

# RETIRED Local Coverage Article: Billing and Coding: HYPERBARIC Oxygen (HBO) Therapy (A57800)

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# Retired

**Please Note: This is a Retired Article.**

## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

## Article Information

### General Information

# Retired

**Article ID**

A57800

**Article Title**

Billing and Coding: HYPERBARIC Oxygen (HBO) Therapy

**Article Type**

Billing and Coding

**Original Effective Date**

10/03/2018

**Revision Effective Date**

N/A

**Revision Ending Date**

N/A

**Retirement Date**

08/27/2020

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**CMS National Coverage Policy**

N/A

**Article Guidance**

**Article Text:**

This First Coast Billing and Coding Article for Local Coverage Determination (LCD) L36504 HYPERBARIC Oxygen (HBO) Therapy provides billing and coding guidance for frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in the LCD, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.



N/A

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

**Additional ICD-10 Information**

N/A

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
99999	Not Applicable

**Other Coding Information**

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
08/27/2020	R1	Revision Number: 1 Publication: August 2020 Connection LCR A/B2020-039

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		Explanation of Revision: Based on review of the LCD, it was determined that the LCD is no longer required and is being retired. Therefore, the related Billing and Coding article is also being retired. The effective date of this Billing and Coding article retirement is based on date of service.

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## Associated Documents

### Related Local Coverage Document(s)

Article(s)

A55788 - Response to Comments: Hyperbaric Oxygen (HBO) Therapy

LCD(s)

L36504 - Hyperbaric Oxygen (HBO) Therapy

### Related National Coverage Document(s)

NCD(s)

20.29 - Hyperbaric Oxygen Therapy

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

Updated on 08/27/2020 with effective dates 10/03/2018 - 08/27/2020

Updated on 11/21/2019 with effective dates 10/03/2018 - N/A

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## Keywords

N/A