OHCA Guideline

Medical Procedure Class:	**Oxygen and Oxygen Supplies**
Initial Implementation Date:	07/01/2013
Last Review Date:	08/26/2026
Effective Date:	10/1/2026
Next Review/Revision Date:	October 2029

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☐ New Criteria ☒ Revision of Existing Criteria

Summary

Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Description

Policy Reference: Oxygen and Oxygen Equipment – OAC 317:30-5-211.11
Oxygen Rental – OAC 317:30-5-211.12

HCPCS Codes Covered: E0424; E0431; E0434; E0439; E0441-E0444; E1390-E1392; K0738
(see HCPCS Manual for description of codes)

Modifiers: **RR** – Rental Rates (“continuous”)
QF – Oxygen exceeding 4 Liters Per Minute (LPM) and portable oxygen is prescribed
QG – Prescribed amount of oxygen is greater than 4 Liters Per Minute (LPM)

Non-covered items: A portable system, used as a backup system only, is not a covered item.

Denial Criteria: Requests outside the guidelines

Approval Criteria

I. GENERAL

A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate, through adequate medical records documentation, evidence sufficient to justify the member's need for the service in accordance with the OAC 317:30-3-1(f).

B. A prior authorization (PA) request is **NOT** required during the initial 90 days of service.

C. Clinical documentation must support a diagnosis of hypoxia and is linked to an ICD-10 diagnosis code **AND** the clinical condition must demonstrate improvement with the use of oxygen.

D. A contracted Qualified health professional (M.D., D.O., PA., C.N.P., A.R.N.P.) must request the services and sign and date the order; **AND**

E. The signature provided by the ordering qualified medical professional must be legible, accompanied by the printed name and credentials of the qualified medical professional.

F. The signed order (faxed copy, photocopy or the original document) must be retained by the durable medical equipment (DME) provider.

G. For initial or recertification, a qualifying test for determination of medical necessity is required and must be completed **within 30 days prior to the onset** of the requested services.

H. Qualifying testing includes the following:

i. Arterial blood gas determination (ABG); **OR**
ii. Spot oximetry (Sp02): **OR**
iii. Sp02 during sleep which includes:
   1. Overnight $Sp0_2$ in the member's home having a sleep duration of $\geq$ two hours *and has a qualifying desaturation period of at least 5 minutes resulting in an* $Sp0_2 < 89$*;* OR
   2. Having a sleep study which may be used only if it is medically necessary for concurrent evaluation of another condition which is currently in a clinically stable state.

I. The ABG or oximetry test used to determine medical necessity must be performed by a medical professional qualified to conduct such testing. The test may not be performed or paid for by a DMEPOS supplier, or a related corporation. A referring qualified medical practitioner may perform the test in his/her office as part of routine care.

J. If completing an overnight oximetry, the results must also indicate that testing was performed on room air while on the member's prescribed PAP/vent settings, if applicable.

K. Qualifying testing used to determine medical necessity for adults must meet the following criteria:

i. $p0_2$ (results from ABG testing) may not be > 59 mm HG; **OR**
ii. $Sp0_2$ may not be > 89%: **OR**
iii. $Sp0_2$, when conducted during sleep, must be $\leq$ 89% for a duration $\geq$ 5 minutes: **OR**

L. Qualifying testing used to determine medical necessity for children aged Birth to 3 years of age must meet the following criteria:

i. $p0_2$ must be < 65 mm HG; **OR**
ii. $Sp0_2$ must be $\leq$ 94%; **OR**

M. Qualifying testing used to determine medical necessity for children aged 4 to 20:

i. $p0_2$ must be < 59 mm Hg; **OR**
ii. Sp02 must be $\leq$ 90%; **AND**

N. The qualifying blood gas testing must be obtained under the following conditions:

i. Performed during an inpatient stay **AND** completed no earlier than 2 **full** days (48 hours) prior to the discharge time **AND** must be the last qualifying test completed for services prior to discharge; **OR**

ii. Qualifying testing not performed during an inpatient stay must be completed only when the underlying condition is clinically stable and not during a period of acute illness or an exacerbation of the underlying condition.

O. Clinical documentation of $Sp0_2$ performed during exercise must meet **ALL 3** of the following criteria and which must be performed during the same setting
   i. At rest and off 0_2 showing a non-qualifying result; **AND**
   ii. During exercise, off 0_2 showing and having a qualifying event; **AND**
   iii. During exercise, on 0_2 and demonstrating improvement.

P. Qualifying testing while at rest but awake or meeting the exercise testing criteria will qualify for portable 0_2; however, testing in sleep will not qualify for portable 0_2.

Q. Requests for recertification must provide an updated order with all of the requirements met in full as previously stated.

R. For children who do not meet the criteria but require services, clinical documentation must support the medical necessity of the request.

References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1; 317:30-3-65.5; 317:30-5, Part 17.
2. Oklahoma Health Care Authority, Policies Rules, Chapter 30, Subchapter 3, Part1; Subchapter 5, Part 1.
3. Jurisdiction C, Local Coverage Determination (LCD): Oxygen and Oxygen Equipment (L33797) Updated 04/01/2023
4. Jurisdiction C Related Policy Article for Oxygen and Oxygen Equipment (A52514) Updated 04/01/2023
5. CMS National Coverage Determinations manual (internet-only Manual, Pub. 100-3), Chapter 1, Part 4, Section 240.2 Updated 09/27/2021
6. CMS Signature Requirements Updated 12/18/2024