

## Home and Long Term Care Oxygen Therapy Criteria

### Description:

Home and LTC oxygen therapy is the administration of oxygen to treat or prevent signs and symptoms of hypoxemia or medical conditions that are known to clinically improve with oxygen.

### Clinical Indications:

Short term supplemental oxygen therapy is considered medically necessary with documentation of qualifying pulse oximetry oxygen saturation (O<sub>2</sub> sat) or other qualifying laboratory values associated with **acute** conditions such as, but not limited to:

- Bronchitis
- Acute exacerbation of chronic obstructive pulmonary disease
- Pneumonia
- Pulmonary embolism
- Acute myocardial infarction
- Congestive heart failure (CHF)
- Pleural effusion

Long term supplemental oxygen therapy is considered medically necessary with documentation of a qualifying pulse oximetry O<sub>2</sub> sat or other qualifying laboratory values associated with **chronic** lung conditions such as, but not limited to:

- Bronchiectasis
- Chronic lung disease
- Cystic fibrosis
- Diffuse interstitial lung disease
- Pulmonary hypertension
- Pulmonary neoplasm
- Chronic CHF or related cor pulmonale
- Pediatric bronchopulmonary dysplasia (BPD)
- Neuromuscular disease

Intermittent home oxygen therapy is considered medically necessary for the treatment of cluster headaches with documentation of clinical history that includes but is not limited to:

- frequency, intensity, and duration of headaches
- other treatment options tried and failed

Supplemental home oxygen therapy is considered medically necessary during exertion when there is documentation of:

- a desaturation of pulse oximetry O2 sat equal to or less than 88% during exercise;  
**and**
- an improvement in pulse oximetry O2 sat while using supplemental oxygen.

Supplemental home oxygen therapy is considered medically necessary during sleep with qualifying overnight oximetry study documenting a desaturation at or below 88% for a cumulative time period of 5 minutes or greater in individuals with conditions such as, but not limited to:

- Unexplained pulmonary hypertension, cor pulmonale, or CHF.
- Polycythemia with a hematocrit greater than 56% in adults.
- Pediatric polycythemia for those up to age 18 years with a hemoglobin or hematocrit that is more than +2 standard deviations above the mean for age and sex.
- Nocturnal hypoventilation related to acute or chronic respiratory conditions.
- Obstructive sleep apnea (OSA), other nocturnal apneas, or hypoventilation that persists with the use of non-invasive positive pressure ventilation (NIPPV) devices including CPAP and BiPAP.

### **Laboratory and supporting documentation**

Hypoxemia is evidenced by any of the qualifying laboratory values obtained while on room air. Pulse oximetry O2 sat studies should be performed on room air unless contraindicated by the physician.

- **Adults:**
  - an arterial pO<sub>2</sub> at or below 55 mm Hg or pulse oximetry O<sub>2</sub> sat at or below 88% in **chronic** stable state; **or**
  - an arterial pO<sub>2</sub> of 56-59 mm Hg or O<sub>2</sub> sat or below 89% in **acute** state.
- **Infants and Children:**
  - an arterial pO<sub>2</sub> at or below 60 mm HG; **or**
  - a pulse oximetry O<sub>2</sub> sat level at or below 92%.
  - infants with BPD may have variable oxygen needs. In these cases, appropriate documentation, in the absence of qualifying arterial pO<sub>2</sub> or pulse oximetry O<sub>2</sub> sat values, must be presented for consideration on a case by case basis.

Home oxygen therapy for treatment of cluster headaches is considered medically necessary when:

- There is documentation of occurrence of a least five severe to very severe unilateral headache attacks lasting 15-180 minutes each when untreated. Severe pain is defined as pain at a level that prevents ability to function in all activities.
- There is accompanying documentation of at least one of the following findings involving the same side of the unilateral headache attack:
  - Conjunctival injection and/or lacrimation
  - Nasal congestion and/or rhinorrhea
  - Eyelid edema
  - Forehead and facial sweating
  - Miosis and/or ptosis

### Prior approval coding

The following HCPC codes require prior approval through this department. The HCPC code description is provided along with information regarding availability for coverage for purchase or monthly rental. This is for informational purposes only. All oxygen supplies are included in the monthly allowable.

<b>HCPCS</b>	<b>Description</b>	<b>Purchase or Rental</b>
<i>Equipment</i>		
E0425	Stationary compressed gaseous oxygen system	Purchase
E0431	Portable gaseous oxygen	Rental
E0434	Portable liquid oxygen system	Rental
E0439	Stationary liquid oxygen system	Rental
E1390	Oxygen concentrator	Rental
K0738	Portable gaseous oxygen system (fill system)	Rental
<i>Contents</i>		
E0441	Stationary O2 contents, gaseous, 1 month supply	Purchase
E0442*	Stationary O2 contents, liquid, 1 month supply	Purchase
E0443	Portable O2 contents, gaseous, 1 month supply	Purchase
E0444	Portable O2 contents, liquid, 1 month supply	Purchase

\*This HCPC code is limited for use in Long Term Care (LTC) facility. The liquid system is included in the LTC per diem rate.

*Please note: Portable gaseous oxygen equipment (E0431) purchased and owned by the client previous to the change in oxygen reimbursement effective December 1, 2012 (See DME Provider Notice from September 27, 2012.) will not be considered for monthly rate.*

### **Approval time limits and renewals**

The time span initially considered for approval is based upon the current medical documentation, diagnosis, and the conditions under which the qualifying pO<sub>2</sub> level or pulse oximetry O<sub>2</sub> sat was obtained. These limitations include, but are not limited to:

- Acute respiratory conditions requiring oxygen therapy will be limited to an initial three month approval and provider should be alerted that a current practitioner progress note that includes the current respiratory status along with a current O<sub>2</sub> sat must be included with future renewal requests for O<sub>2</sub> therapy.
- Chronic respiratory conditions requiring oxygen therapy will be limited to an initial six month approval. A request for renewal would be considered for an additional six months. A current O<sub>2</sub> sat, obtained within that previous 6 months time period, must be provided with the first request for renewal consideration. After the initial first year approval, requests may be approved for one year intervals with submittal of current qualifying O<sub>2</sub> sat level.
- Cluster headaches requiring oxygen therapy will be limited to an initial one month consideration. A provider should be alerted that a clinical current progress note that includes frequency, duration, and intensity of headache pattern and response to O<sub>2</sub> therapy will be required for all renewal requests. If the headache pattern has decreased to a level that no longer meets criteria, a renewal will not be approved. If the headache pattern persists and there is clinical documentation of a positive response to oxygen therapy, a two month approval will be granted.

### **Coverage limitations**

Oxygen concentrator prior approvals will be limited to:

- 24 hour continuous oxygen at a minimum liter flow of 1 liter per minute for adult patients and a minimum liter flow of 0.5 liters per minute for pediatric patients.
- 8 hours nocturnal oxygen liter flow with a minimum liter flow of 1 liter per minute for adult patients and minimum liter flow of 0.5 liters per minute for pediatric patients.

Oxygen concentrators will not be considered for approval for as needed (prn) use. Other oxygen delivery systems are available for prior approval to meet the prn oxygen needs.

In a long term care setting, additional types of oxygen delivery systems and oxygen fills will not be considered when the participant is approved for an oxygen concentrator. In this scenario, all other oxygen delivery systems and oxygen fills are included in the Department's LTC per diem allowable paid to the facility.

Consideration for approval for oxygen therapy requested for treatment of cluster headaches will be limited to:

- A purchase of stationary gaseous unit (E0425)
- Gaseous stationary content (E0441)

## References

[www.anthem.com/ca/medicalpolicies/guidelines/gl\\_pw\\_a053649.htm](http://www.anthem.com/ca/medicalpolicies/guidelines/gl_pw_a053649.htm)

I M Balfour-Lynn, R A Primhak and B N J Shaw. Home Oxygen for Children: Who, How and When? Thorax 2005 60: 76-81. [www.thoraxjnl.com](http://www.thoraxjnl.com)

[http://aarc.org/resources/proctocol\\_resources/documents/AARCpedO2.pdf](http://aarc.org/resources/proctocol_resources/documents/AARCpedO2.pdf)

<http://ngsmedicare.com>

[http://www.aetna.com/cpb/medical/data/1\\_99/0002.html](http://www.aetna.com/cpb/medical/data/1_99/0002.html)

HFS Provider Notice September 27, 2012, *Oxygen Reimbursement Changes effective December 1, 2012*; <http://www.hfs.illinois.gov/dme/2012.html>

HFS Provider Notice October 17, 2013, *Oxygen Policy Clarification for Residents of Long Term Care Facilities*, <http://www.hfs.illinois.gov/dme/2013.html>