



Kansas Medical Assistance Program



March 2006

Provider Bulletin Number 632

Professional Providers

Revision to Hyperbaric Oxygen Therapy Bulletin Posted December 2005

In December 2005, bulletin number 564 a was published to Professional providers regarding Hyperbaric Oxygen Therapy. This bulletin is a revision to the original. The corrections are highlighted in gray below.

Effective with dates of service on and after December 15, 2005, hyperbaric oxygen therapy will be a covered service under KMAP with prior authorization (PA). The following criteria must be met before a PA will be approved.

1. The services must be for one of the following conditions:

- a. Acute carbon monoxide intoxication
- b. Decompression illness
- c. Gas embolism
- d. Gas gangrene
- e. Acute traumatic peripheral ischemia
- f. Compromised skin grafts
- g. Chronic refractory osteomyelitis
- h. Osteoradionecrosis
- i. Soft tissue radionecrosis
- j. Cyanide poisoning
- k. Actinomycosis
- l. Crush injuries and suturing of severed limbs
- m. Progressive necrotizing infections
- n. Acute peripheral arterial insufficiency
- o. Diabetic wounds of lower extremities

2. It must be documented that other treatments have been attempted with no improvement.

Physicians will bill for this procedure using 99183 (one unit equals one session up to two hours). Facilities will bill for this procedure using either 99183 (one unit equals 30 minutes) or C1300 (four units equals one session, up to two hours). The facility must choose which procedure code they will bill prior to approval of the PA.

If there are multiple sessions on the same day (more than one unit for physicians and more than four units for facilities), each subsequent session must be billed on a separate line detail with a 76 modifier.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, select the *Professional Provider Manual*, page 8-21.

For a hard copy of the revised manual pages, send an email to publications@ksxix.hcg.eds.com or mail a request to:

Publications Coordinator
3600 SW Topeka Blvd, Suite 204
Topeka, KS 66611

Specify the bulletin by number, provider type and date, and include your mailing address with a specified individual or office if possible.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

8400. Updated 3/06

Hyperbaric Oxygen Therapy:

Hyperbaric oxygen therapy is covered under KMAP with PA. The following criteria must be met before a PA will be approved.

1. The services must be for one of the following conditions:
 - a. Acute carbon monoxide intoxication
 - b. Decompression illness
 - c. Gas embolism
 - d. Gas gangrene
 - e. Acute traumatic peripheral ischemia
 - f. Compromised skin grafts
 - g. Chronic refractory osteomyelitis
 - h. Osteoradionecrosis
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 - j. Cyanide poisoning
 - k. Actinomycosis
 - l. Crush injuries and suturing of severed limbs
 - m. Progressive necrotizing infections
 - n. Acute peripheral arterial insufficiency
 - o. Diabetic wounds of lower extremities
2. It must be documented that other treatments have been attempted with no improvement.

Physicians bill for this procedure using 99183 (one unit equals one session up to two hours).

If there are multiple sessions on the same day (more than one unit for physicians), each subsequent session must be billed on a separate line detail with a 76 modifier.

Hysterectomy:

Hysterectomies are covered only for medically indicated reasons. One of the following conditions must also be met and documented.

1. Individual or her representative signs a written acknowledgment of receipt of information that the surgery will make her permanently incapable of reproducing. **A Sterilization Consent Form is not an acceptable substitute.**
2. Physician shall certify in writing, that the individual was already sterile and state the cause of sterility on an attachment to the claim. **The signature in field 31 of the claim form will not suffice.**
3. For the consent form only, the physician shall certify in writing, that the surgery was performed under a life-threatening situation and individual certification was not possible. Include a description of the nature of the emergency. **The signature in field 31 of the claim form will not suffice.** Refer to Section 4300.

A copy of the hysterectomy statement **must** be attached to the surgeon's claim at the time of submission. A copy of the hysterectomy statement is not required to be attached to related claims (anesthesia, assistant surgeon, hospital, or Rural Health Clinic) at the time of submission. **However, no related claim will be paid until the hysterectomy statement with the surgeon's claim has been reviewed and determined to be correct, unless the related claim has the correct hysterectomy statement attached.**

A copy of the hysterectomy form can be found in the forms section at the end of this manual. The form may be photocopied for use.