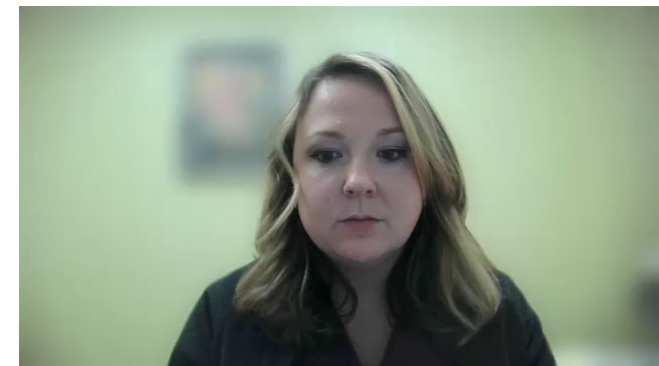


# Hyperbaric Oxygen Therapy (HBOT) Pre-Authorizations



Ally George, Educator

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# What are pre-authorizations?

Also known as authorizations, pre-auths, prior-authorizations, pre-certifications, or pre-certs

Pre-auths are a decision made by the patient's insurance to determine if a health care service is medically necessary (in this case HBOT)

Not all insurers or plans require pre-auth but it's our job to confirm that

Don't ever assume that you know if an insurance requires pre-auth or not

Pre-auths can take 15 minutes or 15 days, be mindful of the amount of time it could take to get approval.



# Goals of Pre-Auth

The goal of pre-authorizations is to ensure a patient meets medical necessity through insurance review (if the plan requires insurance review, prior to service).

“Hyperbaric Oxygen Therapy Criteria Checklist”, aka the SerenaGroup PAT, helps us to make sure every patient we treat meets medical necessity, regardless of whether pre-auth is required. (find this on the Member’s Portal, under Hyperbaric Oxygen therapy)


Patient Name: \_\_\_\_\_

## SerenaGroup Hyperbaric Oxygen Therapy Checklist

Hyperbaric Oxygen Therapy - Eval, Criteria and Pre-Treatment Checklist (Refer to either NCD 20.29 or regional LCD for correct ICD 10 codes)			
Consult must be done, and each Pertinent Criteria below MUST be clearly described in Hyperbaric Evaluation (for Intellisure, located in Impression Tab)			
		<b>Actinomycosis</b>	<b>Acute Peripheral Arterial Insufficiency</b>
<b>Need</b>		Prolonged administration of antibiotics	<b>Need</b> Documentation of sudden occlusion of a major artery-Which:
<b>Need</b>		Must document that disease is refractory to antibiotics and surgery.	<b>Need</b> Vascular study to confirm i.e. CTA/MRA/Arteriogram
<b>Need</b>		Documentation of actinomyces israelii infection	<b>Need</b> Revascularization Candidate Yes / No
		<b>Crush Injuries and Suturing of Severed Limb</b>	<b>* If NO: reason in Hyperbaric evaluation note</b>
		<b>* RE-EVAL after 12 treatments</b>	<b>Supports</b> In Chamber TCOM to show response to O2 w/ 1st TX
<b>Need</b>		Documentation of loss of function, limb or life being threatened	<b>Acute Traumatic Peripheral Ischemia</b>
<b>Supports</b>		TCOM <30 mm/Hg	<b>Need</b> Documentation of loss of function, limb, or life threatened (i.e. injury that compromises circulation)
		<b>Diabetic Foot Ulcers (regardless of Grade)</b>	<b>Supports</b> TCOM <30 mm/Hg, LUNA, SPP/PVR
		<b>*RE-EVAL Q 30 Days - Must show signs of measureable improvement to continue past 30 days</b>	<b>Gas Gangrene- A48.0</b>
<b>Need</b>		Documentation of Type I or Type II diabetes with lower extremity diabetic wound	<b>Need</b> *Adjunct to antibiotic therapy & surgery
<b>Need</b>		Documentation of Wagner III or higher	<b>Need</b> Clinical sign and symptoms
<b>Need</b>		Documentation of standard wound care for 30 days with no measureable signs of healing.	<b>Supports</b> X-ray findings
		<b>Standard wound care must include all the following:</b>	<b>Progressive Necrotizing Infections</b>
<b>Need</b>		Vascular Assessment and correction of issue	<b>Need</b> Documentation of laboratory reports that confirms the diagnosis of progressive necrotizing infection
<b>Need</b>		Optimization of glucose & education	<b>Need</b> Culture or gram stain that confirms diagnosis of Meleney Ulcer
<b>Need</b>		Optimization of nutritional status & education	<b>Acute Traumatic Peripheral Ischemia</b>
<b>Need</b>		Debridement by any means to remove devitalized tissue	<b>Need</b> Documentation of graft date
<b>Need</b>		Maintenance of a clean moist wound bed	<b>Need</b> Documentation of compromised state of graft site
<b>Need</b>		Appropriate offloading	<b>Complications of reattachment Extremity or Body Part</b>
<b>Need</b>		Treatment to resolve infection	<b>Need</b> Documentation of flap date
<b>Support</b>		ABI >.6	<b>Need</b> Documentation of compromised state of flap site
		<b>Diabetic Ulcer Wagner III</b>	<b>Chronic Refractory Osteomyelitis</b>
<b>Need</b>		Documentation of one or more: Osteitis, Osteomyelitis, Tendonitis, Abscess, Pyarthrosis	<b>Need</b> Definitive evidence condition is chronic and unresponsive to conventional therapy i.e. ABX and wound care
		<b>Diabetic Ulcer Wagner IV</b>	<b>Need</b> Definitive imaging (i.e. MRI, X-ray, Bone Scan) and bone culture with C&S
<b>Need</b>		Documentation of Wet or Dry gangrene of the toes or forefoot	<b>Need</b> Failed antibiotic regimen of at least 6 weeks
		<b>Diabetic Ulcer Wagner V</b>	<b>Need</b> Bone debridement (when possible)
<b>Need</b>		Documentation of gangrene involving entire foot	<b>Osteoradionecrosis</b>
<b>YES</b>	<b>No</b>	<b>Absolute Contraindications</b> NOTE- Can't Treat until corrected	<b>Need</b> Documented date and anatomical site of prior radiation treatments include number of treatments
		Untreated Pneumothorax	<b>Need</b> Diagnosis from referring physician
			<b>Need</b> Plan to or documented debridement/resection of Non-viable tissue if present in conjunction with antibiotics
<b>YES</b>	<b>No</b>	<b>Relative Contraindications</b> Note- Does not preclude treatment	<b>Soft Tissue Radionecrosis-Late Effects of Radiation</b>
			<b>Need</b> Documented date and anatomical site of prior radiation treatments (including number of treatments and cumulative dosage (i.e. x-ray, cert- gray, ray, etc.) treatments include number of treatments
			<b>Need</b> Documentation of treatment with conventional therapy

# Insurance Cards

- When a patient comes in for a hyperbaric consultation or even as a new patient in the wound care center, we will obtain a copy of their insurance cards. (FRONT & BACK) We will verify insurance every 30 days.
- When obtaining pre-auths we want to call the most suitable phone number on the back of the insurance card. This can be provider services, pre-authorization line, medical, or something else. Use the most closely related line they provide


 **UnitedHealthcare** | Community Plan  
Health Plan (80840) 911-87726-04

Member ID: 000000000 Group Number: AAAAA

Member:  
REISSUE ENGLISH

PCP Name:  
PROVIDER NAME  
PCP Phone: (000)000-0000

Payer ID: 87726

**OPTUMRx**  
Rx Bin: 610494  
Rx Grp: AAAAA  
Rx PCN: 00000

0501 MEDICAID PLAN OF XXXX  
Administered by UnitedHealthcare Community Plan, Inc.

If you have an emergency, call 911 or go to the nearest emergency room. Printed: 10/30/19

This card does not guarantee coverage. If you are not sure whether you need to go to the emergency room, call your Primary Care Provider or the 24/7 NurseLine. To verify benefits or to find a provider, visit the website [www.myuhc.com/communityplan](http://www.myuhc.com/communityplan) or call.

For Members: 800-888-8888 TTY 711  
NurseLine: 800-888-8888 TTY 800-855-2880  
Mental Health: 800-888-8888

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For Providers: UHCprovider.com 800-600-9007  
Medical Claims: PO Box 8207, Kingston, NY, 12402-8207

Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334  
For Pharmacists: 877-305-8952



# Other Examples of Cards

**Humana.**  
**HUMANA MEDICARE (GROUP PPO)**  
 A Medicare Health Plan with Prescription Drug Coverage

MEMBER NAME  
 Member ID: HXXXXXXXXX  
 Plan (80840) 9140461101  
 ENHANCED PLAN

RxBIN: XXXXXX  
 RxPCN: XXXXXXXX  
 RxGRP: XXXXX

CARD ISSUED: MM/DD/YYYY

**Copayments**  
 OFFICE VISIT: \$XX  
 SPECIALIST: \$XX  
 HOSPITAL EMERGENCY: \$XX

**MedicareRx**  
 Prescription Drug Coverage  
 CMS XXXXX XXX

North Carolina  
 State Health Plan  
 FOR TEACHERS AND STATE EMPLOYEES  
 A Division of the Department of State Treasurer  
 Treasurer Dale R. Folwell, CPA



**Member/Provider Service: 1-888-700-2263**  
 If you use a TTY, call 711

Pharmacist/Physician Rx Inquiries: 1-800-865-8715  
 Claims, PO Box 14601, Lexington, KY 40512-4601  
 Medicare limiting charges apply  
 Please visit us at [our.humana.com/ncshp](http://our.humana.com/ncshp)

Additional Benefits: VISXXX HERXXX

**aetna** PreferredOne  
 NAP

PLAN SPONSOR NAME LINE ONE  
 PLAN SPONSOR NAME LINE TWO  
 GRP: 111111-011-00101  
 Issuer (80840) 9140860054  
**ID W1234 56789**

NAME  
 01 JONATHAN Q SAMPLE-TESTCARD PCP: ABC FAMILY PRACTICE  
 02 JOCELYN Q SAMPLE-TESTCARD PCP: ABC FAMILY PRACTICE  
 03 JACKSON Q SAMPLE-TESTCARD PCP: ABC FAMILY PRACTICE  
 04 GRAYSON Q SAMPLE-TESTCARD PCP: ABC FAMILY PRACTICE  
 05 DANIELLE Q SAMPLE-TESTCARD PCP: ABC FAMILY PRACTICE

RX BIN# 610502 PCP \$ 20.00  
 SPC \$ 25.00

Managed Choice

www.aetna.com PAYER NUMBER 60054 NNNN

You have to choose a primary care doctor. Referrals are required for most services (except direct access benefits). Some services may also require precertification. Without a referral or pre-approval, you may pay more or even full price. For mental health and substance abuse pre-approval or coverage questions call 1-800-424-4047. See your plan documents for information about your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Legal Entity Prints Here  
 P.O. BOX 981106  
 EL PASO TX 79998-1106

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MEMBER SERVICES 1-888-888-8888  
 PROVIDERS CALL 1-888-632-3862  
 RX MEMBER SERVICES 1-888-792-3862

**BlueCross® BlueShield®** Tulane University

SUBSCRIBER'S FIRST NAME \_\_\_\_\_  
 SUBSCRIBER'S LAST NAME \_\_\_\_\_

Member ID  
**TNA123456789012**

RxBIN **021684**  
 RxGRP **BXMN**

MyHealthToolkitLA.com 

**BlueCross® BlueShield®** MyHealthToolkitLA.com

Members: Call Customer Service for claims filing information.  
 Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. When Medicare is primary, file Medicare claims directly with Medicare. Preauthorization required for all hospital inpatient admissions. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. Report emergency admissions within 24 hours.

Customer Service: 833-212-0857  
 PPO Network Provider Information: 800-810-2583  
 Provider Service: 800-868-2510  
 Precertification: 888-376-6544  
 Mental Health and Substance Abuse Precertification: 800-868-1032  
 Pharmacy Help Desk: 855-811-2218  
 Buy and Bill Drugs - Precertification: 877-440-0089

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

NXX



# Procedure Codes

- These may be referred to as procedure codes, CPT codes, or HCPCs.
  - This tells the insurance company what services we will be providing to the patient.
  - **G0277** - Hyperbaric oxygen under pressure, full body chamber, **per 30-minute interval**. (x4)
  - **99183** - Physician attendance and supervision of hyperbaric oxygen therapy, **per session**. (x1)
- 



# Procedure Codes Continued

- How many units do I need to request of each code?
- For a patient that will be receiving 30 treatments and will be in the chamber for a total of 106-134 minutes, we need to request 4 units PER DAY!
- G0277 is based on 30-minute intervals, but what if a patient doesn't receive a full 30 minutes? 15 minutes is the deciding factor. If the patient was in for more than 15 minutes, it counts as 1 unit. If the patient was in for less than 15 minutes, it is 0 units, and we cannot charge G0277.




# Diagnosis Codes

- Diagnosis codes explain what condition the patient has that we are treating.
  - Diagnosis Code lists can be found on [www.serenagroupinc.com](http://www.serenagroupinc.com) Member's Portal. Under Quality and Compliance, select "Hyperbaric Oxygen Therapy Diagnosis Codes" for providers to get assistance on appropriate codes for hyperbaric patients or to verify that the codes chosen qualify for HBOT.
  - For a diabetic ulcer, the provider should select an E code as the primary.
  - The patient may have hypertension, but that's not relevant to why they are receiving hyperbaric. The provider should only use codes that are relevant to their treatment.
- 



# Prep Work

Now that you know the goal of pre-auth, let's get prepared to make the call!



Download/print a copy of "Pre-Auth Worksheet" from the Member's Portal under the Hyperbaric Oxygen Therapy section and fill in the blanks...



Inspira Medical Center  
501 West Front St. Elmer, NJ 08318  
Tax ID: 210634484  
NPI: 1255396024  
Phone #: 856-363-1573

-----  
Patient's Name:  
DOB:  
Address:  
Phone Number:  
Member ID #:

Pre-Authorization is Required/Not Required.  
Spoke with: \_\_\_\_\_  
Pre-Auth #: \_\_\_\_\_  
Call Reference #: \_\_\_\_\_  
Date & Time: \_\_\_\_\_  
Approved / Denied /Pending (Circle one)

Dr. Jaclyn Brunner  
501 West Front St. Elmer, NJ 08318  
Tax ID: 223589282  
NPI: 1619108347  
Phone #: 856-363-1573


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Diagnosis Codes (ICD-10):  
Procedure Codes (CPT): G0277 and 99183  
*G0277 is in 30-minute intervals, patients receive  
4 units of G0277 per day.*  
Number of units requested:  
G0277 for \_\_\_\_\_ units.  
99183 for \_\_\_\_\_ visits.  
Dates of service/projected start date:  
/projected end date:



# DOCUMENT

- Always, always, ALWAYS document who you spoke to, what time and date you spoke to them, and get a call reference number!





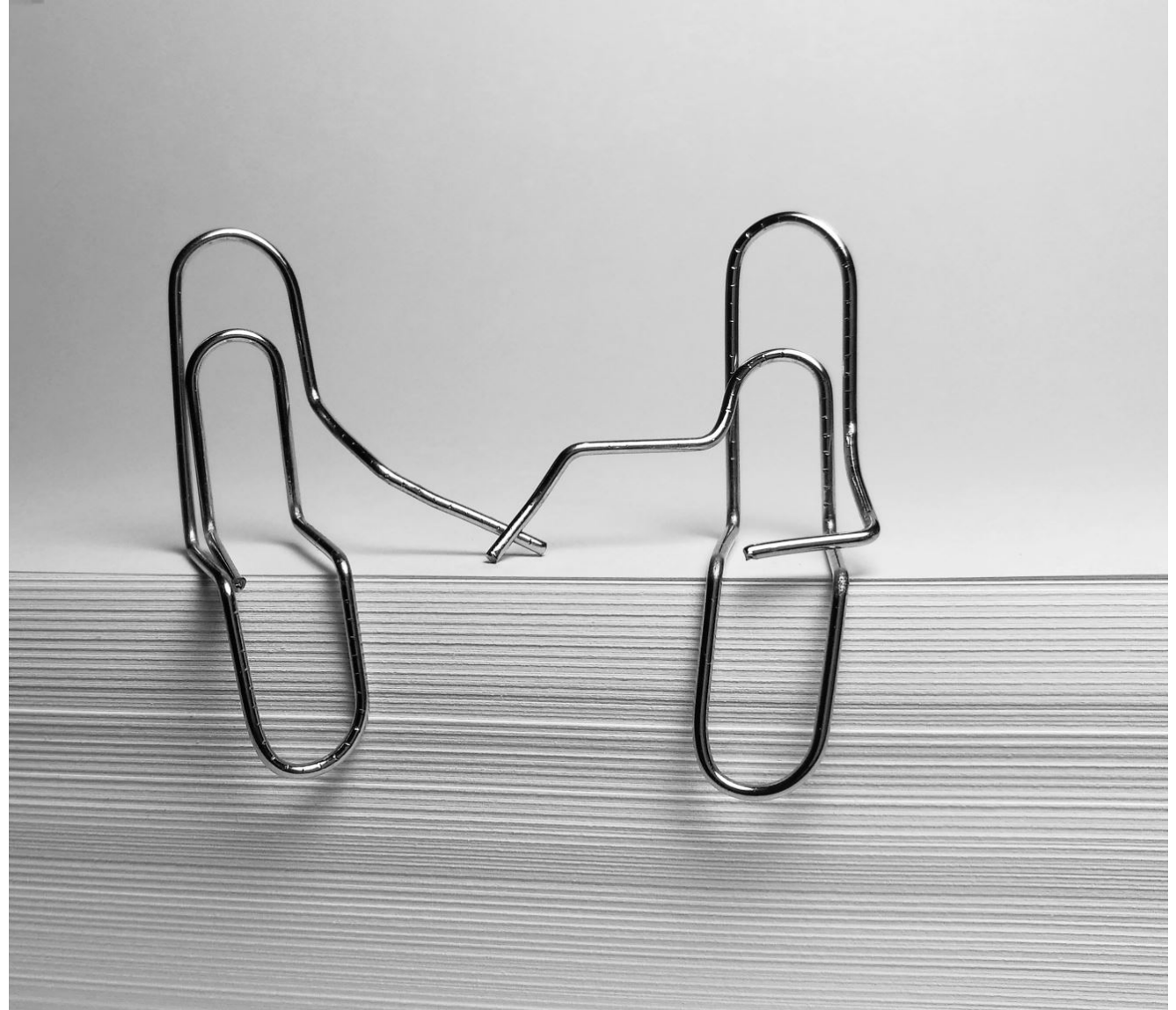
**You've answered the same 10 questions 3 times, you spoke to the correct person, and they're asking you to send them clinicals. What do you send?**

- ALL elements of medical necessity that we checked on the PAT/criteria checklist for this specific condition plus the following...
  - Physician's Orders for HBOT
  - Consultation note
  - Appropriate records (MRI's, radiation records, ID reports, etc.)
  - (They may send you their own paperwork they'd like completed as well as your clinicals)
- 



# Pro-Tip

- Once you have submitted your clinicals, paperclip together or scan in this pre-auth submission. You may need it again one day in the event the patient needs continuation of HBOT.



# Waiting to hear about a decision...

- Once you've submitted your clinical information, you're just waiting to hear if HBOT is approved. While I'm calling for pre-auth I like to ask how soon I can expect a determination and also how will I expect to hear the determination. Every insurance company is different, it could be 5 days or 15 days that they have to review the clinical documents. They may also fax, call, or mail you a determination letter so you want to know how you can expect that determination as well as how soon.
- I still like to call every few days, to ask if they've made a determination yet.



# Denied 😞

- What can we do to get it approved?
  - What are the denial reasons?
  - How do we appeal the decision?
  - All of these answers should be on the denial letter follow the steps to resubmit or appeal.
  - If you need help at this stage, loop in Ally!
  - You may need to do a peer-to-peer review. This is where your physician and the insurer's physician discuss the case, usually telephonically.
- 



# Approved!

- Great work!
- Document the approval details as per your center's guidelines.
  - This could mean documenting the approval in the EMR, in a binder, on a spreadsheet, etc.



# Continuation/Date Change/etc.

- If you need more treatments or an extension on the dates they provided, you will need to call back and potentially start the process over.
  - For a continuation, you will need supporting documentation to prove HBOT is still medically necessary, such as improving wound measurements and documentation stating that the wound is responding well to hyperbaric and decreasing in size and increasing in granulation tissue. As well as the original submission you sent with all other elements of medical necessity.
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# Electronic Submissions

- Some insurances require pre-authorizations to be done online.
- Front desk personnel, program director, or patient registration should be able to educate you on the facilities policies, logins, etc.



# Support



Ally George – Educator

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Email:

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Matt Schweyer – Chief  
Compliance Officer

Phone: 888-960-1343 ext. 1007

Email:

[mschweyer@serenagroups.com](mailto:mschweyer@serenagroups.com)

