

Non-Emergent Hyperbaric Oxygen (HBO) Therapy Reason Codes and Statements *(Updated 7/3/17)*

Reason Code	Insufficient Documentation/General Documentation
HBO1A	Documentation does not include history and physical along with any previous treatment (i.e. antibiotic therapy, surgical interventions) for specified condition.
HBO1B	The documentation does not include a covered diagnosis per the NCD.
HBO1C	Hyperbaric Oxygen (HBO) therapy treatment records not provided or did not include the ascent time, descent time, total compression time, dose of oxygen, pressurization level, documentation of attendance, and a recording of events.
HBO1D	The documentation did not include the diagnostic test that was referenced in the physician narrative to confirm diagnosis.
HBO1E	<i>Physician order including number of treatments and/or number of units not provided.</i>
HBO1F	<i>Process updates with responds to treatment with measurable signs of healing not provided.</i>
HBO1G	Documentation does not indicate the entire body was exposed to oxygen under increased atmospheric pressure.
HBO1H	Documentation does not include recent adjunctive therapy.
HBO1I	Documentation of diagnostic test and/or labs not provided to support specified condition.
HBO1J	Documentation of surgical debridement of devitalized tissue was not provided.
HBO1K	Documentation was not provided indicating the type of treatment or intervention started and/or completed to resolve an active infection.

Reason Code	Insufficient Documentation/Specific Conditions
HBO2A	There is no documentation that patient has acute carbon monoxide intoxication.
HBO2B	There is no documentation that patient has decompression illness.
HBO2C	There is no documentation that patient has a gas embolism.
HBO2D	There is no documentation that patient has gas gangrene.
HBO2E	There is no documentation that patient has acute traumatic peripheral ischemia.
HBO2F	There is no documentation that adjunctive treatment was used in combination with accepted standard therapeutic measures when loss of function, limb or life is threatened for acute traumatic peripheral ischemia.
HBO2G	There is no documentation of crush injuries and suturing of severed limbs.
HBO2H	There is no documentation of adjunctive treatment when loss of function, limb, or life is threatened for crush injuries and suturing of severed limbs.
HBO2I	There is no documentation that patient has progressive necrotizing infection (necrotizing fasciitis).
HBO2J	There is no documentation that patient has acute peripheral arterial insufficiency.
HBO2K	There is no documentation that patient needs preparation and preservation of compromised skin grafts.

HBO2L	There is no documentation that patient has chronic refractory osteomyelitis.
HBO2M	There is no documentation indicating patient was unresponsive to conventional medical and surgical management for chronic refractory osteomyelitis.
HBO2N	There is no documentation that patient has osteoradionecrosis.
HBO2O	There is no documentation that treatment is an adjunct to conventional treatment for osteoradionecrosis.
HBO2P	There is no documentation that patient has soft tissue radionecrosis.
HBO2Q	There is no documentation that treatment is an adjunct to conventional treatment for soft tissue radionecrosis.
HBO2R	There is no documentation that patient has cyanide poisoning.
HBO2S	There is no documentation that patient has actinomycosis.
HBO2T	There is no documentation that treatment is an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment for actinomycosis.
HBO2U	There is no documentation patient has both type I or type II diabetes and a lower extremity wound that is due to diabetes.
HBO2V	There is no documentation patient has a diabetic wound classified as Wagner grade III or higher.
HBO2W	There is no documentation patient has failed an adequate course of standard wound therapy for diabetic wound management.
HBO2X	There is no documentation of initial and repeated wound measurements during 30 days of conservative treatment for diabetic wound management.
HBO2Y	There is no documentation addressing the patient's nutritional status for diabetic wound management.
HB2AA	There is no documentation that a clean, moist bed of granulation tissue with appropriate moist dressing was completed for diabetic wound management.
HB2AB	There is no documentation indicating the patient's vascular status was addressed for diabetic wound management.
HB2AC	There is no documentation indicating optimal glucose control for diabetic wound management.
HB2AD	There is no documentation indicating that the appropriate off-loading measures have been utilized for diabetic wound management.
HB2AE	There is no documentation indicating the type of treatment or intervention to resolve an active infection has been initiated for diabetic wound management.
HB2AF	There is no documentation indicating debridement of devitalized tissue was completed for diabetic wound management.
HB2AG	There is no documentation showing measurable signs of improvement of the diabetic wound after 30 days of Hyperbaric Oxygen (HBO) therapy.

Reason Code	Medical necessity
HBO3A	Documentation provided indicates less than 30 days of standard wound care treatment was completed for diabetic wound management.
HBO3B	Diagnostic test provided does not confirm the diagnosis.

HBO3C	The documentation for continued use of Hyperbaric Oxygen (HBO) therapy for the identified wound did not show measurable signs of improvement after 30 days of Hyperbaric Oxygen (HBO) therapy.
HBO3D	The documentation did not support the diabetic wound to be a Wagner grade III or higher.
HBO3E	<i>The documentation supports there was measurable signs of healing to the wound with the use of standard wound care prior to the initiation of Hyperbaric Oxygen (HBO) therapy.</i>
HBO3F	Documentation indicates patient's vascular status was compromised but was not addressed.
HBO3G	<i>Documentation indicates patient is at nutritional risk but no education was provided regarding nutrition.</i>
HBO3H	The documentation does not indicate optimal glucose control has been achieved or attempted for diabetic wounds (i.e. medication management to include insulin or oral meds, routine glucose checks ordered).
HBO3I	Documentation indicates an active infection is present and is not being treated.
HBO3J	Documentation indicates there is devitalized tissue in the wound and debridement of this tissue was not completed.
HBO3K	The submitted Diagnosis code(s) does not meet 1 of the 15 Covered Conditions based on the ICD-9/ICD-10 codes approved per Medicare's National Coverage Determination (NCD) Guidelines.
HBO3L	Documentation indicates patient was not tolerant of Hyperbaric Oxygen (HBO) therapy.
HBO3M	The medical documentation does not support the medical necessity for Hyperbaric Oxygen (HBO) therapy, however, a valid Advance Beneficiary Notice (ABN) was submitted.
HBO3N	The medical documentation does not support the medical necessity for Hyperbaric Oxygen (HBO) therapy, however, an invalid Advance Beneficiary Notice (ABN) was submitted.

Reason Code	Does not meet benefit
HBO4A	The electronic medical records are missing the physician's/practitioner's electronic signature and date.
HBO4B	The treatment log is missing a valid signature.
HBO4C	Documentation submitted was not legible.
HBO4D	Documentation indicates a topical application of oxygen was used and this method of administering oxygen does not meet the definition of Hyperbaric Oxygen (HBO) therapy per the National Coverage Determination (NCD).
HBO4E	The Hyperbaric Oxygen (HBO) therapy is denied as the documentation indicates the diagnosis is non-covered, however, a valid Advance Beneficiary Notice (ABN) was submitted.
HBO4F	Hyperbaric Oxygen (HBO) therapy is denied as the documentation indicates the diagnosis is non-covered, however, an invalid Advance Beneficiary Notice (ABN) was submitted.

Reason Code	Hyperbaric Oxygen (HBO) therapy number of billed unit/Incorrect coding MUE
HBO5A	The number of billed services is denied as it is considered medically unlikely for Hyperbaric Oxygen (HBO) therapy.

Reason Code	Billing
HBO6A	Date(s) of service on the documentation do not match the date(s) of service billed on the claim for Hyperbaric Oxygen Therapy.
HBO6B	The documentation indicated that the provider is billing "incident to" the supervising physician, however, the name of the physician is not documented in the medical records.
HBO6C	Claim service not covered by this payer/contractor. You must send claim to the correct payer/contractor.
HBO6D	This is a duplicate claim to another claim.
HBO6E	The medical records submitted do not match the beneficiary billed on the Hyperbaric Oxygen (HBO) therapy claim.
HBO6F	<i>Beneficiary name does not match the Medicare number.</i>
HBO6G	Number of units billed does not match treatment log.

Reason Code	Incorrect coding
HBO7A	The provider billed the GA modifier for having a signed Advanced Beneficiary Notice (ABN) on file for services rendered, however, there was no ABN submitted or the ABN submitted was invalid.

Reason Code	Order
HBO8A	Written physician/practitioner signed order not provided for Hyperbaric Oxygen (HBO) therapy.
HBO8B	The signature on the physician/practitioner order was illegible and no signature attestation was submitted.
HBO8C	Missing valid signature on the physician/practitioner order.
HBO8D	Order provided does not indicate number of treatments.
HBO8E	Order provided does not have patient name.
HBO8F	Order provided is not dated.

Reason Code	Provider/Beneficiary Eligibility
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HBO9A	Billing provider does not match the rendering provider documented in the medical records.
HBO9B	The supervising provider specialty is not certified to supervise Hyperbaric Oxygen (HBO) therapy.
HBO9C	Beneficiary is not eligible for Medicare Benefits.
HBO9D	The facility is not authorized or eligible to bill Medicare.
HBO9E	The supervising provider is not authorized or eligible to bill Medicare.

Reason Code	Other
HBO0A	Documentation received does not support Hyperbaric Oxygen Therapy a letter will be forthcoming with additional information

Reason Code	Local Coverage Determination (LCD), National Coverage Determination (NCD) and articles for medical review
HB11A	The decision to deny is based on a Local Coverage Determination (LCD) or an Article (LCA) for medical review based on the National Coverage Determination (NCD) for Hyperbaric Oxygen (HBO) therapy. A copy of the policy/article and NCD is available at www.cms.gov/mcd . Or if you do not have web access, you may contact the contractor to request a copy of the LCD or article.