

**Review Criteria**  
Georgia Region

DEPARTMENT:	Quality Resource Management	CRITERIA NUMBER:	No. 03-13
SECTION:	Utilization Management	EFFECTIVE DATE:	3/16/2003
TITLE:	Home Oxygen Therapy	LAST REVISION DATE:	8/28/23
		NEXT REVISION DATE:	2/28/24
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APPROVAL BODY/ COMMITTEE:	Utilization Management Committee		

**1.0 PURPOSE**

This policy provides the indications and contraindications necessary for the Quality Resource Management staff to make the most appropriate decision related to the medical necessity of the procedure listed.

**2.0 DIAGNOSIS/CONDITION**

2.1 E84.9, CM150.9, J47.1-J47.9

**3.0 CPT/HCPCS CODES AND DESCRIPTIONS**

3.1 Indicators: E1390, E1399, E0424-25; E0430-31; E0433-35; E0439-40; E0443-44

**4.0 INDICATIONS**

4.1 Physician prescription or clinical documentation are required.

4.2 A severe lung disease, such as:

- chronic obstructive pulmonary disease,
- diffuse interstitial lung disease,
- cystic fibrosis, bronchiectasis,
- chronic oxygen dependance,
- widespread pulmonary neoplasm,
- hypoxia-related symptoms or findings that might be expected to improve with oxygen therapy such as:
  - symptoms and findings of pulmonary hypertension,
  - recurring congestive heart failure due to chronic cor pulmonale, erythrocytosis (HCT > 56),
  - Impairment of the cognitive process, nocturnal restlessness, and morning headache.

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- 4.3 The document must include documentation of Hypoxia required (may include any of the following):
- 4.3.1 A measurement of the partial pressure of oxygen (PO<sub>2</sub>) in arterial blood or a measurement of arterial oxygen saturation obtained by ear or pulse oximetry.
  - 4.3.2 A greater than normal fall in oxygen level during sleep (a decrease in arterial PO<sub>2</sub> more than 10 mm Hg or decrease in arterial oxygen saturation more than 5 percent) associated with symptoms or signs reasonably attributable to hypoxemia (e.g., impairment of cognitive processes and nocturnal restlessness or insomnia).
  - 4.3.3 A pulse ox of < 90% on a 6-minute walk test (6MWT). This may be performed by primary care, pulmonology, or the oxygen clinic. May be performed virtually.
- 4.4 A valid prescription for oxygen must include:
- The oxygen flow rate
  - 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 type of oxygen delivery system to be used (i.e., gas, liquid, or concentrator)
  - The means of oxygen delivery (mask, nasal, cannula, etc.),
  - The specifics of any varying flow rates
  - The noncontinuous use of oxygen as appropriate.
- 4.5 Additional Points:
- 4.5.1 New medical documentation written by the patient's attending physician must be submitted in support of any revised oxygen requirements when there has been a change in the patient's condition and need for oxygen therapy.
  - 4.5.2 After 36 months, the oxygen delivery system is not needed for review. Home O<sub>2</sub> supplies may be approved annually (member needs at least 1 annual visit with PCP or Pulmonologist).
  - 4.5.3 Patients on chronic oxygen therapy require annual reviews to include oxygen saturation with 6-minute walk test, or pulse Ox < 89% on room air.
  - 4.5.4 Members on chronic oxygen, that have missed 2 oxygen clinic appointments for recertification will be sent a letter from QRM denying continued oxygen due to lack of clinical information to determine medical necessity. At that time, member may continue to self-pay for oxygen. Member's PCP and pulmonary doctor, if applicable, will be notified via staff message in health connect. (Note: Oxygen is not removed from the members home by vendor until a physician writes a discontinuation order).

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- 4.6 Other diagnoses for which short-term use of oxygen has been shown to be beneficial (unrelated to hypoxia), e.g., cluster headaches may be certified as medically necessary on an individual case basis upon medical review:
  - 4.6.1 Cluster headaches that meet the diagnostic criteria used by the International Headache Society to form a definitive diagnosis of CH (see appendix), where the headaches are refractory to prescription medications.
  - 4.6.2 Hemoglobinopathies. Self-administration of adjunctive short-term oxygen therapy in the outpatient setting has been shown to be beneficial and reduce hospitalizations in individuals with hemoglobinopathies, such as hemoglobin sickle cell disease, during vaso-occlusive crisis exacerbated by hypoxia.
  - 4.6.3 Infants with BPD may have variable oxygen needs, thus, consideration on a case-by-case basis may be required in the absence of documentation of otherwise qualifying oxygen saturation values.
- 4.7 Noncovered – Uses of Oxygen
  - 4.7.1 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.
  - 4.7.2 Breathlessness without cor pulmonale or evidence of hypoxemia. Although intermittent oxygen use is sometimes prescribed to relieve this condition; it is potentially harmful and psychologically addicting.
  - 4.7.3 Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities. There is no evidence that increased PO<sub>2</sub> improves the oxygenation of tissues with impaired circulation.
  - 4.7.4 Terminal illnesses that do not affect the lungs.
- 4.8 Requirements for a portable oxygen system
  - 4.8.1 A patient may qualify for coverage of a portable oxygen system to use in addition to a stationary oxygen system.
  - 4.8.2 A portable oxygen system is covered for a particular patient if:
    - 4.8.2.1 The requirements for oxygen use as above have been met.
    - 4.8.2.2 The medical documentation indicates that the patient is mobile in the home and would benefit from the use of a portable oxygen system in the home.
      - 4.8.2.2.1 Portable oxygen systems are not covered for patients who qualify for oxygen solely based on blood gas studies obtained during sleep.

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4.9 A liquid oxygen system is not available in GA.

## 5.0 CONTRAINDICATIONS

5.1 A second oxygen tank (spare tank) is considered not medically necessary, except in instances where the member is dependent on continuous oxygen. A single oxygen tank may be considered medically necessary for a person who is dependent on an oxygen concentrator.

5.2 Emergency or standby oxygen systems are considered not medically necessary.

5.3 Duplicate oxygen systems are considered convenience items and not medically necessary. Members may have a stationary (E1390) and portable (E1392) oxygen concentrator, but not another portable system (E0433 with E0434; and, K0738 with E0431)

## 6.0 Portable Oxygen Concentrator Criteria

6.1 Portable Oxygen Concentrators: Portable oxygen concentrators systems are considered medically necessary as an alternative to ambulatory oxygen systems for members who meet both of the following criteria:

6.1.1 Member meets criteria for ambulatory oxygen systems (see above); and one of the following:

6.1.2 Member is regularly (at least monthly) away from home for durations that exceed the capacity of ambulatory oxygen systems.

6.1.3 Member is on > 2 pulse O2 (or 2 L or more continuous O2)

6.1.4 Member has severe problems with dexterity and is unable to utilize portable tanks (ie documented severe rheumatoid or osteoarthritis)

6.2 A POC for travel is considered a convenience item and is not a covered benefit.

## 7.0 Oxygen Delivery Systems- Excerpt for Aetna Coverage:

7.1 **Stationary:** Oxygen concentrators that are designed for stationary use.

7.1.1 Considered medically necessary for members who do not regularly go beyond the limits of a stationary oxygen delivery system with a 50-ft tubing or those who use oxygen only during sleep.

7.2 **Portable:** Systems that weigh 10 lbs or more and are designed to be transported but not easily carried by the member, e.g., a steel cylinder attached to wheels ("stroller").

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7.2.1 Considered medically necessary for members who occasionally go beyond the limits of a stationary oxygen delivery system with 50-ft tubing for less than 2 hours per day for most days of the week (minimum 2 hours/week).

7.3 **Ambulatory:** Systems that weigh less than 10 lbs when filled with oxygen, are designed to be carried by the member, and will last for 4 hours at a flow equivalent to 2 L/min continuous flow, e.g., liquid refillable units and aluminum or fiber wrapped light-weight cylinders, with or without oxygen conserving devices.

7.3.1 Considered medically necessary for members who regularly go beyond the limits of a stationary oxygen delivery system with a 50-ft tubing for 2 hours or more per day and for most days of the week (minimum 6 hours/week).

7.3.2 Prescription based on the activity status of the member; the appropriate oxygen delivery system will be delivered.

## 8.0 REFERENCES

8.1 CMS Manual: 240.2 - Home Use of Oxygen (Rev. 1, 10-03-03) CIM 60-4

8.2 Aetna CPB- Oxygen May 2016, 3/2017, 1/2019

### Reviewed By/Approved By

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