

To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP.

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1.0 Description of the Procedure, Product, or Service

Hyperbaric oxygen (HBO) therapy consists of the exposure of the entire body to 100% oxygen at pressures greater than one atmosphere absolute (ATA) in accordance with accepted clinical protocols for duration and pressure in a mono- or multi-place pressurized chamber.

1.1 Definitions

None Apply

2.0 Eligible Beneficiaries

2.1 Provisions

2.1.1 General

(The term “General” found throughout this policy applies to all Medicaid and NCHC policies)

- a. An eligible beneficiary shall be enrolled in either:
 1. the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
 2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
- b. Provider(s) shall verify each Medicaid or NCHC beneficiary’s eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
- d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

2.1.2 Specific

(The term “Specific” found throughout this policy only applies to this policy)

- a. **Medicaid**
None Apply
- b. **NCHC**
None Apply

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

- a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a

federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. EPSDT and Prior Approval Requirements

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <https://medicaid.ncdhhs.gov/>

2.2.2 EPSDT does not apply to NCHC beneficiaries

2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age

NC Medicaid shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the NC Medicaid clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

3.1 General Criteria Covered

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by both Medicaid and NCHC

Medicaid and NCHC shall cover Hyperbaric Oxygenation Therapy when the beneficiary meets the following specific criteria:

- a. Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment;
- b. Acute carbon monoxide intoxication;
- c. Acute peripheral arterial insufficiency; including central retinal artery occlusion;
- d. Chronic peripheral vascular insufficiency is only covered when the following conditions are met: (a) investigation of arterial inflow indicates no lesions amenable to either bypass or stenting (b) transcutaneous PO₂ in the region of the wound less than 40 mmHG breathing air and a response to oxygen breathing (either at 1 atmosphere or during hyperbaric exposure).
- e. Acute traumatic peripheral ischemia. HBO therapy is an adjunctive treatment to be used in combination with accepted standard therapeutic measures, when loss of function, limb or life is threatened;
- f. Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management;
- g. Crush injuries and suturing of severed limbs. HBO therapy as an adjunctive treatment when loss of function, limb, or life is threatened;

- h. Cyanide poisoning;
- i. Decompression illness;
- j. Gas embolism;
- k. Gas gangrene;
- l. Meleney ulcers;

Note: The use of hyperbaric oxygen in any other type of cutaneous ulcer is not covered;

- m. Necrotizing soft tissue infections of subcutaneous tissue, muscle, or fascia in conjunction with standard medical and surgical procedures when loss of function, limb, or life is threatened;
- n. Osteoradionecrosis as an adjunct to conventional treatment;
- o. Pre-treatment and post-treatment for patients undergoing dental surgery (non-implant related) of an irradiated jaw which has received a total dose threshold of radiation greater than 5000cGY;
- p. Preparation and preservation of compromised skin grafts;
- q. Soft tissue radionecrosis as an adjunct to conventional treatment; or
- r. Lower extremity wound due to diabetes when the wound is classified as a Wagner Grade III or higher and has failed an adequate course of wound therapy.

Note: The use of HBO therapy is covered as adjunctive therapy only after there are no measurable signs of healing for at least 30 calendar days of treatment with standard wound therapy, and must be used in addition to standard wound care. Standard wound care in patients with diabetic wounds includes assessment of a patient's vascular status and correction of any vascular problems in the affected limb if possible; optimization of nutritional status; optimization of glucose control; debridement by any means to remove devitalized tissue; maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings; appropriate off-loading; and necessary treatment to resolve any infection that might be present. Failure to respond to standard wound care occurs when there are no measurable signs of healing for at least 30 consecutive days. Wounds must be evaluated at least every 30 days during administration of HBO therapy. Continued treatment with HBO therapy is not covered if measurable signs of healing have not been demonstrated within any 30-day period of treatment.

Note: Evidence based treatments will be permitted as noted in **Subsection 3.2** above. The treatment of multiple sclerosis, brain injury (which includes autism, cerebral palsy, stroke) are not approved due to lack of evidence based medicine at this time.

3.2.2 Medicaid Additional Criteria Covered

None Apply

3.2.3 NCHC Additional Criteria Covered

None Apply

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid and NCHC shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Non-Covered Criteria

4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC

- a. Medicaid and NCHC shall not cover Hyperbaric Oxygenation Therapy for the following conditions:
 1. acute cerebral edema;
 2. acute or chronic cerebral vascular insufficiency;
 3. acute thermal and chemical pulmonary damage (i.e., smoke inhalation with pulmonary insufficiency);
 4. aerobic septicemia;
 5. anaerobic septicemia and infection other than clostridial;
 6. arthritic diseases;
 7. cardiogenic shock;
 8. chronic peripheral vascular insufficiency, except as noted in **Subsection 3.2**;
 9. congenital conditions, e.g., cerebral palsy, autism, mental retardation;
 10. cutaneous, decubitus, and stasis ulcers;
 11. exceptional blood loss anemia;
 12. hepatic necrosis;
 13. multiple sclerosis;
 14. myocardial infarction;
 15. nonvascular causes of chronic brain syndrome (Pick's disease, Alzheimer's disease, Korsakoff's disease);
 16. organ storage;
 17. organ transplantation;
 18. pulmonary emphysema;
 19. senility;
 20. sickle cell crisis;
 21. skin burns (thermal);
 22. systemic aerobic infection;

23. tetanus; and
24. traumatic brain injury.
- b. Topical Application
Topical application of oxygen does not meet the definition of HBO therapy and is not covered.
- c. Replacement Therapy
HBO therapy is not covered as a replacement for other standard successful therapeutic measures.

4.2.2 Medicaid Additional Criteria Not Covered

None apply.

4.2.3 NCHC Additional Criteria Not Covered

- a. NCGS § 108A-70.21(b) “Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
 1. No services for long-term care.
 2. No nonemergency medical transportation.
 3. No EPSDT.
 4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection.”

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

5.1 Prior Approval

Medicaid and NCHC shall require prior approval for Hyperbaric Oxygenation Therapy. The provider shall obtain prior approval before rendering Hyperbaric Oxygenation Therapy.

5.2 Prior Approval Requirements

5.2.1 General

The provider(s) shall submit to the Department of Health and Human Services (DHHS) Utilization Review Contractor the following:

- a. the prior approval request; and
- b. all health records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy.

5.2.2 Specific

Prior approval is given for an initial period of 30 days. Treatment beyond 30 calendar days requires a second prior approval request.

5.3 Additional Limitations or Requirements

- a. The provider shall submit the completed PA request and the following documentation to NC Medicaid's designee:
 1. all of the beneficiary's diagnoses;
 2. date of onset;
 3. conventional treatment history, including duration and outcomes of each treatment;
 4. treatment plan, including the treatment duration.
- b. The prior approval request must indicate the acceptance of the case by the medical director (or designee) of the HBO therapy treatment facility.
- c. In urgent situations, providers must submit a prior approval request within five calendar days of treatment. The first day of treatment is counted as day one. If the request is received within five days, authorization will begin on the first date of treatment if coverage criteria are met. If the request is received six or more days after the initiation of treatment, authorization will begin on the date the service is approved. Requests for urgent situations should be marked as "urgent." NC Medicaid's fiscal agent reviews the request to determine if the situation meets Medicaid coverage criteria as listed in the policy and to determine if the services were provided under urgent conditions.

5.4 Technical Requirements

The entire body must be pressurized and 100% oxygen inhaled by one of several methods: the environment (within the chamber), hood tent, face mask, or endotracheal or tracheostomy tube.

5.5 Service Limitation

HBO therapy is limited to two sessions per date of service.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply

6.2 Provider Certifications

None Apply

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 1988

Revision Information:

Date	Section Updated	Change
12/01/2003	Section 4.0	Titles were added to the subsections.
12/01/2003	Section 4.0	The sentence "HBO therapy is not covered when the medical criteria listed in Section 3.0 are not met." Was added to this section.
12/01/2003	Section 5.0	The section was renamed from Policy Guidelines to Requirements for and Limitations on Coverage.
12/01/2003	Section 6.0	A sentence was added to the section stating that providers must comply with Medicaid guidelines and obtain referrals where appropriate for Managed Care enrollees.
12/01/2003	Section 8.0	Titles were added to the subsections.
09/01/2004	Section 1.0	The word "man rated" was deleted.
09/01/2004	Section 3.0	Coverage criteria was added to include lower extremity wound due to diabetes. The wound is classified as a Wagner Grade III or higher and has failed an adequate course of wound therapy.
09/01/2004	Section 3.0	The word "valuable" was deleted.
09/01/2004	Section 3.0	Text was added to describe wound care in the diabetic patient with a lower extremity wound.
09/01/2004	Section 4.0	Noncovered conditions were expanded to include congenital conditions (e.g., cerebral palsy, autism, mental retardation and traumatic brain injury).
09/01/2004	Section 4.0	A disclaimer statement was added to indicate that the list was not all inclusive.
09/01/2004	Section 5.0	The word "whole" was replaced with the word "entire."
09/01/2004	Section 6.0	Text was added to include facilities that provide service.
09/01/2004	Section 8.0	Text was added to clarify the billing guidelines.
09/01/2004	Section 8.1	Text was added to indicate that facilities bill using the UB-92 claim form.
09/01/2004	Section 8.2	An ICD-9-CM diagnoses codes table was added.
09/01/2004	Section 8.2	Text was added to the ICD-9-CM table for diabetic, lower extremity wound.
09/01/2004	Section 8.3	The definition of CPT code 99183 was added.
09/01/2004	Section 8.3	Sections 8.3.1 and 8.3.2 were added with specific codes.
09/01/2005	Section 2.0	A special provision related to EPSDT was added.
09/01/2005	Section 8.0	The sentence stating that providers must comply with Medicaid guidelines and obtain referral where appropriate for Managed Care enrollees was moved from Section 6.0 to Section 8.0.
12/01/2005	Section 2.2	The web address for DMA's EDPST policy instructions was added to this section.
12/01/2006	Sections 2 through 5	A special provision related to EPSDT was added.

Date	Section Updated	Change
12/01/2006	Section 5.1	Instructions about prior approval in urgent situations were added.
05/01/2007	Sections 2 through 5	EPSDT information was revised to clarify exceptions to policy limitations for recipients under 21 years of age
05/01/2007	Section 8	Added UB-04 as an accepted claim form.
07/01/2010	Throughout	Session Law 2009-451, Section 10.31(a) Transition of NC Health Choice Program administrative oversight from the State Health Plan to the Division of Medical Assistance (DMA) in the NC Department of Health and Human Services.
06/01/2011	Sections 1.0,3.0,4.0,6.0,7.0, Attachment A	Updated to standard DMA policy language
06/01/2011	Subsection 3.2	Added item “n.” – “Pre-treatment and post-treatment for patients undergoing dental surgery (non-implant related) of an irradiated jaw which has received a total dose threshold of radiation greater than 5000cGY”
06/01/2011	Section 8.0	Billing Guidelines moved to Attachment A
06/01/2011	Section 9.0	Becomes section 8 due to moving Billing Guidelines to Attachment A
06/01/2011	Attachment A	Changed wording for claim type to standard DMA language in A., F. added place of service, G. copayments
06/01/2011	Attachment A	Actinomycosis changes to Actinomycotic infections
03/01/2012	Section 3.2 c.	Added: including central retinal artery occlusion
03/01/2012	Section 3.2	Added 3.2 d
03/01/2012	Section 3.2 Note	Added Note at end of section
03/01/2012	Section 4.2 h	Added: except as noted in 3.2
03/01/2012	Throughout	To be equivalent where applicable to NC DMA’s Clinical Coverage Policy # 1A-8 under Session Law 2011-145 § 10.41.(b)
3/12/2012	Throughout	Technical changes to merge Medicaid and NCHC current coverage into one policy.
05/01/2014	All Sections and Attachments	Reviewed policy grammar, readability, typographical accuracy, and format. Policy amended as needed to correct, without affecting coverage.
05/01/2014	Attachment A: C	Removed descriptions from codes
10/01/2015	All Sections and Attachments	Updated policy template language. Amended policy, where applicable, for transition to ICD-10 codes
03/15/2019	Table of Contents	Added, “To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after November 1, 2019, please contact your PHP.”
03/15/2019	All Sections and Attachments	Updated policy template language.
08/15/2019	Attachment A c. Billing code(s)t	Removed ICD-9 code 93.59 and added ICD-10 code 5A05121

Date	Section Updated	Change
12/4/2019	Table of Contents	Updated policy template language, "To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP."
12/04/2019	Attachment A	Added, "Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines."

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, NC Medicaid’s clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.

B. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

ICD-10-CM Code(s)				
A42.0	M87.343	S55.902A	S78.022S	
A18.01	M87.344	S55.909A	S78.029A	
A18.03	M87.345	S55.911A	S78.029S	
A42.1	M87.346	S55.912A	S78.111A	
A42.2	M87.350	S55.919A	S78.111D	
A42.9	M87.351	S55.991A	S78.111S	
A48.0	M87.352	S55.992A	S78.112A	
B47.1	M87.353	S55.999A	S78.112D	
B47.9	M87.361	S57.00xA	S78.112S	
I74.2	M87.362	S57.01xA	S78.119A	
I74.3	M87.363	S57.02xA	S78.119D	
I74.4	M87.364	S57.80xA	S78.119S	
I74.5	M87.365	S57.81xA	S78.121A	
I74.8	M87.366	S57.82xA	S78.121D	
L08.81	M87.371	S58.011A	S78.121S	
L08.89	M87.372	S58.012A	S78.122A	
L59.9	M87.373	S58.019A	S78.122D	
L88	M87.374	S58.019D	S78.122S	
M25.851	M87.375	S58.019S	S78.129A	
M25.852	M87.376	S58.021A	S78.129D	
M25.859	M87.377	S58.021D	S78.129S	
M25.871	M87.378	S58.021S	S78.911A	
M25.872	M87.379	S58.022A	S78.912A	
M25.879	M87.38	S58.022D	S78.919A	
M27.8	M87.39	S58.022S	S78.921A	
M46.20	M87.80	S58.029A	S78.922A	
M46.21	M87.811	S58.029D	S78.929A	
M46.22	M87.812	S58.029S	S85.001A	

M46.23	M87.819	S58.111A	S85.002A
M46.24	M87.821	S58.111D	S85.009A
M46.25	M87.822	S58.111S	S85.011A
M46.26	M87.829	S58.112A	S85.012A
M46.27	M87.831	S58.112D	S85.019A
M46.28	M87.832	S58.112S	S85.091A
M46.30	M87.833	S58.119A	S85.092A
M46.31	M87.834	S58.119D	S85.099A
M46.32	M87.835	S58.119S	S85.101A
M46.33	M87.836	S58.121A	S85.102A
M46.34	M87.837	S58.121D	S85.109A
M46.35	M87.838	S58.121S	S85.111A
M46.36	M87.839	S58.122A	S85.112A
M46.37	M87.841	S58.122D	S85.119A
M46.38	M87.842	S58.122S	S85.121A
M46.39	M87.843	S58.129A	S85.122A
M72.6	M87.844	S58.129D	S85.129A
M84.851	M87.845	S58.129S	S85.131A
M84.852	M87.849	S58.911A	S85.132A
M84.859	M87.850	S58.912A	S85.139A
M85.371	M87.851	S58.919A	S85.141A
M85.372	M87.852	S58.921A	S85.142A
M85.379	M87.859	S58.922A	S85.149A
M86.021	M87.861	S58.929A	S85.151A
M86.022	M87.862	S65.001A	S85.152A
M86.029	M87.863	S65.002A	S85.159A
M86.061	M87.864	S65.009A	S85.161A
M86.062	M87.865	S65.011A	S85.162A
M86.069	M87.869	S65.012A	S85.169A
M86.10	M87.871	S65.019A	S85.171A
M86.111	M87.872	S65.091A	S85.172A
M86.112	M87.873	S65.092A	S85.179A
M86.119	M87.874	S65.099A	S85.181A
M86.121	M87.875	S65.101A	S85.182A
M86.122	M87.876	S65.102A	S85.189A
M86.129	M87.877	S65.109A	S85.201A
M86.131	M87.878	S65.111A	S85.202A
M86.132	M87.879	S65.112A	S85.209A
M86.139	M87.88	S65.119A	S85.211A
M86.141	M87.89	S65.191A	S85.212A
M86.142	M87.9	S65.192A	S85.219A
M86.149	M88.821	S65.199A	S85.291A
M86.151	M88.822	S65.201A	S85.292A
M86.152	M88.829	S65.202A	S85.299A
M86.159	M88.841	S65.209A	S85.301A
M86.161	M88.842	S65.211A	S85.302A
M86.162	M88.849	S65.212A	S85.309A
M86.169	M88.851	S65.291A	S85.311A
M86.171	M88.852	S65.292A	S85.312A

M86.172	M88.859	S65.299A	S85.319A
M86.179	M88.861	S65.301A	S85.391A
M86.18	M88.862	S65.302A	S85.392A
M86.19	M88.869	S65.309A	S85.399A
M86.20	M88.871	S65.311A	S85.401A
M86.211	M88.872	S65.312A	S85.402A
M86.212	M88.879	S65.319A	S85.409A
M86.219	M89.129	S65.391A	S85.411A
M86.221	M89.138	S65.392A	S85.412A
M86.222	M89.139	S65.399A	S85.419A
M86.229	M89.159	S65.401A	S85.491A
M86.231	M89.168	S65.402A	S85.492A
M86.232	M89.169	S65.409A	S85.499A
M86.239	M89.222	S65.411A	S85.501A
M86.241	M89.271	S65.412A	S85.502A
M86.242	M89.272	S65.419A	S85.509A
M86.249	M89.279	S65.491A	S85.511A
M86.251	M89.341	S65.492A	S85.512A
M86.252	M89.342	S65.499A	S85.519A
M86.259	M89.349	S65.500A	S85.591A
M86.261	M89.351	S65.501A	S85.592A
M86.262	M89.359	S65.502A	S85.599A
M86.269	M89.371	S65.503A	S85.801A
M86.271	M89.372	S65.504A	S85.802A
M86.272	M89.379	S65.505A	S85.809A
M86.279	M89.471	S65.506A	S85.811A
M86.28	M89.472	S65.507A	S85.812A
M86.29	M89.479	S65.508A	S85.819A
M86.30	M89.521	S65.509A	S85.891A
M86.311	M89.522	S65.510A	S85.892A
M86.312	M89.529	S65.511A	S85.899A
M86.319	M89.531	S65.512A	S85.901A
M86.321	M89.532	S65.513A	S85.902A
M86.322	M89.539	S65.514A	S85.909A
M86.329	M89.541	S65.515A	S85.911A
M86.331	M89.542	S65.516A	S85.912A
M86.332	M89.549	S65.517A	S85.919A
M86.339	M89.551	S65.518A	S85.991A
M86.341	M89.552	S65.519A	S85.992A
M86.342	M89.559	S65.590A	S85.999A
M86.349	M89.561	S65.591A	S87.00xA
M86.351	M89.562	S65.592A	S87.01xA
M86.352	M89.569	S65.593A	S87.02xA
M86.359	M89.571	S65.594A	S87.80xA
M86.361	M89.572	S65.595A	S87.81xA
M86.362	M89.579	S65.596A	S87.82xA
M86.369	M89.60	S65.597A	S88.011A
M86.371	M89.611	S65.598A	S88.012A
M86.372	M89.612	S65.599A	S88.019A

M86.379	M89.619	S65.801A	S88.021A
M86.38	M89.621	S65.802A	S88.022A
M86.39	M89.622	S65.809A	S88.029A
M86.40	M89.629	S65.811A	S88.111A
M86.411	M89.631	S65.812A	S88.111D
M86.412	M89.632	S65.819A	S88.111S
M86.419	M89.639	S65.891A	S88.112A
M86.421	M89.641	S65.892A	S88.112D
M86.422	M89.642	S65.899A	S88.112S
M86.429	M89.649	S65.901A	S88.119A
M86.431	M89.651	S65.902A	S88.119D
M86.432	M89.652	S65.909A	S88.119S
M86.439	M89.659	S65.911A	S88.121A
M86.441	M89.661	S65.912A	S88.121D
M86.442	M89.662	S65.919A	S88.121S
M86.449	M89.669	S65.991A	S88.122A
M86.451	M89.671	S65.992A	S88.122D
M86.452	M89.672	S65.999A	S88.122S
M86.459	M89.679	S67.00xA	S88.129A
M86.461	M89.68	S67.01xA	S88.129D
M86.462	M89.69	S67.02xA	S88.129S
M86.469	M89.731	S67.10xA	S88.911A
M86.471	M89.732	S67.190A	S88.911D
M86.472	M89.739	S67.191A	S88.911S
M86.479	M89.771	S67.192A	S88.912A
M86.48	M89.772	S67.193A	S88.912D
M86.49	M89.779	S67.194A	S88.919A
M86.50	M89.8X2	S67.195A	S88.919D
M86.511	M89.8X3	S67.196A	S88.919S
M86.512	M89.8X4	S67.197A	S88.921A
M86.519	M89.8X5	S67.198A	S88.921D
M86.521	M89.8X6	S67.20xA	S88.921S
M86.522	M89.8X7	S67.21xA	S88.922A
M86.529	M90.50	S67.22xA	S88.922D
M86.531	M90.511	S67.30xA	S88.922S
M86.532	M90.512	S67.31xA	S88.929A
M86.539	M90.519	S67.32xA	S88.929D
M86.541	M90.521	S67.40xA	S88.929S
M86.542	M90.522	S67.41xA	S95.001A
M86.549	M90.529	S67.42xA	S95.002A
M86.551	M90.531	S67.90xA	S95.009A
M86.552	M90.532	S67.91xA	S95.011A
M86.559	M90.539	S67.92xA	S95.012A
M86.561	M90.541	S68.011A	S95.019A
M86.562	M90.542	S68.011D	S95.091A
M86.569	M90.549	S68.011S	S95.092A
M86.571	M90.551	S68.012A	S95.099A
M86.572	M90.552	S68.012D	S95.101A
M86.579	M90.559	S68.012S	S95.102A

M86.58	M90.561	S68.019A	S95.109A
M86.59	M90.562	S68.019D	S95.111A
M86.60	M90.569	S68.019S	S95.112A
M86.611	M90.571	S68.021A	S95.119A
M86.612	M90.572	S68.021D	S95.191A
M86.619	M90.579	S68.021S	S95.192A
M86.621	M90.58	S68.022A	S95.199A
M86.622	M90.59	S68.022D	S95.201A
M86.629	M90.631	S68.022S	S95.202A
M86.631	M90.632	S68.029A	S95.209A
M86.632	M90.639	S68.029D	S95.211A
M86.639	M90.671	S68.029S	S95.212A
M86.641	M90.672	S68.110A	S95.219A
M86.642	M90.679	S68.110D	S95.291A
M86.649	M90.80	S68.110S	S95.292A
M86.651	M90.811	S68.111A	S95.299A
M86.652	M90.812	S68.111D	S95.801A
M86.659	M90.819	S68.111S	S95.802A
M86.661	M90.821	S68.112A	S95.809A
M86.662	M90.822	S68.112D	S95.811A
M86.669	M90.829	S68.112S	S95.812A
M86.671	M90.831	S68.113A	S95.819A
M86.672	M90.832	S68.113D	S95.891A
M86.679	M90.839	S68.113S	S95.892A
M86.68	M90.841	S68.114A	S95.899A
M86.69	M90.842	S68.114D	S95.901A
M86.8X0	M90.849	S68.114S	S95.902A
M86.8X1	M90.851	S68.115A	S95.909A
M86.8X2	M90.852	S68.115D	S95.911A
M86.8X3	M90.859	S68.115S	S95.912A
M86.8X4	M90.861	S68.116A	S95.919A
M86.8X5	M90.862	S68.116D	S95.991A
M86.8X6	M90.869	S68.116S	S95.992A
M86.8X7	M90.871	S68.117A	S95.999A
M86.8X8	M90.872	S68.117D	S97.00xA
M86.8X9	M90.879	S68.117S	S97.01xA
M86.9	M90.88	S68.118A	S97.02xA
M87.00	M90.89	S68.118D	S97.101A
M87.011	S07.0xxA	S68.118S	S97.102A
M87.012	S07.1xxA	S68.119A	S97.109A
M87.019	S07.8xxA	S68.119D	S97.111A
M87.021	S07.9xxA	S68.119S	S97.112A
M87.022	S17.0xxA	S68.120A	S97.119A
M87.029	S17.8xxA	S68.120D	S97.121A
M87.031	S17.9xxA	S68.120S	S97.122A
M87.032	S28.0xxA	S68.121A	S97.129A
M87.033	S35.511A	S68.121D	S97.80xA
M87.034	S35.512A	S68.121S	S97.81xA
M87.035	S35.513A	S68.122A	S97.82xA

M87.036	S38.001A	S68.122D	S98.011A
M87.037	S38.002A	S68.122S	S98.011D
M87.038	S38.01xA	S68.123A	S98.011S
M87.039	S38.02xA	S68.123D	S98.012A
M87.041	S38.03xA	S68.123S	S98.012S
M87.042	S38.1xxA	S68.124A	S98.019A
M87.043	S45.001A	S68.124D	S98.019S
M87.044	S45.002A	S68.124S	S98.021A
M87.045	S45.009A	S68.125A	S98.021S
M87.046	S45.011A	S68.125D	S98.022A
M87.050	S45.012A	S68.126A	S98.022S
M87.051	S45.019A	S68.127A	S98.029A
M87.052	S45.091A	S68.128A	S98.029S
M87.059	S45.092A	S68.129A	S98.111A
M87.061	S45.099A	S68.411A	S98.111S
M87.062	S45.101A	S68.412A	S98.112A
M87.063	S45.102A	S68.419A	S98.112S
M87.064	S45.109A	S68.421A	S98.119A
M87.065	S45.111A	S68.422A	S98.119S
M87.066	S45.112A	S68.429A	S98.121A
M87.071	S45.119A	S68.511A	S98.121S
M87.072	S45.191A	S68.511D	S98.122A
M87.073	S45.192A	S68.511S	S98.122S
M87.074	S45.199A	S68.512A	S98.129A
M87.075	S45.201A	S68.512D	S98.129S
M87.076	S45.202A	S68.512S	S98.131A
M87.077	S45.209A	S68.519A	S98.131S
M87.078	S45.211A	S68.519D	S98.132A
M87.079	S45.212A	S68.519S	S98.132S
M87.08	S45.219A	S68.521A	S98.139A
M87.09	S45.291A	S68.521D	S98.139S
M87.10	S45.292A	S68.521S	S98.141A
M87.111	S45.299A	S68.522A	S98.141S
M87.112	S45.301A	S68.522D	S98.142A
M87.119	S45.302A	S68.522S	S98.142S
M87.121	S45.309A	S68.529A	S98.149A
M87.122	S45.311A	S68.529D	S98.149S
M87.129	S45.312A	S68.529S	S98.211A
M87.131	S45.319A	S68.610A	S98.211S
M87.132	S45.391A	S68.611A	S98.212A
M87.133	S45.392A	S68.612A	S98.212S
M87.134	S45.399A	S68.613A	S98.219A
M87.135	S45.801A	S68.614A	S98.219S
M87.136	S45.802A	S68.615A	S98.221A
M87.137	S45.809A	S68.616A	S98.221S
M87.138	S45.811A	S68.617A	S98.222A
M87.139	S45.812A	S68.618A	S98.222S
M87.141	S45.819A	S68.619A	S98.229A
M87.142	S45.891A	S68.620A	S98.229S

M87.143	S45.892A	S68.621A	S98.311A
M87.144	S45.899A	S68.622A	S98.311S
M87.145	S45.901A	S68.623A	S98.312A
M87.146	S45.902A	S68.624A	S98.312S
M87.150	S45.909A	S68.625A	S98.319A
M87.151	S45.911A	S68.626A	S98.319S
M87.152	S45.912A	S68.627A	S98.321A
M87.159	S45.919A	S68.628A	S98.321S
M87.161	S45.991A	S68.629A	S98.322A
M87.162	S45.992A	S68.711A	S98.322S
M87.163	S45.999A	S68.712A	S98.329A
M87.164	S47.1xxA	S68.719A	S98.329S
M87.165	S47.2xxA	S68.721A	S98.911A
M87.166	S47.9xxA	S68.722A	S98.911S
M87.171	S48.111A	S68.729A	S98.912A
M87.172	S48.111D	S75.001A	S98.912S
M87.173	S48.111S	S75.002A	S98.919A
M87.174	S48.112A	S75.009A	S98.919S
M87.175	S48.112D	S75.011A	S98.921A
M87.176	S48.112S	S75.012A	S98.921S
M87.177	S48.119A	S75.019A	S98.922A
M87.178	S48.119D	S75.021A	S98.922S
M87.179	S48.119S	S75.022A	S98.929A
M87.180	S48.121A	S75.029A	S98.929S
M87.188	S48.121D	S75.091A	T14.90
M87.19	S48.121S	S75.092A	T58.01xA
M87.20	S48.122A	S75.099A	T58.02xA
M87.211	S48.122D	S75.101A	T58.03xA
M87.212	S48.122S	S75.102A	T58.04xA
M87.219	S48.129A	S75.109A	T58.11xA
M87.221	S48.129D	S75.111A	T58.12xA
M87.222	S48.129S	S75.112A	T58.13xA
M87.229	S48.911A	S75.119A	T58.14xA
M87.231	S48.911S	S75.121A	T58.2X1A
M87.232	S48.912A	S75.122A	T58.2X3A
M87.233	S48.912D	S75.129A	T58.2X4A
M87.234	S48.912S	S75.191A	T58.8X1A
M87.235	S48.919A	S75.192A	T58.8X2A
M87.236	S48.919D	S75.199A	T58.8X3A
M87.237	S48.919S	S75.201A	T58.8X4A
M87.238	S48.921A	S75.202A	T58.91xA
M87.239	S48.921S	S75.209A	T58.92xA
M87.241	S48.922A	S75.211A	T58.93xA
M87.242	S48.922A	S75.212A	T58.94xA
M87.243	S48.922D	S75.219A	T70.3xxA
M87.244	S48.922S	S75.221A	T79.0xxA
M87.245	S48.929A	S75.222A	T80.0xxA
M87.246	S48.929D	S75.229A	T85.310A
M87.250	S48.929S	S75.291A	T85.311A

M87.251	S55.001A	S75.292A	T85.318A
M87.252	S55.002A	S75.299A	T85.320A
M87.256	S55.009A	S75.801A	T85.321A
M87.261	S55.011A	S75.802A	T85.328A
M87.262	S55.012A	S75.809A	T85.390A
M87.263	S55.019A	S75.811A	T85.391A
M87.264	S55.091A	S75.812A	T85.398A
M87.265	S55.092A	S75.819A	T85.510A
M87.266	S55.099A	S75.891A	T85.511A
M87.271	S55.101A	S75.892A	T85.518A
M87.272	S55.102A	S75.899A	T85.520A
M87.273	S55.109A	S75.901A	T85.521A
M87.274	S55.111A	S75.902A	T85.528A
M87.275	S55.112A	S75.909A	T85.590A
M87.276	S55.119A	S75.911A	T85.591A
M87.277	S55.191A	S75.912A	T85.598A
M87.278	S55.192A	S75.919A	T85.610A
M87.279	S55.199A	S75.991A	T85.612A
M87.28	S55.201A	S75.992A	T85.618A
M87.29	S55.202A	S75.999A	T85.620A
M87.30	S55.209A	S77.00xA	T85.622A
M87.311	S55.211A	S77.01xA	T85.628A
M87.312	S55.212A	S77.02xA	T85.630A
M87.319	S55.219A	S77.10xA	T85.638A
M87.321	S55.291A	S77.11xA	T85.690A
M87.322	S55.292A	S77.12xA	T85.692A
M87.329	S55.299A	S77.20xA	T85.698A
M87.331	S55.801A	S77.20xA	T86.820
M87.332	S55.802A	S77.21xA	T86.821
M87.333	S55.809A	S77.22xA	T86.822
M87.334	S55.811A	S78.011A	T86.828
M87.335	S55.812A	S78.011S	T86.829
M87.336	S55.819A	S78.012A	T87.0X1
M87.337	S55.891A	S78.012S	T87.0X2
M87.338	S55.892A	S78.019A	T87.0X9
M87.339	S55.899A	S78.019S	T87.1X1
M87.341	S55.901A	S78.021A	T87.1X2
M87.342		S78.021S	T87.1X9
		S78.022A	T87.2

The following ICD-10-CM diagnosis codes (Table A) must be billed with the appropriate diabetic diagnosis (Table B).

Table A			
ICD-10-Code(s)			
I70.232	I70.539	L97.214	L97.801 - L97.829
I70.233	I70.542	L97.219	L97.802
I70.234	I70.543	L97.221	L97.803
I70.238	I70.544	L97.222	L97.804

I70.239	I70.548	L97.223	L97.809
I70.242	I70.549	L97.224	L97.811
I70.243	I70.632	L97.301 - L97.329	L97.812
I70.244	I70.633	L97.302	L97.813
I70.248	I70.634	L97.303	L97.814
I70.249	I70.638	L97.304	L97.819
I70.332	I70.639	L97.309	L97.821
I70.333	I70.642	L97.311	L97.822
I70.334	I70.643	L97.312	L97.823
I70.338	I70.644	L97.313	L97.824
I70.339	I70.648	L97.314	L97.901 - L97.929
I70.342	I70.649	L97.319	L97.902
I70.343	I70.732	L97.321	L97.903
I70.344	I70.733	L97.322	L97.904
I70.348	I70.734	L97.323	L97.909
I70.349	I70.738	L97.324	L97.911
I70.432	I70.739	L97.401 - L97.429	L97.912
I70.433	I70.742	L97.402	L97.913
I70.434	I70.743	L97.403	L97.914
I70.438	I70.744	L97.404	L97.919
I70.439	I70.748	L97.409	L97.921
I70.442	I70.749	L97.411	L97.922
I70.443	L97.201 - L97.229	L97.412	L97.923
I70.444	L97.202	L97.413	L97.924
I70.448	L97.203	L97.414	
I70.449	L97.204	L97.419	
I70.532	L97.209	L97.421	
I70.533	L97.211	L97.422	
I70.534	L97.212	L97.423	
I70.538	L97.213	L97.424	

Table B			
ICD-10-PCS Code(s)			
E10.40	E10.65	E11.622	E13.621
E10.42	E10.69	E11.65	E13.622
E10.51 - E10.59	E10.8	E11.69	E13.65
E10.52	E11.51 - E11.59	E11.8	E13.69
E10.610 - E10.618	E11.52	E13.51 - E13.59	E13.8
E10.620 - E10.628	E11.618	E13.52	
E10.621	E11.620 - E11.628	E13.618	
E10.22	E11.621	E13.620 - E13.628	

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), ICD-9-CM procedure codes, and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent

editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code

The following codes are covered by Medicaid and NCHC:

Professional

99183

Facility

RC413

5A05121

Facilities shall utilize ICD-10-PCS code 5A05121, Extracorporeal Hyperbaric Oxygenation, Intermittent.

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Providers shall follow applicable modifier guidelines.

E. Billing Units

The provider(s) shall report the appropriate code(s) used which determines the billing unit unit(s). One unit = one session.

F. Place of Service

Inpatient, Outpatient

G. Co-payments

For Medicaid refer to Medicaid State Plan:

<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

For NCHC refer to NCHC State Plan:

<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

H. Reimbursement

Provider(s) shall bill their usual and customary charges.

For a schedule of rates, refer to: <https://medicaid.ncdhhs.gov/>