

Home Oxygen Therapy

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY PURPOSE/STATEMENT

Highmark Health Options may provide coverage under the Durable Medical Equipment (DME) benefits of the Company's Medicaid products for medically necessary oxygen therapy in the home. This policy addresses documentation and clinical requirements necessary for use of oxygen gas cylinders, liquid oxygen, and oxygen concentrators.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

Oxygen Therapy – The use of oxygen as a medical treatment. This can include for low blood oxygen, carbon monoxide toxicity, cluster headaches, and to maintain enough oxygen while inhaled anesthetics are given.

POLICY POSITION

Oxygen and oxygen supplies may be considered medically necessary for appropriately selected individuals only in cases when oxygen is prescribed by a physician. The prescription must specify:

- A diagnosis of the disease requiring use of oxygen; and
- Oxygen concentration and flow rate; and
- Frequency of use (if an intermittent or leave in oxygen therapy, order must include time limits and specific indications for initiating and terminating therapy); and
- Method of delivery; and
- Duration of use (if the oxygen is prescribed on an indefinite basis, care must be periodically reviewed to determine whether a medical need continues to exist).

Oxygen therapy may be considered medically necessary for:

- Cluster headaches; or
- Severe lung disease, defined as either: a resting arterial oxygen partial pressure (PaO₂) below 55 mm Hg; or O₂ saturation less than 90%; or symptoms associated with oxygen deprivation, (e.g., impairment of cognitive processes, restlessness, or insomnia). Examples of severe lung disease include, but are not limited to:
 - Chronic obstructive pulmonary disease (COPD); and
 - Pulmonary fibrosis; and
 - Cystic fibrosis; and
 - Bronchiectasis; and
 - Recurring congestive heart failure due to chronic cor pulmonale; and
 - Chronic lung disease complicated by erythrocytosis (hematocrit greater than 56%).

Oxygen therapy for indications other than those listed above (and during sleep as listed below) is considered not medically necessary.

Supplemental home oxygen therapy may be considered medically necessary during sleep in an individual with ANY of the following conditions:

- Unexplained pulmonary hypertension, cor pulmonale, edema secondary to right heart failure, or erythrocytosis and hematocrit is greater than 56%; or
- When obstructive sleep apnea (OSA), other nocturnal apnea, or a hypoventilation syndrome has been ruled out and there is documentation of desaturation during sleep to an SaO₂ of equal to or less than 88% for at least five (5) minutes while asleep; or
- When an individual with documented OSA, other nocturnal apnea, or a hypoventilation syndrome experiences desaturation during sleep to a SaO₂ of equal to or less than 88% for at least five (5) minutes while asleep which persists despite use of continuous positive airway pressure (CPAP) or noninvasive positive pressure ventilation (NIPPV) devices.

Oxygen therapy is considered not medically necessary for the following conditions:

- Angina pectoris in the absence of hypoxemia; and
- Breathlessness without evidence of hypoxemia; and
- Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities; and
- Terminal illnesses that do not affect the lungs.

Portable oxygen systems may be considered medically necessary only if the patient ambulates on a regular basis.

Supplemental home oxygen therapy during sleep for indications other than those listed above is considered not medically necessary.

Noncovered Services

Oxygen saturations cannot be performed by a Durable Medical Equipment company or a respiratory equipment provider.

PROCEDURE CODES

Table	Style
A4606	Oxygen Probe Used With Oximeter.
A4608	Transcranial Oxygen Catheter.
A4615	Cannula, Nasal.
A4616	Tubing (oxygen) Per Foot.
A4617	Mouth Piece.
A4619	Face Tent.
A4620	Variable Concentration Mask.
E0424	Stationary Compressed Gas Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask And Tubing.
E0425	Stationary Compressed Gas System, Purchase; Includes Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask And Tubing.
E0430	Portable Gaseous Oxygen System, Purchase; Includes Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing.
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing.
E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter Humidifier Cannula Or Mask And Tubing With Or Without Supply Reservoir And Contents Gauge.
E0434	Portable liquid oxygen system, Rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing.
E0435	Portable Liquid Oxygen System, Purchase; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing And Refill Adaptor.
E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask And Tubing.
E0440	Stationary Liquid Oxygen System, Purchase; Includes Use of Reservoir, Contents Indicator, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask And Tubing.
E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit.
E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit.
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit.
E0445	Oximeter Noninvasive.
E0447	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit, Prescribed Amount At Rest Or nighttime Exceeds 4 Liters Per Minute (lpm).

E0455	Oxygen Tent, Excluding Croup Or Pediatric Tents.
E0550	Humidifier, Durable For Extensive Supplemental Humidification During Ippb Treatments Or Oxygen Delivery.
E0555	Humidifier, Durable, Glass Or Autoclavable Plastic Bottle Type, For Use With Regulator Or Flowmeter.
E0560	Humidifier, Durable For Supplemental Humidification During Ippb Treatments Or Oxygen Delivery.
E0585	Nebulizer, With Compressor And Heater.
E1352	Oxygen Accessory, Flow Regulator Of Positive Inspiratory Pressure.
E1353	Regulator
E1354	Oxygen Accessory, Wheeled Cart For Portable Cylinder Or Portable Concentrator, Any Type Replacement Only, Each.
E1355	Stand/rack.
E1357	Oxygen Accessory, Battery Charger For Portable Concentrator, Any Type, Replacement Only, Each.
E1358	Oxygen Accessory, Dc power Adaptor Concentrator, Any Type, Replacement Only, Each.
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate.
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each.
E1392	Portable Oxygen Concentrator.
E1399	Durable Medical Equipment, Miscellaneous.
E1405	Oxygen and water vapor enriching system with heated delivery.
E1406	Oxygen and water vapor enriching system without heated delivery.
K0738	Portable Gas Oxygen System.

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