

MO HealthNet PA Criteria

Medical Procedure Class:	DME OXYGEN
Implementation Date:	July 25th for Smart Pa; July 29th for CyberAccess
Prepared for:	MO HealthNet
Prepared by:	Conduent Business Services, LLC

 New Criteria
 Revision of Existing Criteria

Executive Summary

Purpose:	To allow a consistent and streamlined authorization process for oxygen.
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
Procedures subject to Pre-Certification	<p>E0424RR - Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing</p> <p>E0424RRQF - Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing > 4 LPM (and portable oxygen is prescribed)</p> <p>E0424RRQG - Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing > 4 LPM</p> <p>E0431RR - Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing</p> <p>E0434RR - Portable liquid oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing</p> <p>E0439RR - Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing</p> <p>E0439RRQF - Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing > 4 LPM (and portable oxygen is prescribed)</p>

	<p>E0439RRQG - Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing > 4 LPM</p> <p>E1390RR - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate</p> <p>E1390RRQF - Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate > 4 LPM (and portable oxygen is prescribed)</p> <p>E1390RRQG - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate > 4 LPM</p> <p>E0441NU - Oxygen contents, gaseous (for use with owned gaseous stationary system or when both a stationary and portable gaseous system are owned), one (1) month's supply = 1 unit</p> <p>E0442NU - Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one (1) month's supply = 1 unit</p> <p>E0443NU - Portable oxygen contents, gaseous (for use only with portable gaseous system when no stationary gas or liquid system is used), one (1) month's supply = 1 unit</p> <p>E0444NU - Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one (1) month's supply = 1 unit</p> <p>K0738RR – Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders, includes portable oxygen containers, regulator, flowmeter, humidifier, cannula or mask, and tubing</p>
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Setting & Population:	All MO HealthNet fee-for-service participants
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Data Sources:	<input checked="" type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Consultants
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Setting & Population

- Procedure Group for review: E0424, E0424QF, E0424QG, E0431, E0434, E0439QF, E0439QG, E0439, E0441, E0442, E0443, E0444, E1390, E1390QF, E1390QG, K0738

- Age range: All MO HealthNet fee-for-service participants

Approval Criteria

PARTICIPANTS AGE 21 AND OVER:

Requirements 1-5 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; and
3. The qualifying blood gas study was performed by a physician or by a qualified provider or supplier of laboratory services; and
4. The qualifying blood gas study was performed under one of the following conditions:
 - a. If performed during an inpatient hospital stay; the reported test must be the most recent blood gas study performed no earlier than 2 days prior to discharge; or
 - b. If performed on an outpatient basis, the reported test was performed while the patient was in a chronic, stable state.

AND

5. The blood gas study meets one of the following groups of criteria:

GROUP I

- a. An arterial PO₂ at or below 55 mm HG or an arterial oxygen saturation at or below 88% taken at rest (awake); or
- b. An arterial PO₂ at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent, for at least 5 minutes taken during sleep for a patient who demonstrates an arterial PO₂ at or above 56 mm Hg or an arterial oxygen saturation at or above 89% while awake; or
- c. A decrease in arterial PO₂ 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 or signs reasonably attributable to hypoxemia; or
- d. An arterial PO₂ at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent, taken during exercise for a patient who demonstrates an

arterial PO₂ at or above 56 mm HG or an arterial oxygen saturation at or above 89% during the day while at rest. In this case oxygen is provided for during exercise if it is documented that the use of oxygen improves the hypoxemia that was demonstrated during exercise when the patient was breathing room air.

GROUP II

An ABG PO₂ of 56-59 mm Hg or an arterial blood oxygen saturation of 89 percent at rest (awake), during sleep for at least 5 minutes, or during exercise and any of the following:

- a. Dependent edema suggesting congestive heart failure; or
 - b. Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVF);
- or
- c. Erythrocythemia with a hematocrit greater than 56 percent.

PARTICIPANTS UNDER AGE 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.

Denial Criteria

- Pt. does not meet qualifying disease or symptom criteria for home oxygen therapy.
- Alternative treatment measures have not been tried or have not been considered and deemed clinically ineffective.
- The blood gas study does not meet testing requirements.
- Criteria for home oxygen therapy are not met.

Quantity Limitations

- 1 month = 1 unit

Approval Period

Age 21 and over - Group 1:

- Initial – Physician specified length of need up to 12 months.
- Recertification – Physician specified length of need (including lifetime).

Age 21 and over Group 2:

- Initial – Physician specified length of need up to 3 months.
- Recertification – Physician specified length of need up to 3 months.

Under age 21:

For those meeting coverage criterion 3A above:

- Initial – physician specified length of need up to 12 months
- Recertification – Physician specified length of need (including lifetime)

For those meeting coverage criterion 3B or 3C above:

- Physician specified length of need up to 90 days.

Appendix A : Possible Step 1 and Step 2 Questions for Patients Age 21 and Over

****The following questions may be encountered as part of the approval and denial criteria. Depending upon the patient’s history and the way previous questions may be answered, not every question may be asked for every patient and may not be encountered in the exact order below.**

1. Is this an initial certification for oxygen?
2. Is this a recertification?
3. Has patient been evaluated by the treating physician within the past 30 days?
4. Has patient been reevaluated by the treating physician in the past 90 days?
5. Does patient have severe lung disease or hypoxemia- related symptoms that might be expected to improve with oxygen therapy?
6. Have alternative treatments been tried or considered, and deemed clinically ineffective?
7. Was the arterial blood gas/Oximetry study performed within the past 30 days?
8. Was the most recent arterial blood gas/Oximetry performed by the treating physician or a qualified provider of lab services?
9. Was the most recent arterial blood gas/Oximetry performed on an outpatient basis?
10. Was the arterial blood gas/Oximetry performed on an inpatient basis less than or equal to 2 days before discharge?
11. Was the arterial blood gas/Oximetry performed while the patient was in a chronic stable state?
12. Is this a revision to the initial certification?
13. Is this a revision to the re-certification?
14. Was the most recent study an arterial blood gas?
15. Was the most recent study an oximetry test?
16. What is the oxygen saturation? _____
17. What is the partial pressure of oxygen (PO2)? _____
18. Was the study done during sleep?
19. Has the partial pressure of oxygen (PO2) decreased more than 10mmHg or the oxygen saturation decreased more than 5% for at least 5 minutes?
20. Was the decrease in partial pressure of oxygen (PO2) or oxygen saturation associated with signs or symptoms of hypoxemia?
21. What is the highest oxygen flow rate ordered? _____ Liters per minute
22. Was the arterial blood gas/oximetry done with patient awake and at rest?
23. Was the arterial blood gas/oximetry done during exercise?
24. Was the arterial blood gas/oximetry done during sleep?
25. Does an arterial blood gas during sleep show a partial pressure of oxygen (PO2) of less than or equal to 55 mmHg or oxygen saturation less than or equal to 88% for at least 5 minutes?
26. What is the highest oxygen flow rate ordered? _____ Liters per minute
27. Does the record reflect 3 oxygen studies were performed: testing at rest without oxygen, testing during exercise without oxygen, and testing during exercise with oxygen applied?
28. Is the partial pressure of oxygen (PO2) or oxygen saturation from the exercise test with oxygen greater than the partial pressure of oxygen (PO2) or oxygen saturation obtained during the exercise test while breathing room air?
29. Does the patient require portable oxygen?
30. Recertification/Revision: Is the duration of need lifetime?
31. Initial: What is the duration of need?
32. Revision: How many months remain in the initial certification period?
33. Does the patient have dependent edema suggesting CHF?
34. Does the patient have pulmonary hypertension or cor pulmonale?
35. Does the patient have erythrocythemia with hematocrit greater than 56%?
36. What is the highest oxygen flow rate ordered? _____ Liters per minute

37. Does the record reflect 3 oxygen studies: testing at rest without oxygen, testing during exercise without oxygen, and testing during exercise with oxygen applied?
38. Initial/Recertification: What is the duration of need?
39. Revision: How many months remain in the (initial certification/recertification) period?
40. Will patient use an oxygen concentrator system?
41. Will patient use a gaseous stationary system?
42. Will patient use a liquid stationary system?
43. Will patient use a gaseous portable system?
44. Does patient own concentrator?
45. Does patient own a portable system?
46. Will patient use a liquid portable system?
47. Will patient use a stationary concentrator system only?
48. Will patient rent concentrator?
49. Will patient use a system that can fill portable oxygen cylinders?
50. Will patient use gaseous stationary system only?
51. Does patient own a gaseous stationary system?
52. Does patient own a gaseous portable system?
53. Does patient own a liquid stationary system?
54. Does patient own gaseous portable system?
55. What is the most recent oxygen saturation when patient is off? _____
56. What is duration of need? ____ (months)
57. Initial: Has patient been evaluated by the treating physician within the past 30 days?
58. Recertification: Has patient been reevaluated by the treating physician in the past 90 days?
59. Recertification/Revision: Is the duration of need lifetime?

Appendix B: Possible Step 1 and Step 2 Questions for Patients Under Age 21. (some questions may be under both headings)

****The following questions may be encountered as part of the approval and denial criteria. Depending upon the patient's history and the way previous questions may be answered, not every question may be asked for every patient and may not be encountered in the exact order below.**

1. What is the most recent O2 saturation when patient is off oxygen (i.e. prior to initiation of oxygen)? _____
2. Has patient been evaluated by the treating physician within the past 30 days?
3. Is patient oxygen dependent on discharge from an inpatient stay?
4. Has a pediatric subspecialist ordered stand-by oxygen?
5. Has patient been reevaluated by the treating physician in the past 90 days?
6. Has a pediatric subspecialist ordered stand-by oxygen?
7. Initial/Recertification: What is the duration of need?

8. **Revision:** How many months remain in the (initial certification/recertification) period?
9. Will patient use an oxygen concentrator system?
10. Will patient use a gaseous stationary system?
11. Will patient use a liquid stationary system?
12. Will patient use a gaseous portable system?
13. Does patient own concentrator?
14. Does the patient require portable oxygen?
15. Does patient own a portable system?
16. Will patient use a liquid portable system?
17. Will patient use a stationary concentrator system only?
18. Will patient rent concentrator?
19. Will patient use a system that can fill portable oxygen cylinders?
20. Will patient use gaseous stationary system only?
21. Does patient own a gaseous stationary system?
22. Does patient own a gaseous portable system?
23. Does patient own a liquid stationary system?
24. Does patient own gaseous portable system?
25. Is patient oxygen dependent on discharge from an inpatient stay?
26. What is duration of need? ____ (months)
27. **Initial:** Has patient been evaluated by the treating physician within the past 30 days?
28. **Recertification:** Has patient been reevaluated by the treating physician in the past 90 days?
29. **Recertification/Revision:** Is the duration of need lifetime?