Based on medical necessity and satisfaction of the criteria below and all other terms of the Mississippi Medicaid program, this item is available for coverage for:

___ Beneficiaries under age 21

___ Beneficiaries age 21 and over ~~who are receiving services through the home health program~~

_X_ All beneficiaries (unless specified in criteria)

___ Beneficiaries who are pregnant

The provider must refer to the current fee schedule for the acceptable codes and fee schedule allowances available under Medicaid.

The following criteria for coverage apply to oxygen and oxygen related equipment:

This item may be approved for :

___ Rental only

___ Purchase only

_X_ Rental for 6 months, then recertification is required or purchase if preferred

___ Rental up to the purchase amount or purchase when indicated

This item must be ordered by a physician, nurse practitioner, or physician assistant. It is expected that physicians, nurse practitioners, or physician assistants order only items within the scope of their specialty. For example, specialized items such as custom wheelchairs or prosthetics and orthotics should be ordered by specialties such as orthopedics and physicians specializing in rehabilitation. Other items are handled through other specialties.

Oxygen and oxygen related equipment allow for the safe delivery of oxygen in the home. Oxygen and oxygen related equipment, as DME, include:

- Stationary gaseous oxygen systems
- Stationary liquid oxygen systems
- Portable gaseous or liquid oxygen systems
- Oxygen concentrators
- Oxygen contents, liquid or gaseous

Criteria for Coverage

Coverage of home oxygen therapy is available only for beneficiaries with significant hypoxemia in the chronic stable state provided the following conditions are met:

- The attending or consulting physician has determined that the beneficiary has a severe lung disease or hypoxia related symptoms that might be expected to improve with oxygen therapy.

- ~~Alternative treatment methods have been tried or considered and have been deemed clinically ineffective.~~

- The beneficiary can be classified in either the following **Group I or Group II:**

  Group I: beneficiaries with significant hypoxia

  - The beneficiary's O2 saturation must be 88% or less by oximetry (pO2 55 mm Hg or less by ABG) either at rest, during or after exercise, or while asleep; or

  - During sleep, the beneficiary's O2 saturation must fall >5% by oximetry (pO2 falls 10mm Hg by ABG) and there are signs of hypoxia; cor pulmonale, "P" pulmonale on ECG (P wave> 3 mm in standard leads II, III, or AVF); documented pulmonary hypertension; or erythrocytosis. (Note for those beneficiaries who meet criteria for home oxygen therapy only during sleep, only nocturnally provided oxygen will be approved.)

  Group II: beneficiaries with mild hypoxia.

  The beneficiary's O2 saturation must be 89% (pO2 56-59 mm Hg); **and**

  - There is dependent edema caused by congestive heart failure; or

  - There is documentation supportive of pulmonary hypertension or cor pulmonale by any combination of gated blood pool scan, ECHO cardiogram, or "P" pulmonale on ECG (P wave> 3 mm in standard leads II, III, or AVF), or

  - There is erythrocytosis with a hematocrit of 52% or greater.

O2 saturation levels must be obtained on room air. For those cases in which it would be detrimental to the life of the patient to obtain a room air saturation level, the prescribing physician should provide written documentation as to the reason (patient has had increased dyspnea on prior trials on room air; has had dysrhythmias; takes a long time to regain adequate O2 saturation after previous trials on room air; has a chronic or progressive condition which has not improved; or other reason).

For purposes of defining erythrocytosis in both Group I or Group II, the hematocrit level must be 52% or higher.

Concurrence by a consulting pulmonologist or thoracic surgeon will be a prerequisite for approval of home oxygen therapy for those beneficiaries whose arterial pO2 is between 56 and 59mm Hg (O2 saturation of 89%) without signs or symptoms of congestive heart failure, pulmonary hypertension, or cor pulmonale.

Prescriptions for oxygen must specify the oxygen flow rate, frequency, and duration of use, estimate of the period of need for oxygen and type of oxygen delivery system to be used (i.e., gas, liquid, or

concentrator). A prescription containing only "oxygen PRN" is not sufficient.

Conditions For Which Oxygen Therapy Is Not Medically Necessary

Conditions for which oxygen therapy is not medically necessary include, but are not limited to, the following list:

- Angina pectoris in the absence of hypoxemia. This condition is generally not the result of a low oxygen level in the blood, and there are other preferred treatments.
- Dyspnea without cor pulmonale or evidence of hypoxia.
- Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities. There is no evidence that increased pO2 will improve the oxygenation of tissues with impaired circulation.
- Terminal illnesses that do not affect the respiratory system.

Rental of Oxygen Equipment

Medicaid will pay monthly rental fees for the following oxygen equipment; however, the option to purchase is available:

- Stationary compressed oxygen system.
- Stationary liquid oxygen system.
- Oxygen concentrators.
- Portable gaseous or liquid oxygen system.

The monthly rental allowance includes (1) regulators, (2) tubing, (3) cannulas/mask, and (4) monthly home visit by a qualified professional employee or consultant of the DME provider for equipment evaluation and monthly saturation measurements, (5) oxygen contents (refills), except for refills for portable units, and (6) back up equipment.

When the DME provider conducts the monthly home visit, the following information must be documented in the beneficiary record:

- Date of home visit.
- Monthly check of operation and safety of equipment.
- Determination of oxygen output.
- Changing of filters.
- Proper functioning of the back up system.
- Monthly saturation measurements by pulse oximetry (O2 saturation levels should be obtained within 30 days prior to review submission).

It is the responsibility of the DME provider to notify the physician of significant changes in the oxygen saturation level.

Back up Equipment

Back up oxygen equipment (stationary and/or portable) which functions only as a stand-by device or a precautionary device is the responsibility of the DME provider and is inclusive in the monthly rental allowance. Back up oxygen equipment may not be separately billed to Medicaid.

Portable Oxygen Equipment

Portable oxygen equipment will be reimbursed for a beneficiary who needs continuous oxygen and requires portable units (1) while en route to a doctor's office, hospital, etc.; (2) when the physician has ordered an exercise program requiring the beneficiary to be away from his/her stationary oxygen; or (3) during activities that cannot be accomplished with the use of stationary oxygen equipment. Requests for portable refills exceeding one per day will require additional justifications from the physician. For cases in which the number of refills required are less than one per day, additional information may be requested by the Peer Utilization Review Organization if necessary to justify the medical necessity for the refills.

Oxygen Contents (for stationary equipment)

Oxygen contents (gaseous or liquid) are included in the monthly rental allowance for rented equipment.

Oxygen contents may be billed separately to Medicaid ONLY if the beneficiary owns the oxygen equipment.