

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202242    MAY 31, 2022

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## **IHCP revises home oxygen PA criteria**

Effective July 1, 2022, the Indiana Health Coverage Programs (IHCP) will revise prior authorization (PA) criteria for home oxygen equipment.

This prior authorization revision applies to the majority of IHCP plans, including Hoosier Care Connect, Hoosier Healthwise, Traditional Medicaid (fee-for service [FFS]) and specified Healthy Indiana Plan (HIP) plans.

### **Prior authorization for home oxygen**

For members receiving oxygen services in a home setting, the IHCP requires prior authorization (PA) for all oxygen and associated equipment and supplies, including concentrators and portable liquid oxygen equipment. Oxygen coverage is determined by the results of an arterial blood gas (ABG) or oximetry test. Results of specific testing must be reviewed before coverage can be determined.

The ordering physician must complete, sign and date a medical necessity form and submit it with the PA request. Providers may use their own medical necessity form or the *Certification of Medical Necessity: CMS-484 – Oxygen* form, accessible from the [Forms](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). Providers must keep this form on file. Providers should use this form for initial PA, subsequent PA extensions and changes in the prescriptions. The IHCP does not require a separate order, because the order information is to be incorporated in the medical necessity form.

Providers should submit a new PA and medical necessity form at any time there is a change in the oxygen prescription, such as an increase or decrease in oxygen flow rate or different equipment ordered, or if there is a change in the attending physician. For more information on obtaining PA, see the [Prior Authorization](#) provider reference module at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Authorization of home oxygen therapy is based on the medical criteria indicated in the following section.

### **Indications for home oxygen therapy**

The IHCP covers home oxygen therapy for hypoxemia and cluster headaches as described in this bulletin.

#### ***Hypoxemia***

The IHCP covers home oxygen therapy for members with significant chronic hypoxemia provided the following are met:

- The attending physician has determined that the member has a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen.
- The member's blood levels indicate the need for oxygen therapy.

- The physician has tried or considered alternative treatment measures and has deemed them clinically ineffective.
- The member meets the criteria in one of the category groups as presented in the following sections.

#### *Initial certification*

The start date of home oxygen coverage cannot precede the date of prescription or the date of the test(s) whose results establish that the special coverage criteria are met. Testing is required within 30 days prior to the date of initial certification. If the oxygen is begun immediately following discharge from an acute care facility, the test must be within two days prior to discharge.

The patient must meet the criteria in one of the following category groups:

- Group I criteria
  - Adult member age 21 years or older demonstrates an arterial PO<sub>2</sub> (oxygen partial pressure) at or below 55 mm Hg or an arterial oxygen saturation at or below 88%, taken at rest on room air unless contraindicated by a physician.
  - Pediatric member age 20 years or younger demonstrates an arterial PO<sub>2</sub> at or below 60 mm Hg or an arterial saturation at or below 90% taken at rest on room air unless contraindicated by a physician.
  - Infants (0-12 months of age) with bronchopulmonary dysplasia (BPD) may have variable oxygen needs. In these cases, appropriate documentation, in the absence of qualifying arterial PO<sub>2</sub> or pulse oximetry oxygen saturation values, must be presented for consideration on a case-by-case basis.
  - The IHCP provides coverage only for nocturnal use of oxygen in the following cases:
    - ◆ For any member who demonstrates an arterial PO<sub>2</sub> at or below 55 mm Hg or an arterial oxygen saturation at or below 88% during sleep on room air unless contraindicated by a physician, and the member demonstrates an arterial PO<sub>2</sub> at or above 56 mm Hg or an arterial oxygen saturation at or above 89% while awake on room air unless contraindicated by a physician.
    - ◆ For any member who demonstrates a greater than normal fall in oxygen level during sleep, a decrease in arterial PO<sub>2</sub> more than 10 mm Hg, or a decrease in arterial oxygen saturation of more than 5%, associated with symptoms or signs reasonably attributable to hypoxemia, such as cor pulmonale, P pulmonale on electrocardiogram (EKG), documented pulmonary hypertension, or erythrocytosis.
  - The IHCP provides coverage for oxygen use only during exercise in the following instance:
    - ◆ For any member who demonstrates an arterial PO<sub>2</sub> at or below 55 mm Hg or an arterial oxygen saturation at or below 88% taken during exercise on room air unless contraindicated by a physician and the member demonstrates an arterial PO<sub>2</sub> at or above 56 mm Hg or an arterial oxygen saturation at or above 89% taken during the day while at rest on room air unless contraindicated by a physician. In this case, the IHCP provides supplemental oxygen during exercise if it is documented that the use of oxygen improves the hypoxemia that was documented during exercise when the member was breathing room air.



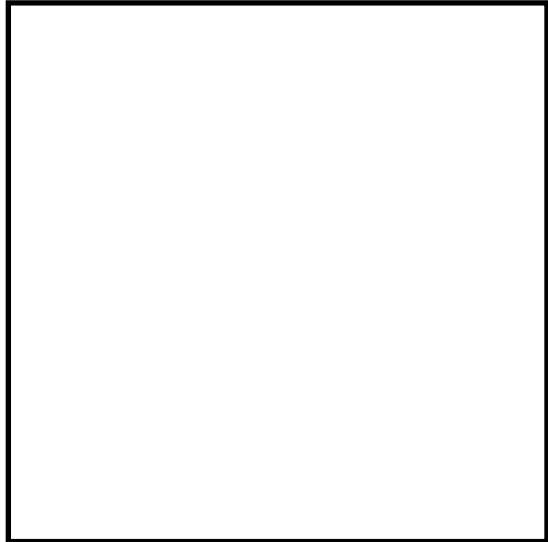
■ Group II criteria

- Adult member age 21 years or older demonstrates an arterial PO<sub>2</sub> of 56 to 59 mm Hg or an arterial oxygen saturation of 89% on room air unless contraindicated by a physician and any of the following:

- ◆ Dependent edema suggests congestive heart failure
- ◆ 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
- ◆ Erythrocythemia with a hematocrit greater than 56%

- Pediatric member age 20 years or younger demonstrates:

- ◆ Cystic fibrosis complicated by severe chronic hypoxemia
- ◆ Cystic fibrosis with both mild chronic hypoxemia and dyspnea on exertion
- ◆ Bronchopulmonary dysplasia complicated by chronic hypoxemia
- ◆ Sleep-disordered breathing complicated by severe nocturnal hypoxemia who cannot tolerate positive airway pressure therapy or is awaiting surgical treatment of sleep-disordered breathing
- ◆ Sickle cell disease complicated by severe chronic hypoxemia
- ◆ Pulmonary hypertension without congenital heart disease complicated by chronic hypoxemia
- ◆ Interstitial lung disease complicated by severe chronic hypoxemia
- ◆ Interstitial lung disease with mild chronic hypoxemia and either dyspnea on exertion or desaturation during sleep or exertion



■ Group III criteria

- Any member who demonstrates an arterial PO<sub>2</sub> level at or above 60 mm Hg or an arterial oxygen saturation at or above 90% on room air unless contraindicated by a physician. The IHCP requires additional documentation to substantiate the use of oxygen for members in this group. Providers should ensure that additional documentation appears on the PA request or an attached document, indicating the type, frequency and severity of incidents or episodes.

- Episodes include, but are not limited to, the following:

- ◆ Apnea conditions
- ◆ Bronchopulmonary dysplasia
- ◆ Cerebral palsy
- ◆ Cyanotic congenital heart disease
- ◆ Episodic attacks of acute and severe asthma
- ◆ Intermittent cyanosis or dyspnea documented by clinical observation

- ◆ Intermittent upper airway obstruction
- ◆ Neuromuscular disorders extensive enough to affect pharyngeal and chest muscles, and clinically interfere with normal breathing
- ◆ Severe recurrent attacks of epilepsy
- ◆ Significant intellectual disability with repetitive episodes of respiratory difficulties
- ◆ Tracheal laryngeal malacia
- ◆ Acute conditions causing hypoxia such as pneumonia, coronavirus disease 2019 (COVID-19) or congestive heart failure

The IHCP may approve PA to members who fall into Group III for three, six or 12 months, depending on the medical necessity demonstrated in the documentation provided. Providers must include the results of the latest ABG or oximetry readings, on the medical necessity form submitted with the new PA request.

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***The IHCP accepts transcutaneous oximetry in lieu of arterial or capillary blood gases for oxygen monitoring. A physician or provider other than a durable medical equipment (DME) supplier, certified to conduct such tests, must conduct the measurement of these tests. The IHCP does not extend this prohibition to tests conducted by a hospital that may also be furnishing home oxygen therapy to the member directly or through an associated organization.***

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#### *Revised certifications*

A revised medical necessity form is necessary when:

- The prescribed maximum flow rate changes from one of the following categories to another: (a) less than 1 LPM, (b) 1-4 LPM, and (c) greater than 4 LPM. If the change is from category (a) or (b) to category (c), a repeat blood gas study or oximetry test with the beneficiary on 4 LPM must be performed within 30 days prior to the start of the greater than 4 LPM flow.
- Portable oxygen is added subsequent to the initial certification of a stationary system. In this situation, there is no requirement for a repeat blood gas study or oximetry test unless the initial qualifying study was performed during sleep, in which case a repeat blood gas study must be performed while the member is at rest (awake) or during exercise on room air unless contraindicated by a physician.
- The initial certification specified an estimated length of need that is less than lifetime and the physician wants to extend the certification.
- There is a new treating physician (no new blood gas study or oximetry testing is required). However, a revised medical necessity form is still required.



*Recertifications*

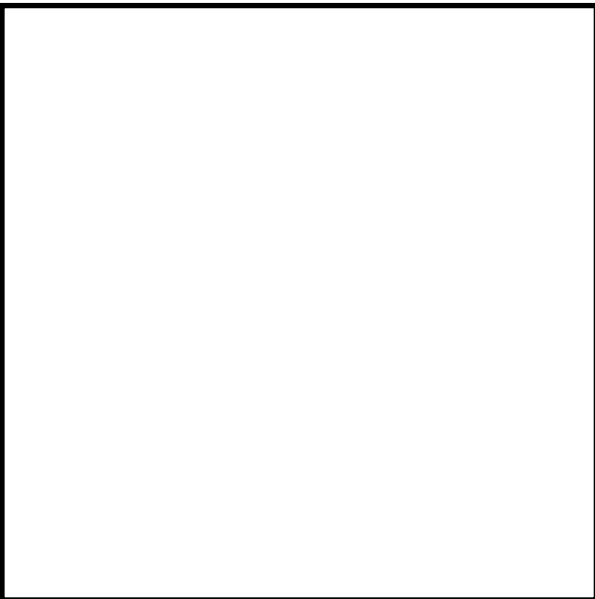
The circumstances and the results of testing that established the medical necessity at the start of home oxygen therapy determine the recertification schedule. The IHCP requires a new prior authorization, including a medical necessity form, and repeat ABG or oximetry for recertification:

- Recertification is required three months after initial certification:
  - For members whose arterial PO2 was 56 mm or greater or whose oxygen saturation was 89% or greater on the initial certification
  - For members whose physician’s initial estimate of length of need for oxygen was one to three monthsRepeat ABG or oximetry testing must be performed within the previous 30 days for continuation of home oxygen therapy.
- Recertification is required annually for all members. Repeat ABG or oximetry testing must be performed within the previous six months for continuation of home oxygen therapy.

**Cluster headaches**

Home oxygen therapy for the treatment of cluster headaches (CH) is considered medically necessary when:

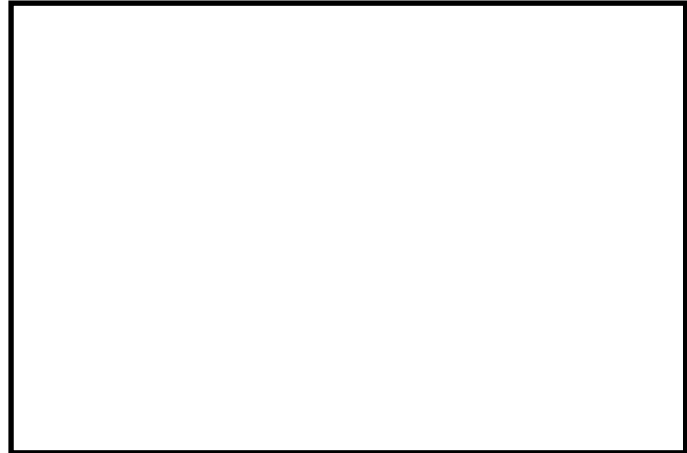
- Member has a diagnosis of CH using criteria from the International Headache Society:
  - At least five severe to very severe unilateral headache attacks lasting 15–180 minutes when untreated. (Intensity of pain: Degree of pain usually expressed in terms of its functional consequence and scored on a verbal or visual analogue 5-point scale:
    - ◆ 0 = No pain
    - ◆ 1 = Mild pain, does not interfere with usual activities
    - ◆ 2 = Moderate pain, inhibits but does not wholly prevent usual activities
    - ◆ 3 = Severe pain, prevents all activities
    - ◆ 4 = Very severe pain
- The headaches must be accompanied by at least one of the following findings:
  - Ipsilateral conjunctival injection and/or lacrimation
  - Ipsilateral nasal congestion and/or rhinorrhea
  - Ipsilateral eyelid edema
  - Ipsilateral forehead and facial sweating
  - Ipsilateral miosis and/or ptosis
  - A sense of restlessness or agitation



*Approval time limits and renewals*

These standards are followed for time limit approvals and renewals:

- CH requiring oxygen therapy will be limited to an initial three-month consideration. A provider should be alerted that a clinical current progress note that includes frequency, duration, and intensity of headache pattern and response to O2 therapy will be required for all renewal requests.
- If the headache pattern has decreased to a level that no longer meets criteria, a renewal will not be approved.
- If the headache pattern persists and there is clinical documentation of a positive response to oxygen therapy, an additional three-month approval will be granted.



*Coverage limitations*

Only a stationary gaseous oxygen system (procedure code E0424) and related contents (procedure code E0441) are covered for the treatment of CH for beneficiaries.

**For more information**

Questions about PA for all FFS IHCP enrolled members should be directed to Gainwell Technologies at 800-457-4584, option 7. Questions about managed care billing and PA for procedures should be directed to the managed care entity (MCE) with which the member is enrolled.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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