Medicare

https://www.noridianmedicare.com/dme/coverage/docs/lcds/current_lcds/oxygen_and_oxygen_equipment.html

A face to face office visit with physician where all of the following items are documented.

a. Document that the patient is in a chronic stable state (ER or Acute DX will not be covered)

b. Document the patient’s primary condition causing the SOB
   - If OSA is diagnosed a sleep study must be conducted prior to oxygen being ordered.

c. Document past modalities that have been tried or considered but deemed ineffective or not sufficient

d. Qualifying O2 saturation testing

Option 1: Oxygen Saturation test at rest on room air

   Qualifying Results: Patient must be 88% or below if not go to Option 2

Option 2: Oxygen Saturation 3 step test (all 3 steps must be documented)

   Step 1: O2 saturation on room air at rest
   Step 2: O2 saturation on room air with exertion
   Qualifying Results: Patient must test 88% or below
   Step 3: O2 saturation on oxygen with exertion which shows improvement

Option 3: Overnight Oxygen Saturation test on room air (nocturnal use only)

   If patient is on PAP therapy then the overnight test must be performed with their PAP device with at least 2 hours of record time
   Qualifying Results: 88% or below for a combined total of 5 minutes or more and a minimum of 2 hours record time

e. A detailed RX including liter flow, modality, and use

   Example... Oxygen and supplies via nasal cannula at 2lpm

Testing

- Face to face, and set-up must be completed within a 30 day period.
- 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 testing is done with three step exercise test that covers them for a stationary & portable O2
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 o2 saturation level of 89% or below
- If o2 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.

Recertification

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**

http://www.anthem.com/wps/portal/ahpprovider?content_path=provider/mo/f1/s0/t0/pw_ad080079.htm&rootLevel=0&state=mo&label=Provider%20Home

**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 SaO₂ 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 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 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 (PaO$_2$) equal to or less than 55 mm Hg or arterial oxygen saturation (SaO$_2$) equal to or less than 88%; or
b. Arterial PaO$_2$ of 56-59 mm Hg or 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. PaO$_2$ of equal to or less than 60 mm Hg; or
b. SaO$_2$ of equal to or less than 92%.

**BCBS Medicare Advantage/HMO**

Follows BCBS guidelines above

**UHC**

[http://www.anthem.com/wps/portal/ahpprovider?content_path=provider/mo/f1/s0/t0/pw_ad080079.htm&rootLevel=0&state=mo&label=Provider%20Home](http://www.anthem.com/wps/portal/ahpprovider?content_path=provider/mo/f1/s0/t0/pw_ad080079.htm&rootLevel=0&state=mo&label=Provider%20Home)

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

**UHC Medicare Advantage/HMO**


See Medicare guidelines on page 1
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)

**Detailed Guide for Home Support Staff**