



Oxygen and Oxygen Equipment

I. Policy

University Health Alliance (UHA) will reimburse for home oxygen and oxygen equipment when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

- A. Home oxygen and oxygen equipment are covered (subject to Limitations/Exclusions and Administrative Guidelines) for patients age 13 years and older when the following criteria are met:
1. The treating physician has determined that the patient has severe chronic respiratory disease with hypoxemia that is expected to improve with long-term oxygen therapy. Such diagnoses include the following:
 - a. Chronic obstructive pulmonary disease (COPD)
 - b. Diffuse interstitial lung disease
 - c. Cystic fibrosis
 - d. Bronchiectasis
 - e. Widespread pulmonary neoplasm
 - f. Pulmonary hypertension
 - g. Obstructive sleep apnea (OSA) that is being treated with positive airway pressure
 2. The treating physician has determined that the patient has an acute illness with hypoxemia resulting in the need for short-term oxygen therapy. Such conditions include the following:
 - a. Pneumonia
 - b. Exacerbation of underlying chronic lung disease
 - c. Congestive heart failure
 3. Alternative treatment measures have been tried and deemed clinically ineffective.
 4. Hypoxemia is evidenced by any of the following qualifying blood gas studies, i.e., arterial blood gas (ABG) test or oximetry test:
 - a. Arterial PaO₂ less than or equal to 55 millimeters of mercury (mm Hg), or arterial oxygen saturation of less than or equal to 88 percent at rest; or
 - b. Arterial PaO₂ less than or equal to 55 mmHg, or arterial oxygen saturation less than or equal to 88 percent for at least five minutes (does not need to be continuous) taken during sleep.
 - c. A decrease in arterial PaO₂ of more than 10 mm Hg, or a decrease in arterial oxygen saturation of more than 5 percent for at least five minutes (does not need to be continuous) taken during sleep, associated with signs reasonably attributed to hypoxemia including, but not limited to, cor pulmonale, documented pulmonary hypertension, erythrocytosis (polycythemia); or

- d. Arterial PaO₂ less than or equal to 55 mm Hg, or arterial oxygen saturation less than or equal to 88 percent during AND when it is documented that oxygen improves the hypoxemia demonstrated during exercise with the patient breathing room air; or
 - e. Arterial PaO₂ of 56 to 59 mm Hg or an arterial oxygen saturation of 89 percent at rest while awake, during sleep for at least five minutes, or during exercise as described above, and any of the following:
 - i. Recurring right heart failure due to cor pulmonale
 - ii. Pulmonary hypertension determined by measurement of pulmonary artery pressure or echocardiogram
 - iii. Erythrocytosis with a hematocrit greater than 56 percent
5. Qualifying blood gas test meets the following criteria:
- a. For chronic conditions resulting in a need for long-term oxygen therapy, the test is performed while the patient is receiving optimal medical management and is in a chronic stable state, i.e., not during a period of acute illness or an exacerbation of their underlying disease. The test must be the most recent test performed within 30 days of initiation of therapy.
 - b. For acute illness resulting in a need for short-term oxygen therapy, the test is performed in an emergency department or within two days of discharge from an inpatient hospital stay. The reported test must be the one obtained closest to the hospital discharge date.
 - c. The test is performed on room air unless medically contraindicated. If done with the patient on oxygen, the qualifying arterial blood gas or oxygen saturation values must still be met.
- B. Home oxygen and oxygen equipment are covered (subject to Limitations/Exclusions and Administrative Guidelines) for patients below the age of 13 (i.e., before the patient's 13th birthday) when the following criteria are met:
- 1. The patient has a chronic condition that is expected to improve with oxygen therapy; and
 - 2. Oxygen saturation is persistently or episodically 92 percent or lower measured in a chronic, stable state (as defined above); or
 - 3. Oxygen saturation is 95 percent or lower and the patient has a diagnosis of pulmonary hypertension demonstrated by EKG, echocardiogram, and/or cardiac catheterization.
- C. Oxygen and oxygen equipment capable of delivering 100% oxygen, i.e., at least 12 liters per minute (LPM) via a non-rebreather mask, are covered for the treatment of cluster headache.
- D. Continuation of therapy for the indications noted above is covered when documentation supports that the patient continues to require oxygen when in a chronic stable state and is compliant with therapy.
- E. A portable oxygen system is covered if the patient is mobile within the home and the qualifying blood gas study was performed while at rest (awake) or during exercise.
- F. Liter flow greater than four LPM is covered only if a blood gas study performed while the patient is on four LPM and meets criteria above.

III. Limitations/Exclusions

- A. Home oxygen is not covered for the following conditions:
- 1. Angina pectoris in the absence of hypoxemia
 - 2. Dyspnea without evidence of hypoxemia

3. Severe peripheral vascular disease resulting in clinically evident oxygen desaturation in one or more extremities, but in the absence of systemic hypoxemia
 4. Terminal illnesses that do not affect the respiratory system
 5. Airway diseases including asthma, bronchiolitis, and croup.
- B. The use of home oxygen therapy as the sole treatment of Obstructive Sleep Apnea (OSA), i.e., in the absence of positive airway pressure, is not covered as it is not the most appropriate delivery of service.
1. Patients with OSA and oxygen desaturation that is not related to their OSA are candidates for home oxygen therapy.
 2. Patients with OSA and hypoxemia who cannot be treated with PAP and whose hypoxemia is significantly improved with oxygen alone (as evidenced on overnight oximetry) are candidates for home oxygen therapy.
 3. Oxygen for use with a PAP device for the treatment of OSA is covered only when oximetry demonstrates an oxygen saturation less than or equal to 88 percent for at least 5 minutes (which need not be continuous) on optimal PAP settings for the patient.
- C. When both ABG and oximetry tests have been performed on the same day under the same conditions, i.e., at rest/awake, during exercise, or during sleep, the ABG result will be used to determine if coverage criteria are met. If an ABG result at rest/awake does not meet criteria, but an exercise or sleep oximetry test result on the same day meets criteria, the oximetry test will determine coverage.
- D. When oxygen is covered based on an oxygen study obtained during exercise, there must be documentation of three oxygen studies which must be performed within the same testing session:
1. Testing at rest without oxygen
 2. Testing during exercise without oxygen
 3. Testing during exercise with oxygen (to demonstrate the improvement of the hypoxemia)
- E. The qualifying blood gas study may not be performed or paid for by the supplier.
- F. Portable oxygen is not covered if the only qualifying blood gas study was done during sleep.
- G. It is the patient's responsibility to arrange for oxygen when traveling outside of their supplier's usual service area. Payment for oxygen will be made to only one supplier during any one rental month.
- H. Emergency or stand-by oxygen systems for patients who are not regularly using oxygen (with the exception of cluster headache as in criterion above) and back-up oxygen systems are not covered since they are precautionary and not therapeutic in nature.
- I. Oxygen equipment is only covered as a rental item.
- J. Payment for accessories (cannula, tubing, etc.) is included in the rental allowance.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

IV. Administrative Guidelines

- A. For patients below the age of 13, prior authorization is not required for initial or continued therapy. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria. Documentation supporting medical necessity should be legible, maintained in the patient's medical record and made available upon request.
- B. For patients age 13 and older:
 - 1. Prior Authorization is not required for the initial three months of coverage. Documentation from the patient's medical record supporting that the patient has severe respiratory disease and that alternative treatment measures have been tried and determined to be clinically ineffective and the qualifying blood gas study result must be maintained in the patient's medical record.
 - 2. Prior Authorization for continuation of oxygen for up to an additional nine months is required after the initial three month period. Documentation that must be submitted with the prior authorization request includes:
 - a. Oxygen provided for a patient with an acute illness
 - i. Initial and Recertification CMN
 - ii. Initial and repeat blood gas study (ABG or oximetry test)
 - iii. Clinical notes within 30 days prior to the initiation of oxygen
 - iv. Face-to-face reevaluation within 30 days prior to the end of the third month supporting that the patient continues to require oxygen and is compliant with therapy
 - b. Oxygen provided for a patient in a chronic stable state
 - i. Initial CMN
 - ii. Initial blood gas study (ABG or oximetry test)
 - iii. Clinical notes within 30 days prior to the initiation of oxygen
 - 3. Prior Authorization for continuation of oxygen for up to an additional 24 months is required after the first 12 months. Documentation that must be submitted with the prior authorization request includes:
 - a. Recertification CMN
 - b. Blood gas study performed within 90 days of the end of 12th month
 - c. Face-to-face reevaluation performed within 90 days of the end of the 12th month supporting that the patient continues to require oxygen and is compliant with therapy
- C. Prior Authorization is required for oxygen used with a positive airway pressure (PAP) device:
 - 1. Prior Authorization is required for continuation of oxygen used with a PAP device for up to an additional nine months after the initial three month period. Documentation that must be submitted with the prior authorization request includes:
 - a. A copy of the polysomnogram report that supports that use of a PAP device alone is insufficient to resolve hypoxemia; i.e., that Criteria above are met when the patient is using a PAP device;
 - b. Face-to-face clinical reevaluation by the treating physician performed between the 31st and 91st day of use documenting improvement in symptoms;

- c. Documentation supporting that direct download of data from the device has been performed and that the patient has been adherent to therapy. Adherence to therapy is defined as use of PAP device greater than or equal to four hours per night on 70% of nights during a consecutive thirty day period during the first three months of initial usage. A repeat qualifying blood gas study is not necessary.
- 2. Prior Authorization is required for continuation of oxygen used with a PAP device for up to an additional 24 months after the first 12 months. Clinical notes supporting that the patient continues to use the PAP device and continues to use oxygen must be submitted with the prior authorization request. A repeat qualifying blood gas study is not necessary.
- D. Prior Authorization is not required for patients with cluster headache. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria. Documentation supporting that criteria are met must be kept in the patient's medical record and be made available on request
- E. When precertification for continuation of oxygen is not obtained in a timely manner and the patient has continued to use oxygen, authorization will begin on the date for which there is documentation supporting that applicable criteria are met.
- F. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.

CPT Code	Description
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E1353	Oxygen related equipment regulator
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, rental
E1405	Oxygen and water vapor enriching system with heated delivery
E1406	Oxygen and water vapor enriching system without heated delivery
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing

V. Policy History

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