

III. Billing Requirements for A/B MACs (B)

As of April 3, 2017, Medicare coverage of topical oxygen for the treatment of chronic wounds will be determined by the local contractors.

NOTE: Regardless of whether an A/B MAC (B) has made a determination to cover this service, there shall be no coverage for any separate or additional physician's professional services related to this procedure.