**Reminder**

**Current Billing Requirements for Hyperbaric Oxygen (HBO) Treatment**

CountyCare Health Plan is committed to providing an efficient and consistent Utilization Management (UM) experience for our members and providers. Additionally, we want to ensure that our providers have all the information to appropriately bill and receive timely payment for covered services rendered to our members.

This reminder is regarding the current payment process for HBO treatment. To get paid accordingly, the information below is required when you submit a claim.

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| --- | --- | --- | --- | --- | --- |
| **Billing Provider** | **Prior Authorization** | **You must Use**  | **Code** | **Description** | **Notes** |
| If you are a physician or qualified professional  | Is required | CPT | 99183 | Management and supervision of oxygen chamber therapy per session |  |
| If you are a facility and are billing for **both** professional/physician and facility charges | Is required | HCPCSRev CodeCPT | G0277041399183 | Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval (Technical Component Only)Hyperbaric Oxygen TreatmentManagement and supervision of oxygen chamber therapy per session | All 3 codes must be on claim |
| If you are a facility | Is not required | HCPCS | G0277 | Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval (Technical Component Only) | Must submit **both** codes on their claim to get paid |
| REV | 0413 | Hyperbaric Oxygen Treatment |

**This policy is intended to provide guidance for In-Network facilities. All Out of Network requests are subject to prior authorization along with Medical Director review and may be redirected to an In-Network facility.**

**CONTACT US**

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| Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact CountyCare Provider Services at ProviderServices@countycare.com or your Provider Relations Representative. |