

Oxygen Therapy

Coverage and Payment Policy

Coverage of home oxygen therapy is available only for beneficiaries with significant hypoxemia in the chronic stable state, provided the following conditions are met:

- The attending or consulting physician has determined that the beneficiary suffers a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy;
- The beneficiary's blood gas levels indicate the need for oxygen therapy; and
- Alternative treatment measures have been tried or considered and been deemed clinically ineffective.

The treating physician or a qualified provider or supplier of laboratory services conducted the qualifying blood gas study. A qualified provider or supplier of laboratory services is:

- Certified to conduct blood gas studies or
- A hospital certified to conduct blood gas studies

A DME provider is not considered a qualified provider or supplier of laboratory services for purposes of these guidelines.

The qualifying blood gas study value was obtained under these conditions:

- During an inpatient stay-closest to, but no earlier than, 2 days prior to the hospital discharge date, with home oxygen therapy beginning immediately following discharge or
- During an outpatient encounter-within 30 days of the date of Initial Certification while the beneficiary is in a chronic stable state, which is when the beneficiary is not in a period of acute illness or an exacerbation of his or her underlying disease.

Group I criteria:

Beneficiary on room air while at rest (awake) when tested:

- Arterial oxygen saturation is at or below 88 percent or
- Arterial Partial Pressure of Oxygen (PO₂) is at or below 55 mm Hg

Beneficiary tested during exercise and, if during the day while at rest, arterial PO₂ is at or above 56 mm Hg or an arterial oxygen saturation is at or above 89 percent:

- Arterial PO₂ is at or below 55 mm Hg or an arterial oxygen saturation is at or below 88 percent and
- Documented improvement of hypoxemia during exercise with oxygen

Beneficiary tested during sleep and if arterial PO₂ is at or above 56 mm Hg or an arterial oxygen saturation is at or above 89 percent while awake, additional testing must show:

- Arterial PO₂ is at or below 55 mm Hg or an arterial oxygen saturation is at or below 88 percent for at least 5 minutes taken during sleep or
- Decrease in arterial PO₂ of more than 10 mm Hg or a decrease in arterial oxygen saturation more than 5 percent for at least 5 minutes associated with symptoms or signs more than 5 percent from baseline saturation for at least 5 minutes taken during sleep associated with symptoms or signs reasonably attributable to hypoxemia.

Group II criteria:

Beneficiary on room air at rest while awake when tested:

- Arterial oxygen saturation of 89 percent at rest (awake) or
- Arterial PO₂ of 56-59 mm Hg and
 - a. Dependent edema suggesting congestive heart failure or
 - b. Pulmonary hypertension or cor pulmonale or
 - c. Erythrocythemia with a hematocrit greater than 56 percent or

Beneficiary tested during exercise:

- Arterial oxygen saturation of 89 percent or
- Arterial PO₂ of 56-59 mm Hg and
 - a. Dependent edema suggesting congestive heart failure
 - b. Pulmonary hypertension or cor pulmonale or
 - c. Erythrocythemia with a hematocrit greater than 56 percent or

Beneficiary tested during sleep for at least 5 minutes:

- Arterial oxygen saturation of 89 percent or
- Arterial PO₂ of 56-59 mm Hg and
 - a. Dependent edema suggesting congestive heart failure
 - b. Pulmonary hypertension or cor pulmonale or
 - c. Erythrocythemia with a hematocrit greater than 56 percent

Portable Oxygen:

A beneficiary meeting the above requirements may qualify for a portable oxygen system. The prescriber must document that the beneficiary's activities take him or her beyond the functional limits of the stationary system.

Spare tanks of oxygen are denied as not medically necessary, since these items are precautionary and not therapeutic in nature.

Oxygen equipment is continuously rented and all supplies (e.g., mask, tubing, etc.) are included in the rental fee. There is no separate payment for fills (either gaseous or liquid) unless the equipment is owned by the beneficiary, then only fills are covered, and no rental of equipment.

Reasons for Noncoverage:

- Angina pectoris in the absence of hypoxemia;

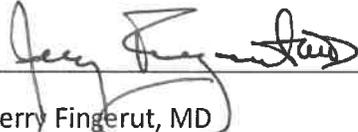
- Breathlessness without cor pulmonale or evidence of hypoxemia;
- Peripheral vascular disease resulting in desaturation in one or more extremities without evidence of central hypoxemia; and
- Terminal illness that does not involve the lungs.

Effective 7/1/17, Face to Face requirements can be found:

<http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/dme.pdf>

Oxygen Certificate of Medical Necessity can be found:

http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/MA%20Providers/MA%20Reference%20Guides/DME/CMN_oxygen.pdf

Approved by:  Associate Medical Director
Jerry Fingerut, MD

Date: 3 June 2019

Reviewed: _____

Revised: _____