

## Oxygen

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary oxygen.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid Delaware Healthy Children (DHCP) and Diamond State Health Plan Plus members.

### PROCEDURES

A prior authorization is required for items over \$500.00.

Oxygen is administered by devices that provide controlled oxygen concentrations and flow rates. Oxygen therapy should maintain adequate tissue and cell oxygenation while avoiding oxygen toxicity.

Oxygen and oxygen supplies may be considered medically necessary for appropriately selected individuals only in cases when oxygen is prescribed by a physician. The prescription must specify:

- A diagnosis of the disease requiring use of oxygen; and

- Oxygen concentration and flow rate; and
- Frequency of use (if an intermittent or leave in oxygen therapy, order must include time limits and specific indications for initiating and terminating therapy); and
- Method of delivery; and
- Duration of use (if the oxygen is prescribed on an indefinite basis, care must be periodically reviewed to determine whether a medical need continues to exist).

Oxygen therapy not meeting the criteria as indicated in this policy is considered not medically necessary.

Oxygen therapy may be considered medically necessary for ANY of the following:

- Cluster headaches; or
- Severe lung disease, defined as either: a resting arterial oxygen partial pressure (PaO<sub>2</sub>) below 55 mm Hg; or O<sub>2</sub> saturation less than 90%; or symptoms associated with oxygen deprivation, (e.g., impairment of cognitive processes, restlessness, or insomnia). Examples of severe lung disease include, but are not limited to:
  - Chronic obstructive pulmonary disease (COPD); or
  - Pulmonary fibrosis; or
  - Cystic fibrosis; or
  - Bronchiectasis; or
  - Bronchiolitis; or
  - Recurring congestive heart failure due to chronic cor pulmonale; or
  - Respiratory Syncytial virus (RSV); or
  - Chronic lung disease complicated by erythrocytosis (hematocrit greater than 56%).

Supplemental home oxygen therapy may be considered medically necessary during sleep in an individual with ANY of the following conditions:

- Unexplained pulmonary hypertension, cor pulmonale, edema secondary to right heart failure, or erythrocytosis and hematocrit is greater than 56%; or
- When obstructive sleep apnea (OSA), other nocturnal apnea, or a hypoventilation syndrome has been ruled out and there is documentation of desaturation during sleep to an SaO<sub>2</sub> of equal to or less than 88% for at least five (5) minutes while asleep; or
- When an individual with documented OSA, other nocturnal apnea, or a hypoventilation syndrome experiences desaturation during sleep to a SaO<sub>2</sub> of equal to or less than 88% for at least five (5) minutes while asleep which persists despite use of continuous positive airway pressure (CPAP) or non-invasive positive pressure ventilation (NIPPV) devices.

Oxygen therapy is considered not medically necessary for the following conditions:

- Angina pectoris in the absence of hypoxemia; or
- Breathlessness without evidence of hypoxemia; or
- Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities; or
- Terminal illnesses that do not affect the lungs.

Portable oxygen systems may be considered medically necessary only if the patient ambulates on a regular basis.

Supplemental home oxygen therapy not meeting the criteria as indicated in this policy is considered not medically necessary.

The replacement of two reusable probes every 12 months or five disposable oximeter probes every one month may be considered medically necessary when the probe is inoperable due to:

- Faulty or damaged wiring, sensors, pads, connectors, straps; or
- Damaged or missing springs; or
- Broken or missing shells; or
- Inaccurate data evidenced by environmental factors (e.g., movement or body temperature).

Quantity level limits or quantities of supplies that exceed the frequency guidelines listed in the policy will be denied as not medically necessary.

**NOTE:** Modifier RA or RB must be indicated when the replacement is a disposable oximeter probe.

**POST-PAYMENT AUDIT STATEMENT**

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

**PLACE OF SERVICE: OUTPATIENT**

**CODING REQUIREMENTS**

CPT code	Description
A4606	Oxygen probe for use with oximeter device, replacement.
A4608	Transtracheal oxygen catheter, each.
A4615	Cannula, nasal.
A4616	Tubing (oxygen), per foot.
A4617	Mouthpiece.
A4619	Face tent.
A4620	Variable concentration mask.
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.
E0430	Portable gaseous oxygen system, purchase, includes 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.
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing, with or without supply reservoir and contents gauge.
E0434	Portable liquid oxygen system, rental; includes portable containers, supply reservoir, humidifier, flowmeter, refill adaptor, cannula or mask, and tubing, contents gauge.
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, cannula or mask, tubing, contents gauge.
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.

<b>E0440</b>	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.
<b>E0441</b>	Stationary oxygen contents, gaseous, one month's supply=one unit.
<b>E0442</b>	Stationary oxygen contents, liquid, one month's supply=one unit.
<b>E0443</b>	Portable oxygen contents, gaseous, one month's supply=one unit.
<b>E0445</b>	Oximeter device for measuring blood oxygen levels non-invasively.
<b>E0447</b>	Portable oxygen contents, liquid, one month's supply=one-unit, prescribed amount at rest or nighttime exceeds four liters per minute (lpm).
<b>E0550</b>	Humidifier, durable for extensive supplemental humidification during lppb treatments or oxygen delivery.
<b>E0560</b>	Humidifier, durable for supplemental humidification during lppb treatments or oxygen delivery.
<b>E0585</b>	Nebulizer, with compressor and heater.
<b>E1352</b>	Oxygen accessory, flow regulator capable of positive inspiratory pressure.
<b>E1353</b>	Regulator.
<b>E1354</b>	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type replacement only, each.
<b>E1355</b>	Stand/rack.
<b>E1357</b>	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each.
<b>E1358</b>	Oxygen accessory, DC power adaptor for portable concentrator, any type, replacement only, each.
<b>E1390</b>	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate.
<b>E1391</b>	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate.
<b>E1392</b>	Portable oxygen concentrator, rental.
<b>E1405</b>	Oxygen and water vapor enriching system with heated delivery.
<b>E1406</b>	Oxygen and water vapor enriching system without heated delivery.
<b>K0738</b>	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders, includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing.

## REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

## Reference

Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. 2017.

Gauthier A, Bernard S, Bernard E, Simard S, Maltais F, Lacasse Y. Adherence to long-term oxygen therapy in patients with chronic obstructive pulmonary disease. *Chronic Respir Dis*. 2018; 16:479972318767724.

Cani CC, Matte DL, Silva IJ, Gulart AA, Karloh M, Mayer AF. Impact of home oxygen therapy on the level of physical activities in subjects with COPD. *Resp Care*. 2019;64(11).

Ai-Yui MT, Vines DL, Krishnan JA, Prieto-Centurion V, Kallstrom TJ. Home Oxygen evaluation in respiratory therapist in patients hospitalized for COPD exacerbations: The RIsOTTO study. *Resp Care*. 2021;66(2):183-190.

Cani KC, Matte DL, Silva IJCS, Gulart AA, Karloh M, Mayer AF. Impact of home oxygen therapy on the level of physical activities in daily life in subjects with COPD. *Resp Care*. 2019;64(11):1392-1400.

**POLICY UPDATE HISTORY**

03/22/2023	Approved in Medical Policy Committee
03/28/2023	Approved in QI/UM