02 Saturation 88% or below

Is there documentation during the face to face with the physician or in any other medical records that alternative treatment measures have been tried or considered and deemed clinically ineffective?

**Yes**, alternative measures have been documented and deemed ineffective.

Does the patient have an 02 saturation level of 88% or below or an ABG at or below 55mmHg?

**Yes**, the patient’s O2 sat is 88% or below and/or a ABG at or below 55mmHg.

Does your patient have a severe lung disease or hypoxia-related symptoms?

**Yes**, my patient has a severe lung disease and/or hypoxia-related symptoms.

Was the qualifying testing done at rest?

**Yes**, the test was done at rest.

Was the test taken no more than 2 days prior to discharge or if not done in an in-patient facility was the patient in a chronic stable state?

**Yes**, the patient’s test was taken within 2 days of discharge or in a chronic stable state not as an inpatient.

Will we dispense the oxygen no more than 30 days after qualifying testing and no more than 30 days after the face to face visit with the physician?

**Yes**, we will set-up the patient within 30 days of testing and face to face.

During the face to face documentation of alternative measures have been tried or considered clinically ineffective.

**Patient must be re-evaluated within 90 days prior to 12 month recertification date. See ‘Continued Coverage’ page 3**

**NO**, the patient does not have a severe lung disease or hypoxia-related symptom.

Get an ABN.

Was the test was more than 2 days from discharge.

Get ABN stating above or get new testing.

**Yes**, the entire 3 step test was done.

Please follow the arrow to next question regarding the test

**Yes**, the test was taken during sleep.

Was the test taken no more than 2 days prior to discharge or if not preformed inpatient was the patient in a chronic stable state?

**Yes**, the sleep test was taken within 2 days of discharge or in a chronic stable state not as an inpatient.

Will we set the patient up within 30 days of the qualifying testing?

**Yes**, we will set-up the patient within 30 days of testing.

The patient qualifies, if ordered, for stationary only.

**NO**, we won’t be setting the patient up within 30 days of the qualifying testing.

WE have to get new testing and the patient must have face to face. Get an ABN

**No**, the test was not done at rest.

Was the test done on the following 3 step exercise test?

1. O2 sat at rest on room air
2. O2 sat during exercise
3. O2 sat during exercise with oxygen to show improvement.

**NO**, the test was not done at rest or with exercise. Was the test taken during sleep?

**Yes**, the test was taken during sleep.

Was the test taken no more than 2 days prior to discharge or if not preformed inpatient was the patient in a chronic stable state?

**NO**, the test was not taken during sleep. The patient does not qualify.

Get an ABN

**No**, the test was not taken 2 days prior to discharge or in a chronic stable state. The patient does not qualify.

Get an ABN stating that the tests were not preformed 2 days prior to discharge.

**NO**, the patient does not have an O2 sat of 88% or an ABG at or below 55mmHg.

- IF the O2 sat is 89% then refer to the next chart.
- IF the ABG is 56-60mmHg refer to the next chart.
- IF no testing has been done or the patient’s test results are greater than 90% or 60 mmHg—the patient does not qualify.
- IF the O2 saturation did decrease more than 5

**No**, the test was not done at rest.

Was the test taken during sleep?

**Yes**, the test was taken during sleep.

Was the test taken no more than 2 days prior to discharge.

**NO**, the test was done at or above 55mmHG.

- Get an ABN stating that at the time of dispensing we
- don’t have an O2 saturation level of 88% or an ABG at or below 55mmHg.
- IF the test was not done at rest.

Get ABN stating that the tests were not preformed 2 days prior to discharge.

**NO**, the patient does not qualify and must be re-seen by physician or ABN

**Yes**, the patient does not have a severe lung disease or hypoxia-related symptom.

Get an ABN.

Was the test was more than 2 days from discharge.

Get ABN stating above or get new testing.

**Yes**, the entire 3 step test was done.

Please follow the arrow to next question regarding the test

**Yes**, the test was taken during sleep.

Was the test taken no more than 2 days prior to discharge or if not preformed inpatient was the patient in a chronic stable state?

**Yes**, the sleep test was taken within 2 days of discharge or in a chronic stable state not as an inpatient.

Will we set the patient up within 30 days of the qualifying testing?

**Yes**, we will set-up the patient within 30 days of testing and face to face.

During the face to face documentation of alternative measures have been tried or considered clinically ineffective.

**Patient must be re-evaluated within 90 days prior to 12 month recertification date. See ‘Continued Coverage’ page 3**

**NO**, the test was not done at rest.

Was the test done on the following 3 step exercise test?

1. O2 sat at rest on room air
2. O2 sat during exercise
3. O2 sat during exercise with oxygen to show improvement.

**NO**, the test was not done at rest or with exercise. Was the test taken during sleep?

**Yes**, the test was taken during sleep.

Was the test taken no more than 2 days prior to discharge or if not preformed inpatient was the patient in a chronic stable state?

**Oxygen Coverage Guidelines**
### Medicare

**Addendum** - A decrease in arterial PO\(_2\) more than 10 mm Hg, or a decrease in arterial oxygen saturation more than 5 percent, for at least 5 minutes taken during sleep associated with symptoms (e.g., impairment of cognitive processes and [nocturnal restlessness or insomnia]) or signs (e.g., cor pulmonale, "P" pulmonale on EKG, documented pulmonary hypertension and erythrocytosis) reasonably attributable to hypoxemia.

**Testing**
- If patient's testing is done at night and they qualify that covers them for a stationary system.
- If patient's testing is done at rest and they qualify that covers them for a stationary and a portable system.
- If patient's testing is done with three step exercise test that covers them for a stationary and a portable system.
- If the patient’s testing is done in the ER the patient is not considered in a chronic stable state therefore ER oxygen saturation testing does NOT qualify them for oxygen.

**Headache Coverage**
- Cluster Headaches may be covered. For coverage criteria please contact billing supervisor.

**Continued Coverage**
- After one year, the patient should be seen and assessed for continued need and that need must be documented in the patient’s chart. Continued need must address the benefits the patient is getting from the oxygen and that they need to continue to use the oxygen.

**Medicaid**
- Medicaid will cover oxygen with an O\(_2\) saturation level of 89% or below
  - If O\(_2\) saturation is 89% exactly they must be re-tested between 61-90 days of set-up and if qualifying sats exists a new pre-cert must be done.
- Must have CyberAccess pre-certification done by ordering physician
- Patient must have seen the physician no more than 30 days prior to dispensing
- Oxygen Therapy is NOT covered for the following DIAGNOSIS
  1. Angina pectoris in the absence of hypoxemia;
  2. Breathlessness without cor pulmonale or evidence of hypoxemia;
  3. Severe peripheral vascular disease; and
  4. Terminal illnesses that do not affect the lungs.
- Must recertify 12 months after initial certification (must be see & reevaluated by the treating physician within 90 days prior to the 12 month recertification). No additional blood gas tests required after initial certification.
• Renewal CyberAccess pre-certification must be done following the above re-evaluation for the oxygen equipment.

**Medicaid Under 21**

- Requirements 1 – 3 must be met.
  1. The treating physician has determined that the patient has a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy; AND

  2. Alternative treatment measures have been tried or considered and deemed clinically ineffective or inappropriate; AND

  3. One of the following:
     A. A qualifying blood gas study (performed by a physician or qualified provider of laboratory services) at or below 92% oxygen saturation taken at rest or sleep; or
     B. Patient is oxygen dependent upon discharge from inpatient stay; or
     C. Patient is age 2 or under and stand-by oxygen is ordered by a pediatric subspecialist.

**BCBS/Anthem Missouri Plans**

**Medically Necessary:**

Short term supplemental home oxygen therapy is **medically necessary** for treatment of hypoxemia-related symptoms with qualifying laboratory values (*see Note below for Adults and Infants/Children*) associated with acute conditions such as, but not limited to:

- Bronchiolitis
- Chronic obstructive pulmonary disease exacerbation
- Pneumonia

Long term supplemental home oxygen therapy is **medically necessary** for treatment of hypoxemia-related symptoms with qualifying laboratory values (*see Note below for Adults and Infants/Children*) from chronic lung conditions such as, but not limited to:

- Bronchiectasis
- Chronic lung disease (CLD) (formerly named Bronchopulmonary Dysplasia [BPD])
- Chronic obstructive pulmonary disease
- Cystic fibrosis
- Diffuse interstitial lung disease
- Pulmonary hypertension
- Pulmonary neoplasm (primary or metastatic)
- Recurring congestive heart failure due to chronic cor pulmonale

Intermittent home oxygen therapy is considered **medically necessary** for the treatment of cluster headaches.

Supplemental home oxygen therapy is considered **medically necessary** during exercise when there is documentation of:
- Desaturation to an $\text{SaO}_2$ of equal or less than 88% during exercise; **and**
- Improvement in hypoxemia and dyspnea or exercise capacity during exercise while using supplemental oxygen.

Supplemental home oxygen therapy is considered **medically necessary** during sleep in individuals:
- With unexplained pulmonary hypertension, cor pulmonale, edema secondary to right heart failure, or erythrocytosis with a hematocrit of greater than 56%; **or**
- When obstructive sleep apnea (OSA), other nocturnal apnea, or hypoventilation syndromes have been ruled out and desaturation during sleep to an $\text{SaO}_2$ of equal to or less than 88% for greater than 30% of the night is documented; **or**
- When individuals diagnosed with OSA, other nocturnal apnea, or hypoventilation syndromes have desaturation during sleep to an $\text{SaO}_2$ of equal to or less than 88% for greater than 30% of the night which persists despite use of continuous positive airway pressure (CPAP) or non-invasive positive pressure ventilation (NIPPV) devices.

**Adults:**

a. Arterial partial pressure of oxygen ($\text{PaO}_2$) equal to or less than 55 mm Hg or arterial oxygen saturation ($\text{SaO}_2$) equal to or less than 88%; **or**

b. Arterial $\text{PaO}_2$ of 56-59 mm Hg or $\text{SaO}_2$ of equal to or less than 89% with any of the following conditions:
   - Cor pulmonale
   - Dependent edema secondary to right heart failure
   - Erythrocytosis with hematocrit greater than 56%
   - Pulmonary hypertension

**Infants and Children:**

a. $\text{PaO}_2$ of equal to or less than 60 mm Hg; **or**

b. $\text{SaO}_2$ of equal to or less than 92%.
UHC

- Detailed order required prior to dispensing as well as documentation and/or diagnosis proving the need for the oxygen.

COX

- Detailed order required prior to dispensing as well as documentation and/or diagnosis proving the need for the oxygen.

RULES FOR ALL PAYERS

- A prescription for oxygen that states, “Oxygen PRN” or “oxygen as needed” is not sufficient and is not accepted. The prescription for oxygen must be specific no matter the patient’s insurance.

- If the patient does not meet any of the required qualifications a specific ABN must be completed for the qualification they do not meet

- The order needs to state specifically what the Dr wants including all of the following:
  - Items being ordered (Concentrator, portable)
  - How many liters per what modality ex. 2 liters per nasal cannula
  - Diagnosis
  - Signed and dated by physician (stamps are not accepted)

Medicare patient transferring to Home Support Services

A copy of the following items must be obtained in our files when a patient switches from another company to ours.

- New detailed order

- The patient’s CMN’s from the previous company

- The pick-up ticket from the other company

- A copy of the qualifying testing… if the old testing does not qualify we should have the new testing previous to setting them up. (GET AN ABN FOR TESTING)