Kern Health Systems Criteria

Department: Utilization Management

Subject: Oxygen Equipment Guidelines

Oxygen Content and Oxygen Equipment is a covered Medi-Cal benefit when the member has a medical condition that requires the use of continuous supplemental oxygen, such as:

- Chronic lung disease
- CHF
- Pulmonary Artery Hypertension

Authorization for oxygen requires that the patient’s arterial partial pressure of oxygen (PaO2) must be 55 mm Hg or less, or the arterial oxygen saturation (SaO2) must be 88 percent or less with the ABG or oximetry study performed on room air in the chronic stable state within 30 days of the oxygen request, or if hospitalized, no more than 2 days prior to the hospital discharge.

When the arterial PaO2 is 56-59 mm Hg or the SaO2 is 89 percent, a secondary diagnosis is required such as:

- Congestive Heart Failure
- Cor Pulmonale
- Erythrocytosis/Erythrocythemia/Polycythemia

If the arterial PaO2 is equal to or greater than 60 mm Hg or the SaO2 is equal to or greater than 90 percent, the medical necessity for oxygen is unlikely to be established.

The oximetry study must be obtained with a continuous printout that reflects at least a five minute trend of desaturations less than or equal to 88% on room air. Documentation of the exact procedure being used and a copy of the oximetry graph(s) or printout(s) must be included for review.

The ABG or oximetry study must be performed on room air unless the licensed practitioner notes that due to severe hypoxemia, the patient cannot tolerate room air. In this case, the ABG or oximetry study may be performed with oxygen being administered and the liter flow rate noted on the ABG or oximetry study report.

Medi-Cal does not cover the following:

- A back-up concentrator or a stationary oxygen delivery system when an oxygen concentrator is authorized.

- Oxygen contents and oxygen equipment for patient conditions not related to hypoxemia or the need for oxygen therapy such as any of the following conditions:
  - Angina pectoris in the absence of hypoxemia
  - Breathlessness or shortness of breath without cor pulmonale or evidence of hypoxemia
o Peripheral vascular disease resulting in ischemia of one or more extremities in the absence of hypoxemia
o Multiple chemical hypersensitivity in the absence of hypoxemia
o Terminal illness in the absence of hypoxemia

Supplemental oxygen for less than 24 hours per day would include:

- Exercise induced hypoxemia with supporting documentation
- Hypoxemia associated with sleep with supporting documentation

Authorization of oxygen for a patient who requires oxygen less than 24 hours per day, such as for exercise-induced hypoxemia or hypoxemia associated with sleep, or other conditions, may be granted when at least one of the following has been documented during the activity or time period for which the oxygen has been requested:

- Hypoxemia with a PaO2 at or below 55 mmHg, or a SaO2 of 88 percent or less; or,
- A PaO2 of 56-59 mm Hg or a SaO2 of 89 percent when a secondary diagnosis is documented.

If the oxygen is used for less than 24 hours per day, Medi-Cal may pro-rate the reimbursement to reflect less than 24 hours per day utilization of oxygen.

Although Medi-Cal allows authorization for the rental of oxygen delivery systems to be granted in increments of up to 12 months, KHS maximum authorization for supplemental oxygen is 6 months.

According to Medi-Cal and Medicare guidelines for the rental of oxygen, a Pulse Oximetry or ABG is required once every 12 months to determine continued eligibility for oxygen.

If Obstructive Sleep Apnea (OSA) is suspected, oxygen rental may be granted for one month and an internally generated authorization for completion of a supervised sleep study with CPAP titration should be created with notifications provided to both the provider and the DME Company. Upon review of the final OSA study, final determinations as to the appropriate treatment of the hypoxemia can be determined.

**Required Documentation:**

A written prescription from a licensed practitioner must be submitted with the request for oxygen and include **ALL** of the following:

- Diagnosis
- ABG report or continuous printout of the oximetry report
- Flow rate
- Estimated frequency (hours per day) and duration of use (months)
- Completed DHCS form – Certificate of Medical Necessity for Oxygen or equivalent information **

**Pediatric Oxygen Requests**

Requests for oxygen for pediatric patients with a SaO2 of 90 percent or greater will be considered on a case by case basis.

If the oxygen is for a child (20 years or younger), and the child has a CCS eligible condition, a CCS denial must accompany the request in addition to the above documentation requirements.

If a child’s clinical condition or need for oxygen changes, a new request for adjusted oxygen usage must be submitted with the medical documentation, as specified above.

All oxygen requests must include a recent ABG or oximetry study report (within the preceding 30 days of the request, or if hospitalized, not more than two days prior to discharger) obtained in a chronic stable state.