



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas DC Providers

Date: October 22, 2020

Subject: **Home and Portable Oxygen Therapy Policy**

Summary: This provider notice offers guidance on the conditions and criteria that must be met to obtain prior authorization by AmeriHealth Caritas District of Columbia for Home and Portable Oxygen Therapy effective November 23, 2020.

AmeriHealth Caritas DC considers the use of home and portable oxygen to be clinically proven and, therefore, medically necessary when certain conditions are met. Oxygen can be used during sleep, exercise, or rest (continuous use), depending on the needs of the individual. Prior authorization is required.

Effective November 23, 2020, all of the following conditions must be met to establish the medical necessity of home and portable oxygen therapy:

1. The diagnosis under treatment is expected to improve with oxygen therapy and falls into one of these categories:
 - a. Severe lung disease.
 - b. Hypoxia-related conditions (e.g., pulmonary hypertension, heart failure).
2. All hypoxia-related co-existing diseases or conditions have been treated to the extent possible and hypoxia continues after treatment.
3. The qualifying oxygen testing was performed under one of the following conditions:
 - a. If the request is for long-term oxygen use, testing was performed in a chronic, stable state.
 - b. If the request is for short-term, post-hospitalization oxygen use, oxygen testing was performed within two days prior to discharge.
4. Testing must be performed while the patient is doing the activity during which oxygen is to be used.
5. If the request is for oxygen use during exercise, three oximetry readings must be performed in the same session.
6. If the request is for oxygen use during rest (continuous use) or exercise, the most recent oxygen measurement result must satisfy one of the following criteria:
 - a. Arterial PO₂ < or = 55 mmHg or O₂ saturation < or = 88% on room air or



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- b. Arterial PO2 56 to 59 mmHg or O2 saturation 89% on room air and one of:
 - o Symptoms or findings consistent with hypoxia
 - o Dependent edema suggesting heart failure
 - o Cor pulmonale, P pulmonale on EKG, pulmonary hypertension, or erythrocytosis with hematocrit > 55%

- 7. If the request is for oxygen use during sleep, the most recent oxygen measurement result must satisfy one of the following criteria:
 - a. Arterial PO2 < or = 55 mmHg or O2 saturation < or = 88% for at least five continuous or non-continuous minutes during a minimum two hour recording time, or
 - b. A decrease in arterial PO2 > 10 mmHg or decrease in O2 saturation > 5% from baseline for at least 5 continuous or non-continuous minutes during a minimum two hour recording time or
 - c. Arterial PO2 56 to 59 mmHg or O2 saturation 89% for at least five continuous or non-continuous minutes in a minimum two hour recording time and one of:
 - o Symptoms or findings consistent with hypoxia
 - o Dependent edema suggesting heart failure
 - o Cor pulmonale, P pulmonale on EKG, pulmonary hypertension, or erythrocytosis with hematocrit > 55%

The type of home oxygen therapy and delivery system will vary depending on the patient's age, diagnosis, clinical presentation, and mobility. Both a stationary and portable system may be requested for a patient who requires oxygen on a continuous basis both in and away from home.

The HCPCS codes associated with home and portable oxygen equipment are listed below:

The following codes will require prior authorization if the billed amount is >\$750.

A4615	A7525	E1353
A4616	E0555	E1354
A4617	E1352	S8096
A4619	E1355	
A4620	E1352	

The following codes will require prior authorization regardless of billed amount (rental item codes.)

E0425	E0442	E0430
E0440	E0445	E0433
E0441	E1391	E0435



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E0444

E1357

E1406

E0445

E1358

S8120

E0447

E1390

S8121

E1356

E1405

All other uses of home and portable oxygen are not medically necessary, including, but not limited to:

- Angina pectoris in the absence of hypoxemia.
- Breathlessness without cor pulmonale or evidence of hypoxemia.
- Children with pulmonary hypertension and congenital heart disease in the absence of consultation with a pediatric pulmonologist or cardiologist who has expertise in the management of pulmonary hypertension in the clinical setting.
- Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities but in the absence of systemic hypoxemia.
- Terminal illnesses that do not affect the lungs.
- Primary treatment for obstructive sleep apnea, other nocturnal apnea, or hypoventilation syndromes.

Questions:

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 202-408-2237.