

The Updated Novitas Local Coverage Determination for Hyperbaric Oxygen Therapy – What Providers Must Know



Jan. 11, 2016

Program: 10 – 11:30 a.m. **Fee:** *NJHA Member:* \$69/person **Seminar:** EDU 1632W *Non-Member:* \$99/person

PROGRAM OVERVIEW:

The Centers for Medicare and Medicaid Services (CMS) prior authorization pilot program for hyperbaric oxygen therapy began in August in New Jersey. This means that to ensure that claims are not subject to pre-payment review, providers must submit a prior authorization request to Novitas, the Medicare Administrative Contractor. Novitas is using CMS's national coverage determination for HBO therapy as the basis for its reviews of prior authorization requests. In late 2015, Novitas also finalized a new local coverage determination (LCD) that provides additional detail related to the criteria that must be met for a prior authorization request to be approved. This Webinar will delve into the specifics of the new LCD including: the history that led to the prior authorization pilot; review of the LCD; pertinent changes and criteria that have proven to be problematic to interpret; clarification of the documentation requirements and utilization guidelines; medical practice patterns expected to be used; the scope of documentation that must be in the medical record; and physician supervision requirements.

OBJECTIVES:

- 1. To understand the rationale for the prior authorization pilot
- 2. To learn the NCD and revised local coverage determination's documentation requirements and utilization guidelines for hyperbaric oxygen therapy
- 3. To identify medical practice patterns for specific conditions that are expected to be employed.

TARGET AUDIENCE:

Physicians, advanced practice nurses and other clinicians involved in providing HBO therapy, as well as administrative and finance professionals engaged in managing and billing for HBO therapy under Medicare.

CONTINUING EDUCATION CREDITS:

Accreditation Statement

HRET is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

AMA Credit Designation Statement

HRET designates this live activity for <u>1.5</u> *AMA PRA Category 1 Credits*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

DISCLOSURE INFORMATION: Full disclosure will be provided at the educational activity.

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AGENDA

10 a.m. Welcome

Theresa Edelstein, MPH, LNHA

Vice President, Post-Acute Care Policy and Special Initiatives

New Jersey Hospital Association

10:05 a.m. The Novitas LCD for Hyperbaric Oxygen Therapy

Valerie Short

Director, Operations and Compliance *National Baromedical Services, Inc.*

11:15 a.m. **Questions and Answers**

11:30 a.m. Adjournment

Registration Guidelines for 2016

PAYING BY CREDIT CARD

<u>Guarantee</u> your spot now by paying for your registration online with a credit card. **It's secure and easy.**

Click "Register for this Event" button below to begin the online registration process.

<u>Note</u>: For security purposes, **DO NOT** mail credit card information with your security code to the P.O. Box. Save time and register online through our <u>secure</u> Website.

PAYING BY CHECK

<u>Fax your registration form prior to mailing with payment</u>. Include the seminar number on the check. Your registration will not be confirmed until payment is received by HRET-NJ. The registration form must accompany checks in order to allocate payment properly to each registrant's record.

FAX: 609-275-4271

Make check payable to: HRET of NJ

Mail to: HRET of NJ – P.O. Box 828691 – Philadelphia, PA 19182-8691

Payments by mail must be postmarked no later than Monday, Jan. 4, 2016

GENERAL INFORMATION

- FAX REGISTRATION FORM PRIOR TO MAILING TO (609) 275-4271.
- Registration fee is for **ONE** (1) connection in the name of the registrant. Additional connections made from within the organization by an unregistered participant, duplicate connections made from a single registrant, or from a participant with an affiliated organization that has not previously registered for the Webinar will result in additional fees assessed to the registered participant.
- HRET/NJHA staff reserve the right to refuse participation if payment is not received in full prior to the commencement of the program.
- WebEx is the Webinar provider for HRET/NJHA. Contact your organization's IT Department prior to the start of the event to assure the organization's network is equipped to run the application necessary to view this Webinar.
- WebEx will send confirmation and reminder emails directly to all participants. Please check **inbox and junk mail folders** frequently for emails from WebEx regarding updated program information and login accessibility.
- Registration and payment inquiries contact 609-275-4180 or HRETEducation@njha.com
- Program inquiries contact Theresa Edelstein at tedelstein@njha.com

Registration Guidelines for 2016 (cont'd)

CANCELLATION POLICY

- To cancel your attendance for any reason, NJHA requests a notice of cancellation 48 hours prior to the start of each Webinar. E-mail: HRETEducation@njha.com or phone: (609) 275-4180.
- Cancellations must be received by Jan. 7 and will receive a refund minus a \$25 administrative fee.
- No refunds will be issued after the deadline.
- Registrants unable to participate may transfer their enrollment to an alternate participant from the same organization. Alternate participants must be registered with HRET-NJ at least two business days prior to the scheduled event. Their contact information should be forwarded to HRETEducation@njha.com and include the program number (EDU 1632W) in the subject line of the e-mail.

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Job Title:	Job Title:
Degrees/Credentials (MD, RN, LNHA, etc.):	Degrees/Credentials (MD, RN, LNHA, etc.):
Email:	Email:
Phone number:	Phone number:
Organization:	Additional Registrant:
Organization Address:	Job Title:
City, State, Zip:	Degrees/Credentials (MD, RN, LNHA, etc.):
Registration Contact:	Email:
Contact email:	Phone number:
Contact phone:	Additional Registrant:
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Expiration Date: Security Code:	Degrees/Credentials (MD, RN, LNHA, etc.):
Name on credit card:	Email:
Billing Address: (street, city, state, zip)	Phone number: