



November 15, 2023

Submitted electronically via: [www.regulations.gov](http://www.regulations.gov)

Centers for Medicare & Medicaid Services,  
Department of Health and Human Services  
7500 Security Boulevard, Baltimore, MD 21244-1850  
Baltimore, MD 21244-1810

REF: CMS-1786-FC / OPPTS Final Rule  
APC Rate Hyperbaric Oxygen Therapy (G0277)

Dear CMS,

I am communicating about the Centers for Medicare & Medicaid Services (CMS) finalized Medicare payment rates for Hospital Outpatient Prospective Payment System (OPPS) services for calendar year (CY) 2024, which was posted on November 2, 2023. In the final rule, the facility fee (APC rate) for hyperbaric oxygen therapy (G0277) was **reduced to \$73.64 per 30-minute segment from the current rate of \$125.07 per 30-minute segment. This is an unsustainable 41.5% decrease**, which over the past decade has no historical precedent. Clouding this issue further is the fact that the CMS provided no warning or rationale for the unexpected adjustment from the proposed rate of \$134.51 (initially published in July 2023). Had this been published in the proposed rule, relevant stakeholders (e.g., Medicare beneficiaries, clinical providers, healthcare institutions, industry) would have had the opportunity to comment.

The CMS National Coverage Determination (20.29) established coverage indications for HBO<sub>2</sub> therapy, which is a proven modality, supported by published medical evidence, that has helped to improve and maintain the quality of life for hundreds of thousands of patients suffering with one or more of the following diagnoses:

1. Acute carbon monoxide intoxication,
2. Decompression illness,
3. Gas embolism,
4. Gas gangrene,
5. Acute traumatic peripheral ischemia.
6. Crush injuries and suturing of severed limbs.
7. Progressive necrotizing infections (necrotizing fasciitis),
8. Acute peripheral arterial insufficiency,
9. Preparation and preservation of compromised skin grafts (not for primary management of wounds),

10. Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management,
11. Osteoradionecrosis as an adjunct to conventional treatment,
12. Soft tissue radionecrosis as an adjunct to conventional treatment,
13. Cyanide poisoning,
14. Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment,
15. Diabetic wounds of the lower extremities in patients who meet the following three criteria:
  - a. Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes,
  - b. Patient has a wound classified as Wagner grade III or higher, and
  - c. Patient has failed an adequate course of standard wound therapy.

At the time of this letter's submission, it has remained unclear if an error occurred while calculating the final APC rate of 73.64 per 30-minute segment, if the Medicare cost data files used in the calculations were erroneously skewed, or if an error occurred in the final reporting of the results. Nonetheless, a deep analysis is not necessarily required to foresee that a > 41% reduction in reimbursement will undoubtedly stress current hyperbaric resources, thus resulting in a cascading response of staff cuts, patient safety issues related to maintenance expenditures, and probable HBO<sub>2</sub> site closures. All of which will ultimately restrict patient access to needed HBO<sub>2</sub> treatments. Such a devastating reduction will threaten healing rates for every previously highlighted indication throughout the United States by forcing providers and patients to choose less effective alternative therapies. For example, patients living with chronic diabetic foot ulcers complicated with osteomyelitis will see increases in amputation rates where access to adjunct HBO<sub>2</sub> therapy is not available.<sup>1,2,3,4</sup>

As advocates for our Medicare beneficiaries, I confidently speak for myself and my practicing hyperbaric/wound colleagues that we formally appeal to CMS to re-evaluate the final rule pertaining to the facility fee (APC rate) for HBO<sub>2</sub> therapy (G0277), resulting in a **reduction to \$73.64 per 30-minute segment from the current rate of \$125.07 per 30-minute segment**. We would appreciate any clarification on why this rate reduction will be imposed, as there was no notification or discussion before publishing the final rule.

Respectively,



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## References:

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4. Baroni G, Porro T, Faglia E, et al. Hyperbaric oxygen in diabetic gangrene treatment. *Diabetes Care.* 1987;10(1):81-86. doi:10.2337/diacare.10.1.81