

Hyperbaric Oxygen Therapy 935A – 937A

Billing Information Sheet

Insured Services, Medical Services Branch

1.	BACKGROUND
	This was a request to implement a new service code for the provision of providing hyperbaric oxygen treatment.
2.	SEE PHYSICIAN PAYMENT SCHEDULE (PPS) FOR THE FULL DESCRIPTOR
	Hyperbaric Oxygen Therapy (HBOT) The administration and supervision (direct continuous and indirect non-continuous) of hyperbaric oxygen therapy including assessment, examination, ongoing monitoring of the patient's condition, and intervention, as appropriate. 1. Billable only when provided in an MSB-approved facility. 2. Billable only for the treatment of those clinical conditions recognized and approved by Health Canada. 3. HBOT is only eligible for payment for idiopathic sudden sensorineural hearing loss when the following conditions are met: a) The patient is treated concurrently with corticosteroid unless corticosteroids are contraindicated; and b) The treatment is initiated within 14 days of a diagnosis of ISSHL that is made or confirmed by an Otolaryngologist. 4. Visit services billed in conjunction at the same patient contact must be medically required and fulfill all requirements as indicated in the Payment Schedule. Visit services are not to be billed in addition to 935A when only pre- and/or post-assessment and exam services are provided - these services are included in 935A fee.
3.	SAMPLE BILLING SCENARIOS
	935A Hyperbaric Oxygen Therapy – Continuous Attendance --first 15 minutes 936A Hyperbaric Oxygen Therapy – Continuous Attendance --subsequent 15 minutes or major portion thereof -- bill units, maximum 11 units per session. 937A Hyperbaric Oxygen Therapy – Non-Continuous Indirect Supervision Please note: • The start and stop times must be documented in the medical record as per "Documentation Requirements for the Purposes of Billing".

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EXAMPLES:

A. HBOT continuous attendance from 08:00 to 08:45

Correct Billing

- 935A billed with comments “08:00 – 08:15”
936A billed with 2 units and comments “08:15 – 08:45”

Incorrect Billings

- 936A billed with 3 units and comments “08:00 – 08:45” – *will be rejected with explanatory code **FM** because of the absence of the base code 935A.*

B. HBOT continuous attendance from 08:00 to 08:45 and HBOT non-continuous attendance 08:45 to 10:00.

• Dr. A

935A billed with comments “08:00 – 08:15” – *payable*
936A billed with 2 units and comments “08:15 – 08:45” – *payable*
937A billed with comments “08:45 to 10:00” – *payable*

Dr. B

937A billed with comments “09:00 to 9:15” – *will be rejected **BK** as 937A is billable once per patient per session.*

C. HBOT 08:00 – 08:15 and (3B) Visit Service

- 935A billed with comments “08:00 – 08:15” – *payable*
3B billed with no comments – *will be rejected with explanatory code **DP**.*
- 935A billed with comments “08:00 – 08:15” – *payable*
3B billed with report but no indication that the visit was medically required – *not payable with explanatory code **BO**.*
- 935A billed with comments “08:00 – 08:15” – *payable*
3B billed with report indicating visit was medically required and fulfill all requirements as indicated in the Payment Schedule – *payable*

D. HBOT 09:00 – 13:00

- 935A billed with comments “09:00 – 09:15” – *payable*
936A billed with 15 units and comments “09:15 – 13:00” – *will be split into 2 lines: (1) 936A with 11 units is paid; (2) 936A with 4 units is rejected with explanatory code **BT**. Satisfactory written report is required.*
- 935A billed with comments “09:00 – 09:15” – *payable*
936A billed with 15 units and satisfactory written report – *will be split into 2 lines: (1) 936A with 11 units is paid; (2) 936A with 4 units is also paid.*