

**To: AmeriHealth Caritas Pennsylvania DME Providers**

**Date: June 1, 2021**

**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 Pennsylvania for Home and Portable Oxygen Therapy. This policy will be effective on August 1, 2021.**

AmeriHealth Caritas Pennsylvania is following the guidelines outlined by the Department of Human Services (DHS) regarding the reinstatement of prior authorization requirements for certain services that were suspended due to the COVID-19 emergency disaster. For complete details of the DHS Medical Assistance Bulletin outlining these changes, please visit the COVID-19 page of the provider website.

**Therefore, effective August 1, 2021, prior authorization is required for all Home Oxygen rentals regardless of monthly cost.** AmeriHealth Caritas Pennsylvania 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.

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 PO<sub>2</sub> < or = 55 mmHg or O<sub>2</sub> saturation < or = 88% on room air or
  - b. Arterial PO<sub>2</sub> 56 to 59 mmHg or O<sub>2</sub> saturation 89% on room air and one of:

- Symptoms or findings consistent with hypoxia
  - Dependent edema suggesting heart failure
  - 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 PO<sub>2</sub> < or = 55 mmHg or O<sub>2</sub> 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 PO<sub>2</sub> > 10 mmHg or decrease in O<sub>2</sub> saturation > 5% from baseline for at least 5 continuous or non-continuous minutes during a minimum two hour recording time or
  - c. Arterial PO<sub>2</sub> 56 to 59 mmHg or O<sub>2</sub> saturation 89% for at least five continuous or non-continuous minutes in a minimum two hour recording time and one of:
    - Symptoms or findings consistent with hypoxia
    - Dependent edema suggesting heart failure
    - 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 systems may be requested for a patient who requires oxygen on a continuous basis both in and away from home.

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 1-800-521-6007.