



Home Oxygen Therapy Medical Coverage Policy

Utilization *ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
 - For Medicare members, please refer to CMS guidelines through Medicare Coverage Database requirements.
 - Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines
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I. Procedure: Home Oxygen Therapy

II. Qualifying Requirements for Referral

Kaiser Permanente Mid-Atlantic States considers home oxygen therapy from **inpatient confinement to home care** medically necessary when **ALL** of the following conditions are present:

- A. For patients with significant hypoxemia in a stable state and has a health condition(s) as outlined in section III of the policy;
- B. Other alternative treatment measures (such as medical and physical therapy directed at secretions, bronchospasm, and infection) were appropriately tried without complete success and oxygen therapy is still required; and
- C. The patient meets any of the qualifying laboratory value criteria (arterial blood gas or oximetry test) group category, unless otherwise specified in section III, as evidenced by the following blood gas study result:
 1. **Group I** - significant hypoxemia as evidenced by **any** of the following:
 - a. An arterial PO₂ at or below 55 mm Hg, or an arterial oxygen saturation at or below 88%, taken at rest, breathing room air; **or**
 - b. An arterial PO₂ at or below 55 mm Hg, or an arterial oxygen saturation at or below 88%, taken during sleep for a patient who demonstrates an arterial PO₂ at or above 56 mm Hg, or an arterial oxygen saturation at or above 89%, while awake; or a greater than normal fall in oxygen level during sleep (a decrease in arterial PO₂ more than 10 mm Hg, or decrease in arterial oxygen saturation more than 5%) associated with symptoms or signs reasonably attributable to hypoxemia (e.g., impairment of cognitive processes and nocturnal restlessness or insomnia). In either of these cases, use of oxygen is only recommended during sleep.

- c. An arterial PO₂ at or below 55 mm Hg or an arterial oxygen saturation at or below 88%, taken during exercise for a patient who demonstrates an arterial PO₂ at or above 56 mm Hg, or an arterial oxygen saturation at or above 89%, during the day while at rest. In this case, supplemental oxygen is provided for during exercise if there is evidence the use of oxygen improves the hypoxemia that was demonstrated during exercise when the patient was breathing room air.
 - d. A decrease in arterial PO₂ more than 10 mm Hg, or a decrease in arterial oxygen saturation more than 5 percent from baseline saturation, for at least 5 minutes taken during sleep associated with symptoms (e.g., impairment of cognitive processes and [nocturnal restlessness or insomnia]) or signs (e.g., cor pulmonale, "P" pulmonale on EKG, documented pulmonary hypertension and erythrocytosis) reasonably attributable to hypoxemia.
2. **Group II** - if the arterial PO₂ is 56-59 mm Hg **or** whose arterial blood oxygen saturation is 89% **and** there is evidence of any of the conditions listed:
 - a. Dependent edema suggesting congestive heart failure;
 - b. 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 AVFL; or
 - c. Erythrocythemia with a hematocrit greater than 56%.
3. **Group III** - a home program of oxygen use is *not* medically necessary if the patients' arterial PO₂ levels is at or above 60 mm Hg, or the arterial blood oxygen saturation is at or above 90%, **unless** there is appropriate documentation of the clinical need for home oxygen use and approval by the reviewing physician.
4. **Variable factors** can affect blood gas values - variation in the oxygen measurement of arterial PO₂ levels and arterial oxygen saturation percentages can occur due to factors such as the patient's age, the altitude level, or the patient's decreased oxygen carrying capacity.
5. **For portable oxygen** there must be documentation that the patient is mobile with/without an assistive device and not bed bound.

III. Clinical Indications for Referral

Home oxygen therapy is considered medically necessary in the presence of qualifying blood gas study value requirements and **one or more** of the following conditions:

A. Severe lung disease

1. **Chronic obstructive pulmonary disease**, as indicated by **1 or more** of the following:
 - a. Oxygen saturation 88% or less or PaO₂ 55 mm Hg (7.3 kPa) or less while patient

- otherwise clinically stable
- b. Oxygen saturation 89% or less or PaO₂ 56 to 59 mm Hg (7.5 to 7.9 kPa) while patient otherwise is clinically stable and 1 or more of the following:
 - i. Angina
 - ii. Cor pulmonale
 - iii. Dependent edema suggestive of heart failure
 - iv. Hematocrit greater than 55% (0.55)
 - v. P pulmonale on electrocardiogram
 - vi. Pulmonary hypertension
 - a. Oxygen therapy during exercise needed, as indicated by oxygen saturation 88% or less or PaO₂ 55 mm Hg (7.3 kPa) or less during exercise
2. **Cystic fibrosis** and **1 or more** of the following:
- a. Continuous oxygen therapy needed, as indicated by 1 or more of the following:
 - i. Oxygen saturation 88% or less or PaO₂ 55 mm Hg (7.3 kPa) or less
 - ii. Oxygen saturation 89% or less or PaO₂ 56 to 59 mm Hg (7.5 to 7.9 kPa) and **1 or more** of the following:
 - 1) Cor pulmonale
 - 2) Peripheral edema
 - 3) Pulmonary hypertension
 - 4) Secondary polycythemia
 - b. Oxygen therapy is needed during exercise, as indicated by oxygen saturation less than 90% or PaO₂ of 59 mm HG (7.9 kPa) or less during exercise
 - c. Oxygen therapy is needed during sleep, as indicated by oxygen saturation less than 90% for 10% or more of sleep time.
2. **Bronchiectasis with either oxygen saturation less than 88% or pulmonary documentation of need.**
3. **Interstitial lung disease** with either oxygen saturation less than 88% or Pa₂ 55 mmHg (7.3 kPa) or less.
4. **Pediatric pulmonary disease** and **ALL** of the following:
- a. Chronic pulmonary disease, as indicated by **1 or more** of the following:
 - i. Bronchiectasis;
 - ii. Bronchiolitis;
 - iii. Bronchopulmonary dysplasia (chronic lung disease of prematurity);
 - iv. Cor pulmonale;
 - v. Interstitial lung disease; or
 - vi. Pulmonary hypoplasia

- b. Oxygen saturation less than 93% in children greater than 1 year of age and less than 90% in children less than one year of age.
5. **Advanced cancer or widespread pulmonary neoplasm** and **ALL** the following:
- a. Breathlessness that is persistent or episodic;
 - b. Continuous oxygen therapy needed, as indicated by **1 or more** of the following:
 - i. Failure of simpler methods like opioids to relieve breathlessness; or
 - ii. Oxygen needed, as indicated by **1 or more** of the following:
 - 1) Improvement of walking distance with oxygen;
 - 2) Oxygen saturation of 88% or less or PaO₂ of 55 mmHg (7.3 kPa) or less at rest or with exercise; or
 - c. Subjective improvement in breathlessness with oxygen.
- B. **Hypoxia-related symptoms or findings with qualifying laboratory values that might be expected to improve with oxygen therapy.**
- 1. **Pulmonary hypertension**, as indicated by 1 or more of the following:
 - a. Adult with **1 or more** of the following:
 - i. Oxygen saturation less than 90%; or
 - ii. PaO₂ 59 mm Hg (7.9 kPa) or less
 - b. Child with oxygen saturation less than 92%.
 - 2. **Neuromuscular or skeletal disorder** (like thoracic dystrophy, severe kyphoscoliosis, amyotrophic lateral sclerosis), as indicated by **a or b**:
 - a. Oxygen saturation less than 88% or PaO₂ 55 mm Hg (7.3 kPa) or less during sleep or with exercise; and
 - b. Patient receiving noninvasive ventilatory support.
 - 3. **Obesity hypoventilation syndrome, for nocturnal oxygen**, as indicated by **ALL** the following:
 - a. Daytime oxygen saturation persistently greater than 88%;
 - b. Failure of nocturnal oxygenation saturation of less than 88% to improve despite bilevel positive airway pressure while asleep; and
 - c. Patient adherent to bilevel positive airway pressure
 - 4. **Congenital heart disease** and **1 or more** of the following:
 - a. Cyanosis; or
 - b. Elevated pulmonary vascular pressure
 - 5. **Recurring congestive heart failure** due to chronic cor pulmonale;

6. **Erythrocytosis** (hematocrit > 55%);
- C. **Hypoxia-related symptoms or findings with qualifying laboratory values that usually resolve or improve with short-term or limited oxygen therapy**
1. Pneumonia;
 2. Asthma;
 3. Bronchitis; and
 4. Croup
- A request of more than an episodic or ongoing oxygen treatment (> one-month duration) requires a medical review and repeat of the qualifying laboratory values monthly.
- D. **Conditions not related to hypoxia, where short term use of oxygen has been shown to be effective or beneficial.**
1. **Central sleep apnea**, as indicated by **ALL** the following:
 - a. Confirmed diagnosis of congestive heart failure;
 - b. Medical therapy for congestive heart failure has been optimized; and
 - c. Pressure support therapies (e.g., continuous positive airway pressure, adaptive servo-ventilation) are ineffective or poorly tolerated.
 2. **Cluster headaches**, and patients receiving preventive headache therapy (like verapamil), that meet the definitive diagnostic criteria by the International Headache Society where the headaches are intractable to prescription medications.
 3. **Hemoglobinopathies** such as hemoglobin sickle cell disease during vaso-occlusive crisis exacerbated by hypoxia.
 4. **Infants with Broncho-Pulmonary Dysplasia (BPD)** with oxygen must be evaluated case-by-case even without qualifying oxygen saturation values.

IV. Exclusions / Limitations

Home oxygen therapy is considered **not** medically necessary on any of the following due to insufficient evidence of efficacy or their effectiveness has not been established for these indications:

- A. Any conditions not listed in section III;
- B. Angina pectoris in the absence of hypoxemia;
- C. Breathlessness without cor pulmonale or evidence of hypoxemia;
- D. Severe peripheral vascular disease that results in clinically- evident local tissue hypoxia of an extremity or extremities; or
- E. Terminal illness that does not affect the respiratory system;



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Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC*	Date of Implementation
06/26/2019	06/26/2019
06/25/2020	06/25/2020
06/24/2021	06/24/2021
05/25/2022	05/25/2022
05/29/2023	05/29/2023
05/23/2024	05/23/2024

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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