Comment
An association stated WPS Medicare’s Physician Credentialing Requirements are not clinically supported and directly conflict with CMS’ requirements and The Joint Commission Standards. This association requested WPS modify this LCD by deleting the following sentences referenced in the Indications and Limitations section, last paragraph:

More important, the physician supervising HBO should not only be cognizant of the potential problems of HBO therapy, he/she must be able to treat the complications. . . . The scope of practice of the supervising physician must include the ability to insert a chest tube and treat seizures. In addition, the physician’s scope of practice must allow evaluation and treatment of sudden ear drum rupture and being able to distinguish between anxiety/claustrophobia, from true serious shortness of breath.

Physicians are encouraged to obtain adequate training in the use of HBO therapy as well as both advanced cardiac life support (ACLS) and advanced trauma life support (ATLS) verification. The scope of practice of the supervising physician must include the ability to insert a chest tube and treat seizures. In addition, the physician’s scope of practice must allow evaluation and treatment of sudden ear drum rupture and being able to distinguish between anxiety/claustrophobia, from true serious shortness of breath.

Specifically, CMS’ Decision Memo for Hyperbaric Oxygen Therapy (HBOT) for Hypoxic Wounds and Diabetic Wounds of the Lower Extremities (CAG-00060N), dated August 30, 2002 (“Decision Memo”) does not require any special credentialing standards for HBOT physicians. Rather, post CMS’ review of clinical literature specific to treatment of diabetic wounds with HBOT, CMS concluded that credentialing requirements should not be imposed on physicians who perform HBO therapy. CMS reiterated and confirmed this position in its Program Memorandum on Coverage of HBOT for the Treatment of Diabetic Wounds of the Lower Extremities.

Response:
Protection of beneficiaries is of paramount importance. There are a myriad of complications and precautions that are associated with HBO therapy. While most are not common, they are potentially severe and often life-threatening. While ruptured ear drums are the most likely, there are known problems with oxygen toxicity, chest pain, seizures, collapsed lungs, and anxiety. The physician supervising HBO should not only be cognizant of these problems, he/she must be able to treat the complications. This treatment must be within his/her scope of practice. Further, this is a misinterpretation of the CMS Medicare A language into Medicare B issues. WPS Medicare will not delete the above referenced statements.

Comment:
An association requested that the definition of “direct supervision” in PHYS-056 needs to be clarified to be consistent with the definitions of “direct supervision” in the CMS Regulations. PHYS-056 states under Physician Supervision:
For professional services billed by a physician to Medicare B: Hyperbaric oxygen therapy services must be performed under the direct supervision of a physician. “Direct supervision” means the physician must be present in the facility and immediately available to furnish assistance and direction throughout the performance of the procedure.

For technical services billed by a facility to Medicare A: HBO therapy rendered within a hospital outpatient department is considered "incident to" a physician's (MD/DO) services and requires physician supervision. The physician supervision requirement is presumed to be met when services are performed on the hospital premises (i.e., certified as part of the hospital and part of the hospital campus.)

The association stated further; “We read the first paragraph as applying to HBOT furnished in a physician’s office and the second paragraph as applying to HBOT furnished in a hospital outpatient department, including Clinics. To the extent this is correct, the above two paragraphs) need to be clarified for consistency with the CMS regulations that govern and define physician supervision.”

Response:
The person commenting is confusing the Medicare A and Medicare B requirements for supervision. These are two different requirements by CMS.

Comment:
An association commented that by referring to “supervising physician,” or “physician supervising” throughout the proposed LCD, it appears that DL31357 also requires supervision of HBOT by physicians only. With regard to Clinics, this requirement directly conflicts with 42 C.F.R. § 410.27(a)(1)(iv), which expressly allows nonphysician practitioners to supervise services that they may personally furnish in accordance with state laws and other requirements. CMS defines a “nonphysician practitioner” to include, in pertinent part, physician assistants, nurse practitioners and clinical nurse specialists.

Accordingly, under CMS regulations, nonphysician practitioners, such as physician assistants, nurse practitioners and clinical nurse specialists, are permitted to supervise HBOT services in Clinics, provided such services are within the nonphysician practitioner’s scope of practice as defined in applicable state and other requirements.

Response:
Again, there is confusion of Medicare A and Medicare B requirements for supervision. Separate supervision of Medicare A services for HBO are not billable. Any supervision of Medicare B services must be directly performed by a physician who has a scope of practice that allows insertions of a chest tube, as well as evaluating and treating oxygen toxicity, chest pain, seizures, collapsed lungs, and anxiety.

Comment:
An association recommended that the paragraph that describes Physician Supervision be amended to state the following:

“Direct Supervision” is defined in CMS 42 C.F.R. Sections 40.32 (with respect to physician services) and 410.26 and 410.27 (with respect to outpatient services)
and may be performed by physicians and nonphysician practitioners, as set forth and further defined in these CMS regulations."

Response:
Again, there is confusion of Medicare A and Medicare B requirements for supervision. Therefore, the section referenced above will not be amended and states in its entirety the following:

Physician Supervision – Hyperbaric oxygen therapy services must be performed under the direct supervision of a physician. “Direct supervision” means the physician must be present in the facility and immediately available to furnish assistance and direction throughout the performance of the procedure. HBO therapy rendered within a hospital outpatient department is considered “incident to” a physician’s (MD/DO) services and requires physician supervision. The physician supervision requirement is presumed to be met when services are performed on the hospital premises (i.e., certified as part of the hospital and part of the hospital campus). Physicians who perform HBO therapy are encouraged to obtain adequate training in the use of HBO therapy and in advanced cardiac life support.

Comment:
An association requested WPS Medicare modify DL31357 by removing the references to ICD-9 CM codes 441.21, 444.22 and 444.81 found under section III titled For claims submitted to the carrier or MAC Part B. The request went on to say patients are treated with HBOT in the outpatient setting for treatment of the secondary effects of these conditions, such as limb threatening ischemia, post inpatient treatment and stabilization. Therefore, ICD-9 CM Codes 441.21, 444.22, and 444.81 do not apply to patients in the inpatient setting only.

Response:
WPS Medicare has determined that ICD-9-CM codes 040.0, 444.21, 444.22, 444.81, 728.86 and 999.1, correctly represent critically ill patients. Therefore, to assure that patients are receiving the medical care necessary for their status, claims for CPT code 99183, with one of these diagnoses when billed for services in any place of service other than inpatient hospital (21), will be denied as medically unnecessary.

Comment:
A provider recommends that physicians supervising hyperbaric oxygen therapy should be certified in Undersea and Hyperbaric Medicine by the American Board of Emergency Medicine (ABEM) or the American Board of Preventive Medicine (APBM) or must have completed additional training in hyperbaric medicine, such as the 40-hour training required by the ABPM. Advanced Cardiac Life Support (ACLS) training and certification of supervising physicians (and NPPs) is required in physician offices and off-campus hospital sites; and in on-campus provider-based departments only for which provider-response time of an emergency code team to the chamber can be expected to exceed five minutes.

Response:
With only one exception, WPS Medicare has never required board-certification for any Local Coverage Determination. The one exception was a national Medicare requirement. We have never required any physician to complete a specific course, although we have encouraged appropriate training.
Comment:
A suggestion that ACLS training not be required for supervising physicians until six months after the effective date of this LCD and that such training will not be required for supervising physicians in on-campus facilities, at which code teams always arrive within five minutes was made. The provider further suggested that board certified physicians whose practice routinely involves intensive care not be required to have ACLS training.
Response:
WPS Medicare has not put into this policy that the physician must have ACLS or ATLS certification. Such certification is recommended, but is not required.

Comments:
A provider stated agreement with the statements in the section “Indications and Limitation of Coverage and/or Medical Necessity”, and also with the Subsection “Covered Conditions”. This provider also found the “Documentation Requirements” reasonable and the note regarding the number of HBO billable units suitable.
Response:
WPS Medicare thanks you for reviewing this LCD and for your comments.

Comment:
A provider stated agreement with the statements found in the Indications and Limitations section regarding physician supervision and ability to treat complications, within the physician’s scope of practice. The initial management of emergencies must be within that scope. A suggestion was made that the wording about chest tube insertion be removed, and instead read “initial/emergency management of pneumothorax.” This change is suggested because there is more than one way to initiate effective treatment. Similarly, regarding acute ear drum rupture, it was further suggested, the addition of the word “initial/emergency,” just as in the case of pneumothorax.
Response:
WPS Medicare agrees with the suggestion and has amended the referenced sentences as follows:

The scope of practice of the supervising physician must include initial/emergency management of pneumothorax and seizures. In addition, the physician’s scope of practice must allow initial/emergency management of sudden ear drum rupture and being able to distinguish between anxiety/claustrophobia, from true serious shortness of breath.

Comment:
A provider commented regarding therapy rendered in a hospital outpatient department that is discussed in the section titled Indications and Limitations of Coverage and/or Medical Necessity.

Since one of the critical elements in HBO supervision is response to unanticipated problems or emergencies in the HBO unit, the response time is also critical. This is independent of location or being “on campus”. Patients suffering some type of sudden event have identical needs regardless of location. There are numerous examples of HBO units being a considerable distance from the main hospital (this is sometimes based on an attempt to isolate a technology that can catch fire or even explode, and is very reasonable). There are also many HBO units that are
owned by hospitals and are located at a considerable distance (several miles) from the main campus. Clearly, physicians in the main hospital could not provide any meaningful emergency response in many of these circumstances, and this issue should be clarified, with the time of response as the sole determinant, stated in minutes, no exceptions.

**Response:**
If the physician supervising the HBO is not there, but “on campus”, there is no medical necessary for the “service.”

**Comment:** L26507 is a MAC LCD that lists the previous revisions. The draft LCD DL31357 does not have this information. Is there some way to tell the changes from the old LCD other than the two that I see seems almost identical

**Response:**
The draft does not contain the revisions from the previous LCDs. WPS must follow the CMS format with LCDs and is unable to indicate the changes in draft LCDs.

**Comments:**
A provider noted the LCD has HCPCS code C1300, which is a Part A code, but is missing CPT code 99183, for Part B use.

**Response:**
The list of CPT codes has been corrected to include CPT code 99183.

**CPT/HCPCS Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1300</td>
<td>Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval</td>
</tr>
<tr>
<td>99183</td>
<td>Physician attendance and supervision of hyperbaric oxygen therapy, per session</td>
</tr>
</tbody>
</table>

CPT code 99183 is included in this policy.

**Comments:**
A provider and a director from a wound care center expressed disagreement that the HBO supervising physician needs to be ATLS certified to safely monitor HBO stating

> While we respect the risk of a tension pneumothorax, the immediate treatment for a tension pneumothorax is the placement of a 16 gauge angiocath to convert the tension pneumothorax to an open pneumothorax. That can be done by an HBO physician without current ATLS certification.

**Response:**
The LCD entitled Hyperbaric Oxygen (HBO) Therapy does not require ATLS certification.

**Comments:**
A biller asked for clarification on whether a Physician Assistant or Nurse Practitioner can supervise patients for Hyperbaric Oxygen Therapy under the direction of their supervising hyperbaric physician. The PA or NP will have met all requirements expected of the physician with documented dive experience.

**Response:**
No, the CPT 2010 Code Book defines this service (CPT 99183) as "Physician attendance and supervision of hyperbaric oxygen therapy, per session." This is distinct from most CPT codes since they do not use the term "physician" in their definitions. This restrictive
definition of this service precludes a physician assistant or nurse practitioner from performing this service.