



IEHP UM Subcommittee Approved Authorization Guideline			
<b>Guideline</b>	Home Use of Oxygen	<b>Guideline #</b>	UM_DME 08
		<b>Original Effective Date</b>	11/18/2009
<b>Section</b>	Durable Medical Equipment	<b>Revision Date</b>	9/19/2018

## COVERAGE POLICY

IEHP considers home oxygen medically necessary durable medical equipment (DME) in the following circumstances:

- A. Chronic hypoxia, secondary to the following conditions:
  1. Diagnosis of severe lung disease and qualifying lab values:
    - a. Chronic obstructive pulmonary disease (COPD);
    - b. Diffuse interstitial lung disease;
    - c. Cystic fibrosis;
    - d. Bronchiectasis;
    - e. Widespread pulmonary neoplasm;
    - f. Pediatric bronchopulmonary dysplasia (BPD);
  2. Diagnosis of other hypoxia-related symptoms or findings with qualifying lab values:
    - a. Pulmonary hypertension;
    - b. Recurring congestive heart failure due to chronic cor-pulmonale;
    - c. Erythrocytosis (hematocrit greater than 55%);
- B. Acute hypoxia, associated with other conditions with qualifying lab values:
  1. Pneumonia;
  2. Asthma;
  3. Croup;
  4. Bronchitis and/or bronchiolitis;
  5. Exacerbation of chronic obstructive pulmonary disease (COPD).
- C. The treatment of acute hypoxia associated with pneumonia, asthma, croup, bronchitis, and COPD exacerbations, may require short-term therapy (generally less than one month duration). Ongoing treatment for such conditions is considered not medically necessary, absent special circumstances. This requires repeat medical review and laboratory qualification. These requests are to be reviewed on a monthly basis.
- D. Diagnoses unrelated to hypoxia:
  1. Cluster headaches: 100% oxygen via loose fitting facemask (7 to 10L/ min. for 15 min) is considered an effective therapy for acute cluster headache. High-flow oxygen has been shown to abort the headache within several minutes.
- E. Qualifying laboratory values (obtained while breathing ambient air):
  1. Resting arterial partial pressure of oxygen (PaO<sub>2</sub>) less than or equal to 55 mm Hg or arterial oxygen saturation (SaO<sub>2</sub>) less than or equal to 88%.
  2. Resting PaO<sub>2</sub> of 56-59 mm Hg or (SaO<sub>2</sub>) of 89% in the presence of *any* of the following:
    - a. Dependent edema suggesting congestive heart failure;

- b. Pulmonary hypertension;
  - c. Cor pulmonale, or P pulmonale on the electrocardiogram (P wave greater than 3 mm in standard leads II, III, or aVF);
  - d. Erythrocytosis with hematocrit greater than 55%.
3. Resting PaO<sub>2</sub> greater than 59 mm Hg or oxygen saturation greater than 89% only with additional documentation justifying the oxygen prescription and a summary of one or more conservative therapies that has failed.

F. Special Conditions

- 1. Patients who desaturate to an SaO<sub>2</sub> less than or equal to 88% only during exercise and who demonstrate improvement in both hypoxia and dyspnea or exercise capacity when using supplemental oxygen are candidates for supplemental oxygen during exercise only.
- 2. Patients who desaturate only during sleep to an SaO<sub>2</sub> of less than or equal to 88% are candidates for nocturnal supplemental oxygen, if:
  - a. The desaturation is for more than 30% of the night or there is evidence of otherwise unexplained pulmonary hypertension, cor pulmonale, edema secondary to right heart failure, **or** erythrocytosis with a hematocrit greater than 55%; **and**
  - b. In whom obstructive sleep apnea (OSA) and other nocturnal apnea or hypoventilation syndromes have been ruled out, **or**, if OSA or other nocturnal apnea or hypoventilation syndromes are present, have persistent desaturation despite correction by continuous positive airway pressure (CPAP) or non-invasive positive pressure respiratory assist devices (e.g. BiPAP®).

G. Documentation Requirements

- 1. A physician's certification of medical necessity for home oxygen must:
  - a. Include the results of specific testing [pulse oximetry or arterial blood gas (ABG)].
  - b. Be supported by medical documentation in the patient's record showing attempted treatment and failure of other medical therapies (therapies directed at reduction of secretions, bronchospasm and infection).
  - c. Be accompanied by the provider's recent physical exam (within a month of the start of therapy) and must specify:
    - i. A diagnosis of the disease requiring home use of oxygen.
    - ii. The oxygen flow rate.
    - iii. An estimate of the frequency, duration of use (e.g. 2 liters per minute, 10 minutes per hour, 12 hours per day), and duration of need (e.g. 6 months or lifetime).

The ABG or Pulse Ox study must have been ordered and evaluated by the attending physician. It may be performed either by the attending or a qualified provider/supplier of laboratory services, with results mailed or faxed directly back to the attending physician. **A DME supplier is not considered a qualified provider or supplier of laboratory services for purposes of these guidelines, and at no time should the provider or supplier of lab services communicate with the DME supplier.**

H. Length of Authorization

Authorization for the rental of an oxygen delivery system may be granted in increments of up to 12 months, both for the initial authorization and for reauthorization.

## **COVERAGE LIMITATIONS AND EXCLUSIONS**

Oxygen for home use is considered experimental and investigational and thus not medically necessary for indications other than those noted above.

## **ADDITIONAL INFORMATION**

Home oxygen therapy provides oxygen at concentrations greater than the ambient air with the intention of treating or preventing symptoms of hypoxic or non-hypoxic medical conditions. Arterial oxygen saturation of hemoglobin (SaO<sub>2</sub>) can be measured by arterial blood gas (ABG) sampling or pulse oximetry (pulse ox). Normal values of oxygen saturation (SaO<sub>2</sub>) are 94% to 100%.

## **CLINICAL/REGULATORY RESOURCE**

### **Medicare/National Coverage Determination (NCD) N24.02**

The treating physician's prescription or other medical documentation must indicate that other forms of treatment (i.e. medical and physical therapy directed at secretions, bronchospasm and infection) have been tried, have not been sufficiently successful, and oxygen therapy is still required.

A physician's certification of medical necessity for oxygen equipment must include the results of specific testing before coverage can be determined.

Claims for oxygen must also be supported by medical documentation in the patient's record. This documentation may be in the form of a prescription from the patient's attending physician who has recently examined the patient (normally within a month of the start of therapy) and must specify:

1. A diagnosis of the disease requiring home use of oxygen
2. The oxygen flow rate
3. An estimate of the frequency, duration of use ((e.g. 2 liters per minute, 10 minutes per hour, 12 hours per day), and duration of need (e.g. 6 months or lifetime)

Initial claims for oxygen therapy must also include the results of a blood gas study that has been ordered and evaluated by the attending physician. This is usually a measurement of the partial pressure of oxygen (PO<sub>2</sub>) in arterial blood. A measurement of arterial oxygen saturation obtained by ear or pulse oximetry, however, is also acceptable when ordered and evaluated by the attending and performed under his or her supervision or when performed by a qualified provider or supplier of laboratory services. A DME supplier is not considered a qualified provider or supplier of laboratory services for purposes of these guidelines.

### **Medi-Cal Provider Manual on DME: Bill for Oxygen and Respiratory Equipment**

Authorization for oxygen requires that the patient's PaO<sub>2</sub> must be 55 mm Hg or less, or the SaO<sub>2</sub> must be 88 percent or less with the ABG or oximetry study performed on room air in the chronic stable state within 30 days of the oxygen request, or if hospitalized no more than two days prior to hospital discharge.

When the arterial PaO<sub>2</sub> is 56-59 mm Hg or the SaO<sub>2</sub> is 89 %, a secondary diagnosis is required, such as congestive heart failure, cor pulmonale, or erythrocytosis/erythrocythemia, or polycythemia.

Authorization for the rental of an oxygen delivery system may be granted in increments of up to 12 months, both for the initial authorization and for reauthorization.

## **DEFINITION OF TERMS**

None

## **REFERENCES**

1. Medicare/CMS (National Coverage Determination (NCD) 240.2: Home Use of Oxygen, effective 10/27/1993, Accessed 8/31/2018 at: [www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_Part4.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf)
2. Medi-Cal Provider Manual. Durable Medical Equipment (DME): Bill for Oxygen and Respiratory Equipment. June 2017
3. Medicare Local Coverage Determination (LCD) L33797:  
<https://www.cms.gov/medicare-coverage-database/search/document-id-search-results.aspx?DocID=L33797&bc=iAAAAAAAAAAAAAAAAA%3D%3D>

## **DISCLAIMER**

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