

Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal AB-03-102

Date: JULY 25, 2003

CHANGE REQUEST 2769

SUBJECT: Clarification Regarding Coverage of Hyperbaric Oxygen (HBO) Therapy for the Treatment of Diabetic Wounds of the Lower Extremities

This Program Memorandum (PM) corrects transmittal AB-02-183, Change Request (CR) 2388 dated December 27, 2002.

I. GENERAL INFORMATION

A. Background:

The original PM published on December 27, 2002 contains erroneous guidance regarding the Medicare Summary Notice (MSN) and Remittance Advice (RA). The original PM also did not include some pertinent information regarding diagnosis codes and bill types.

B. Scope:

Medicare contractors shall take action on the following requirements. As stated above these are corrections to PM AB-02-183.

II. BUSINESS REQUIREMENTS

- “Shall” denotes a mandatory requirement
- “Should” denotes an optional requirement

Req. #	Requirements	Resp.
2769.1	In PM AB-02-183, under <u>Conditions of Coverage</u> , applicable ICD-9-CM diagnosis shall include 707.15.	FIs / Carriers
	NOTE: Some of the diagnosis codes listed in the original AB-02-183 need more digits to be considered a valid ICD-9-CM. For example, 250.7, 250.8 and 707.1 need a 5 th digit. 707 was mistakenly listed in CR 2388, this is a title of a category not a valid code.	FI/ Carriers
2769.2	In PM AB-02-183 <u>under Applicable Bill Types</u> , FIs shall include 22X.	FIs
2769.3	Medicare contractors shall disregard MSN message 16.51, “This service is not covered prior to April 1, 2003.” This message does not apply to this benefit as the HBO therapy benefit has been paid at contractor discretion prior to April 1, 2003.	FIs/ Carriers
2769.4	Medicare contractors shall continue to use MSN message 16.48 or 15.4 as applicable.	FIs/ Carriers

2769.5	Medicare contractors shall disregard the use of ANSI X 12-835 claim adjustment reason code 26, "Expenses incurred prior to coverage" as directed in PM AB-02-183. HBO therapy has been paid at contractor discretion prior to April 1, 2003.	FIs/ Carriers
2769.6	All other information and instructions stated in PM AB-02-183, CR 2388 remain in effect.	FIs/ Carriers
2769.7	Medicare contractors shall inform the affected provider communities by posting relevant portions of this instruction on their websites within two weeks of receiving this instruction. In addition, this same information shall be published in your next regularly scheduled bulletin. If you have a listserv that targets the affected provider communities, you shall use it to notify subscribers that information about "coverage of hyperbaric oxygen therapy for the treatment of diabetic wounds" is available on your website.	FIs/ Carriers
2769.8	Medicare contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, Medicare contractors should adjust claims brought to their attention.	FIs/ Carriers

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Req. #	Instructions

B. Design Considerations:

X-Ref Req. #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

IV. Attachment(s) N/A

Implementation Date: August 8, 2003	Effective Date: April 1, 2003
Discard Date: April 1, 2004	Funding: Within Current Operating Budget
Post-Implementation Contact: Appropriate Regional Office	