Oxygen Concentrators

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4025

Recent review date: 9/2024

Next review date: 1/2026

Policy contains: Oxygen concentrators; portable oxygen; O2.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana, on a case by case basis, when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

The attending physician, or a consultant physician who has personally examined the member at the request of the attending physician, must have seen the member within 30 – 60 days of prescribing oxygen therapy.

Initial requests for oxygen concentrators must include a prescription which is signed and dated by the treating physician and which includes:

- The oxygen flow rate;
- The frequency and duration of use;
- An estimate of the period of need; and
- The results of a current blood gas laboratory report done at rest and at room air (performed no more than 30 days prior to the prescription) from an appropriate facility giving the arterial blood gases (ABGs) and arterial saturation. However, oxygen saturation may be determined by pulse oximetry when ABGs cannot be taken.

The following diagnostic findings support the need for oxygen therapy:

Group I

- A current ABG with a P02 at or below 55 mm Hg, or arterial oxygen saturation at or below 88 percent or below 88 percent, taken at rest, breathing room air.
- A current ABG with a P02 at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent, taken during sleep; or if there is a significant drop during sleep of more than 10 mm Hg of the arterial P02, or a drop of more than 5 percent of the arterial oxygen saturation, and this drop is associated with symptoms or signs reasonably attributable to hypoxemia.

  Example: PO2 while awake - 75 mm HG

  PO2 while asleep - 64 mm HG

  Symptoms: nocturnal restlessness
- A current ABG with a P02 at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent, taken during exercise for a member who demonstrates an arterial P02 at or above 56mm Hg, or an arterial saturation at or below 89 percent while awake at rest. In this case, supplemental oxygen is provided during the exercise if there is evidence that use of oxygen improves the hypoxemia experienced during exercise while breathing room air.

Group II

- Coverage is available for members whose current arterial P02 is 56-59 mm hg or whose arterial blood oxygen saturation is 89 percent, if there is evidence of:
- Dependent edema suggesting congestive heart failure (CHF) (documentation from the physician must indicate the degree of edema and if it is associated with CHF);
- "P" pulmonale on a current electrocardiogram (EKG) (documentation from the physician must indicate if the AP@ wave on an EKG taken within the last 30 days was greater than 3 mm in standard leads II, III of AVF); or
- Erythrocythemia with a current hematocrit greater than 56 percent.

Group III

- Medicaid reimbursement will not be made for members with arterial P02 levels at or above 60 mm Hg, or arterial blood saturation at or above 90 percent.

Documentation of medical necessity as well as the anticipated number of visits per month needed must be submitted by the member's treating physician with the prior authorization request. Portable systems will not be approved to be used on a standby basis only. Units will be authorized per month based on review of submitted medical justification. An example of justification for refills includes, but is not limited to, multiple weekly visits for radiation or chemotherapy.

For members under age 21 only, portable oxygen may be approved when needed for travel to and from school.

References

Louisiana Department of Health. 2010. Durable Medical Equipment Provider Manual. Oxygen Concentrators. Chapter 18, Section 18.2. Issued 11/27/2023.

Policy updates

Initial review date: 3/2/2021

3/2023: Policy references updated.

8/2023: Policy references updated.

9/2024: Policy references updated.