



Department:	Medical Management	Original Approval:	11/28/2012
Policy #:	MM144	Last Approval:	05/13/2019
Title:	Home Oxygen		
Approved By:	UM Medical Subcommittee		

REQUIRED DOCUMENTATION

For initial Oxygen request:

- Clinical documentation from visit within 3 months of the request, including history exam, diagnosis, assessment and plan
- Arterial blood gas or oxygen saturation at rest and/or with exercise showing saturation less than 89%.
- The conditions under which the blood gas or oxygen saturation are performed must be specified in writing and submitted with the initial claim, (such as, at rest, during exercise, or during sleep.
- When oxygen is prescribed based on an oximetry study obtained during exercise, there must be documentation of three oximetry studies in the member’s medical record.
 - Testing at rest without oxygen, and
 - Testing during exercise without oxygen, and
 - Testing during exercise with oxygen applied
- Blood gas studies or oxygen saturation should be done while the patient is in the chronic stable state, not during a period of an acute illness or an exacerbation of their underlying disease.
- Orders signed by the physician, which must include:
 - Prescribed oxygen flow rate
 - Means of delivery (such as mask, nasal cannula)
 - Estimate of the frequency, duration of use (such as 2 liters per minute 10 minutes per hour, 12 hours per day) and duration of need (such as 6 months or lifetime)
 - **NOTE:** A prescription for “Oxygen PRN” or “Oxygen as needed” does not meet this last requirement.

For continuation of oxygen for Medicare and Apple Health members:

- Documentation of benefit of the oxygen therapy to the member
- Orders signed by the physician, which must include:
 - Prescribed oxygen flow rate and instructions
 - **NOTE:** A prescription for “Oxygen PRN” or “Oxygen as needed” does not meet this last requirement.
 - Note: patients with serious respiratory conditions need regular follow up. If it is noted during the review that the patient has apparently not had follow up within 12 months, a referral to case management will be made.

For Cluster Headaches for Medicare and Medicaid members the required documentation includes all of the following:

- Diagnosis of Cluster headaches
- History of the headaches and neurologic exam
- Medications that the patient has tried to prevent cluster headaches

BACKGROUND

None.

DEFINITIONS

None.

INDICATIONS/CRITERIA

Medicaid Members	MM144
Medicare Members	MM144

INDICATIONS/CRITERIA for INITIATION OF OXYGEN (STATIONARY OR PORTABLE)

For EPSDT Apple Health members (20 and under):

- The provider (physician, ARNP, or PA) has documented a diagnosis expected to be helped by oxygen
- The provider has ordered the oxygen

Medicare Members and Apple Health Members age 21 and older:

FOR OXYGEN SYSTEMS (STATIONARY OR PORTABLE), THE FOLLOWING CRITERIA ARE REQUIRED (A-D):

- A. The treating provider has determined that the member has a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy
- B. The member's blood gas study or pulse oximetry reading meets Group I or Group II criteria range stated below when member is tested in the "chronic stable state":

1. GROUP I CRITERIA



- Arterial PO₂ ≤ 55 mm Hg or pulse oximetry reading ≤ 88% at rest on room air, **OR**
- An arterial PO₂ ≤ 55 mm Hg or pulse oximetry reading ≤ 88% taken during sleep for at least 5 minutes for a member who demonstrates an arterial PO₂ ≥ 56 mm Hg, or pulse oximetry reading ≥ 89 % while awake, **OR**
- A decrease in arterial PO₂ > 10 mm Hg, or a decrease pulse oximetry reading > 5 % from baseline saturation, for at least 5 minutes taken during sleep associated with symptoms or signs reasonably attributable to hypoxemia, **OR**
- An arterial PO₂ ≤ 55 mm Hg or pulse oximetry reading ≤ 88%, taken during exercise, for a member who demonstrates an arterial PO₂ ≥ 56 mm Hg or pulse oximetry reading ≥ 89 % during the day while at rest. In this case, oxygen is provided during exercise if it is documented that the use of oxygen improves the hypoxemia that was demonstrated during exercise on room air.

2. GROUP II CRITERIA

- An arterial PO₂ between 56-59 mm Hg or pulse oximetry reading of 89% at rest, during sleep, or during exercise (as described in Group I) **AND**
- Any of the following:
 - Dependent edema suggesting congestive heart failure (CHF) **or**
 - Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVF), **or**
 - Erythrocythemia with a hematocrit > 56%

- C. If oxygen is being prescribed for hospital discharge, the patient could not be weaned from oxygen during a hospitalization.

COVERAGE DENIAL

Oxygen therapy is not considered reasonable and necessary for the following conditions:

- Angina pectoris in the absence of hypoxemia. This condition is generally not the result of a low oxygen level in the blood and there are other preferred treatments.
- Dyspnea without cor pulmonale or evidence of hypoxemia
- Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities but in the absence of systemic hypoxemia. There is no evidence that increased PO₂ will improve the oxygenation of tissues with impaired circulation.
- Terminal illnesses that do not affect the respiratory system

CONTINUATION OF OXYGEN THERAPY

For EPSDT Apple Health members (20 and under):

- The provider has documented a diagnosis expected to be helped by supplemental oxygen
- The member is benefited by the oxygen

- The provider has ordered the oxygen

Medicare and Apple Health Members 21 and older continuation:

- Chronic lung condition and documented hypoxemia in the past
- Adequate oxygen on current dose
- Provider verifies that the member still needs oxygen and is benefiting from oxygen
- Orders signed by the provider (physician, ARNP or PA)

SPECIAL CONSIDERATIONS

HOME OXYGEN CONCURRENT WITH CPAP/BiPAP CRITERIA INCLUDE ALL THE FOLLOWING:

- The member must meet requirements for both therapies (PAP criteria listed in MM135 and home oxygen)
- To demonstrate member qualifies for oxygen therapy, pulse oximetry values must be obtained during the titration portion of the polysomnography, when the OSA has been sufficiently treated such that the underlying severe lung disease is unmasked

FOR CLUSTER HEADACHES FOR MEDICARE AND MEDICAID MEMBERS THE CRITERIA INCLUDE ALL THE FOLLOWING:

- The member has a diagnosis of Cluster Headaches
- The patient has tried and failed to prevent the Cluster Headaches with preventive medications (such as verapamil)

OTHER CONDITIONS

For all other specifics of coverage including repair and replacement of equipment CHPW will follow: [Noridian Local Coverage Determination \(LCD\): Oxygen and Oxygen Equipment \(L33797\)](#)

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR	
WAC	
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH
	<input checked="" type="checkbox"/> IMC
	<input checked="" type="checkbox"/> MA
Other Requirements	
NCQA Elements	UM2

Revision History

Revision Date	Revision Description	Revision Made By
11/28/2012	Original Approval	MMLT
01/10/2014	Criteria revised; maximum 5 year approval added to comply with CMS requirements; benefit references updated	MMLT
01/28/2015	Approval	MMLT
03/04/2016	References and links checked	Kate Brostoff, MD
03/01/2017	Minor editing and links checked	Cyndi Stilson, RN
03/01/2017	Approval	MMLT
10/13/2017	Changes to include criteria revised to include annual recertification up to a maximum of 5 years, indications for criteria approval, special considerations and denial indications included.	Sheila Ranganathan RN
10/13/2017	Approved	LuAnn Chen, MD



10/16/2017	Approval	MMLT
03/27/2018	Changed from UM021	Cindy Bush
04/23/2018	Transferred to new template	Cindy Bush
09/04/2018	Removed reference to the NCD 240.2 other than for cluster headaches for MA members. Listed required documentation. Removed reference to PA and duplicate reference to the benefit grid. Specified that both orders and CMN are required for initial and continuation requests. Moved portable oxygen criteria from special considerations to indications/criteria. Clarified that oxygen is not covered for CH for AH members.	LuAnn Chen, MD
09/20/2018	Approved	UM Medical Subcommittee
09/26/2018	Approved	UM Committee
03/29/2019	Changed face to face requirement to be within 3 months. Added provisional approval without CMN.	Yves Houghton, RN
04/05/2019	Approval	UM Committee
5/10/2019	Removed oxygen saturation documentation requirements for initiation of oxygen for EPSDT members and for continuation of oxygen for all members. Removed requirement for CMN as long as the necessary information is in the orders and other records. Removed requirement for face to face visit for renewal (will be encouraged by CM).	LuAnn Chen, MD
05/13/2019	Approved	UM Medical Subcommittee