Subject: Oxygen Therapy for Home Use*

Updated: July 28, 2009

Department(s): Utilization Management

Policy: Oxygen therapy for home use is reimbursable under Plans administered by QualCare, Inc. when requirements specified in this Policy are met.

Objective: To assure proper and consistent reimbursement and to delineate criteria for medically necessary use of oxygen

Procedure:

A. For in-home oxygen to be reimbursable, hypoxemia must be present in a patient breathing room air (unless measurement in room air is medically contraindicated)

1. While awake and resting: arterial oxygen partial pressure (PaO$_2$) \( \leq 55 \) mm Hg or arterial oxygen saturation (SaO$_2$) \( \leq 88\% \)

2. During sleep: PaO$_2$ \( \leq 55 \) mm Hg or SaO$_2$ \( \leq 88\% \) for at least 5 minutes in individuals who do not meet a criterion in A.1 above

3. During sleep: decrease in PaO$_2$ of at least 10 mm Hg or decrease in SaO2 of at least 5% for at least five minutes in individuals with a hypoxemia-related condition including but not limited to
   a. Cor pulmonale
   b. P pulmonale on electrocardiogram
   c. Documented pulmonary hypertension
   d. Erythrocytosis (hematocrit >56)
   e. Congestive heart failure-related dependent edema
4. During exercise: $\text{PaO}_2 \leq 55$ mm Hg or $\text{SaO}_2 \leq 88\%$, for an individual in whom supplemental oxygen is shown to improve one of these measures during exercise

B. Medical conditions (and ICD-9 codes) for which home oxygen therapy is reimbursable include but are not limited to:

1. Asthma (493.00 – 493.92)
2. Bronchiectasis (494.0 – 494.1, 748.61)
3. Bronchiolitis OR Croup ((466, 466.1)
4. Bronchitis (490.0 – 491.8)
5. Bronchopulmonary dysplasia (pediatric) (770.7)
6. Chronic obstructive pulmonary disease (492, 496)
7. Cluster headaches with or without hypoxemia (339.00 – 339.02)
8. Cyanotic heart disease (745.0 – 745.9, 746.0 – 746.9)
9. Cystic fibrosis (277.00 – 277.09)
10. Diffuse interstitial lung disease (500 – 506.9, 515, 516)
11. Erythrocytosis (polycythemia) (hematocrit >56) (289.0, 289.6)
12. Hemoglobinopathies other than sickle cell whose symptoms may be ameliorated by supplemental oxygen during a period of hypoxemia (282.1, 282.41 – 282.49, 282.7)
13. Persistent fetal circulation (747.83)
14. Pneumonia (480.0 – 486)
15. Pulmonary hypertension (416.0, 416.8, 416.9)
16. Pulmonary neoplasm (primary or metastatic) (162.2 – 162.9, 197.0, 212.3, 231.2)
17. Recurrent congestive heart failure due to chronic cor pulmonale (415.0, 416.0 – 416.9)
18. Vaso-occlusive crises in sickle cell disease (282.60 – 282.69)

C. The following oxygen equipment is addressed by this Policy:

1. Stationary home oxygen including oxygen concentrators, liquid reservoirs, or large cylinders and associated oxygen delivery equipment and accessories
2. Portable oxygen systems (e.g., a steel cylinder attached to wheels) for individuals who are mobile within the home

3. Portable oxygen concentrators and combination stationary/portable oxygen systems for individuals who are active and mobile and frequently exceed the time constrictions inherent in traditional ambulatory oxygen systems

4. Spare tank for any individual who requires continuous oxygen and/or the use of an oxygen concentrator

5. Oxygen furnished by an airline is reimbursable when the individual is not permitted by the airline to use his/her own portable oxygen tank on the aircraft

D. Duration of home oxygen therapy

1. The initial order for oxygen therapy should include the anticipated duration of therapy
   a. If indefinite oxygen therapy is ordered, the initial authorization will be for 3 months and a repeat PaO₂ or SaO₂ must be submitted after 3 months of home oxygen therapy.
      i. If the physician deems it not medically safe to perform this measure with the individual on room air, the dose of oxygen (in liters per minute or fraction of inspired oxygen (FiO₂)) at the time the measure is taken must be reported.
      ii. After this initial measure is reported, home oxygen therapy will be authorized for 12-month intervals
   b. For limited-term use of oxygen that exceeds one month (including, but not limited to conditions such as pneumonia, bronchitis, or bronchiolitis), a PaO₂ or SaO₂ must be submitted after the first month of home oxygen
      i. If the physician deems it not medically safe to perform this measure with the individual on room air, the dose of oxygen (in liters per minute or fraction of inspired
oxygen (FiO\textsubscript{2}) at the time the measure is taken must be reported.

References


Stoller JK. Traveling with oxygen aboard commercial air carriers. UpToDate 17.1: Jan 1, 2009 (last updated Oct 2, 2008) Available at http://www.uptodate.com/online/content/topic.do?topicKey=copd/4562&view=print Accessed 05/23/09

Celli BR. Update on the management of COPD. Chest 2008;133(6):1451-1462 (Jun)


National Institutes of Health. Critical Care Medicine Department. Critical Care Therapy and Respiratory Care Section. Oxygen Therapy Procedure. Policy #01. February 2002

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.