curative

TITLE:	HOME OXYGEN POLICY
POLICY #:	MM-PNP-059
VERSION #:	01
DEPARTMENT:	MEDICAL MANAGEMENT
ORIGINAL EFFECTIVE DATE:	04/01/2024
CURRENT REVISION DATE:	N/A

1. PURPOSE

This policy will be used to inform medical necessity decisions related to authorization requests for Home Oxygen Therapy.

2. SCOPE

Medical UM Department

3. DEFINITIONS

In this policy, the term blood gas study refers to either an oximetry test or an arterial blood gas test.

4. RESPONSIBILITIES

Medical UM Department

5. POLICY

Home oxygen therapy is only considered medically necessary if ***all*** the following conditions are met:

- The treating physician has determined that the member has a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy, *and*
- The member's blood gas study meets the criteria stated below, *and*
- The qualifying blood gas study was performed by a physician or by a qualified provider or supplier of laboratory services, *and*
- The qualifying blood gas study was obtained under the following conditions:
    - If the qualifying blood gas study is not performed during an inpatient hospital stay and the oxygen is being prescribed for chronic conditions, the reported test must be performed while the member is in a chronic stable state – i.e., not during a period of acute illness or an exacerbation of their underlying disease, *and*
    - Alternative treatment measures have been tried or considered and deemed clinically ineffective.

Where the above-listed criteria are met Curative considers oxygen for home use medically necessary durable medical equipment (DME) in the following circumstances:

Diagnosis of severe lung disease and qualifying lab values:

- Bronchiectasis
- Chronic obstructive pulmonary disease (COPD) with severe hypoxemia
- Cystic fibrosis
- Diffuse interstitial lung disease.
- Pediatric broncho-pulmonary dysplasia (BPD)
- Widespread pulmonary neoplasm

Diagnosis of other hypoxia-related symptoms or findings with qualifying lab values

- Erythrocytosis (hematocrit greater than 55 %)
- Pulmonary hypertension
- Recurring congestive heart failure due to chronic cor-pulmonale.

Other diagnoses of hypoxia-related symptoms or findings with qualifying lab values that usually resolve with limited or short-term oxygen therapy:

- Asthma
- Bronchitis
- Croup
- Pneumonia.

Although treatment of these diagnoses (pneumonia, asthma, croup, bronchitis) may be considered medically necessary for short-term therapy (generally less than 1 month duration), it is not considered medically necessary on an ongoing basis absent special circumstances. Requests for more than episodic oxygen for these diagnoses are subject to medical review. For ongoing oxygen treatment, repeat qualifying lab values are reviewed monthly.

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:

- Cluster headaches that meet the diagnostic criteria used by the International Headache Society to form a definitive diagnosis of CH, where the headaches are refractory to prescription medications.
- 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.
- 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.
- Oxygen therapy is considered not medically necessary for all other indications, including the following:
    - 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.
    - Dyspnea without cor pulmonale or evidence of hypoxemia.

- Severe peripheral vascular disease results in clinically evident desaturation in one or more extremities but in the absence of systemic hypoxemia; There is no evidence that increased PO2 will improve the oxygenation of tissues with impaired circulation.
- Terminal illnesses that do not affect the respiratory system.

Oxygen Delivery Systems: The following delivery systems may be considered medically necessary:

Stationary:

- Oxygen concentrators, liquid reservoirs, or large cylinders (usually K or H size) that are designed for stationary use: 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.

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"):
- 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)
- Preset portable oxygen units are considered not medically necessary.

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

Portable Oxygen Concentrators:

- Portable oxygen concentrators and combination stationery/portable oxygen systems are considered medically necessary as an alternative to ambulatory oxygen systems for members who meet both of the following criteria:
- Member meets criteria for ambulatory oxygen systems (see above); *and*
    - Members are regularly (at least monthly) away from home for durations that exceed the capacity of ambulatory oxygen systems.
    - 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.
    - Emergency or standby oxygen systems are considered not medically necessary.
    - Duplicate oxygen systems are considered convenience items and not medically necessary, including but not limited to provision of both a stationery and portable

oxygen concentrator; or provision of both an oxygen transfilling system and a portable oxygen system.

Notes:

- Electrical generators do not meet Curative definition of DME because they are not primarily medical in nature.
- Humidifiers (e.g., Vapotherm) for oxygen nasal cannula are not separately reimbursable.
- Rental versus purchase: Curative considers the rental or, if less costly, purchase of oxygen equipment medically necessary when selection criteria are met.
- The reasonable useful lifetime for oxygen equipment is 5 years. The RUL is not based on the chronological age of the equipment. It starts on the initial date of service and runs for 5 years from that date.
- Ambulatory oxygen systems and portable oxygen concentrators are considered not medically necessary for members who qualify for oxygen solely based on blood gas studies obtained during sleep.

Reassessment

- Except as noted in short-term indications, reassessment of oxygen needs through pulse oximetry or arterial blood gas is required and must be performed by an independent respiratory provider at 12 months after the initiation of therapy for persons who qualify for oxygen based upon an arterial PO2 at or below 55 mm Hg or an arterial oxygen saturation at or below 88 %, or at 3 months after initiation for persons who qualify for oxygen based upon an arterial PO2 between 56 to 59 mm Hg or an arterial oxygen saturation of 89 % with dependent edema, P pulmonale, or erythrocythemia. Additional reassessments may be requested at any time at the discretion of Curative.
- Reassessments must be completed by Curative participating oxygen-qualifying company that is in no way connected to the company supplying the oxygen therapy (as per Medicare guidelines). The member's primary care and/or treating doctor must be notified for authorization of all testing and treatment changes, including the discontinuation of coverage for oxygen therapy.
- Curative considers rental of airline oxygen tank medically necessary when members meet the criteria for oxygen for home use listed above and they are not allowed to use their own portable oxygen tank on the plane.

Experimental and Investigational

Oxygen for home use is considered experimental and investigational for the following because its effectiveness for these indications has not been established:

- Treatment of migraine headaches
- Treatment of obstructive sleep apnea
- Treatment of pediatric seizures
- Prophylactic home oxygen to reduce transfusion-related adverse events in pregnant women with sickle cell disease).

6. PROCEDURE

N/A

7. TRAINING REQUIREMENT

7.1. All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

8. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions-controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal, and equitable remedies may apply.

9. DOCUMENTATION

Documentation, in the form of a prescription written by the physician, must include an estimate of the frequency, duration of use, duration of need, type of system to be used and oxygen flow rate. A physician's statement of recent hospital test results is also acceptable as well as arterial oxygen saturation obtained by pulse oximetry:

10. REFERENCE DOCUMENTS AND MATERIALS

10.1. Regulatory Authority

10.1.1. Office of the Inspector General. (October 5, 2000). Office of Inspector General's Compliance Program Guidance for Individual and Small Group Physician Practices. *Federal Register*, 65(194), 59435-59452.

10.2. Milliman Clinical Guidelines External - ACG: A-0343 (AC)

11. COLLABORATING DEPARTMENTS

N/A

12. DOCUMENT CONTROL

APPROVED BY:		
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(Printed Name)	**(Date)**	**(Signature)**

REVISION HISTORY			
Date	**Author**	**Version**	**Comments**
			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A:

N/A