5101:3-10-13 **Oxygen services.**

(A) Definitions.

(1) "Angina pectoris" is chest pain or discomfort caused by coronary heart disease.

(2) "Atria" are the two upper chambers in the heart, which receive blood from the veins and push it into the ventricles.

(3) "Blood gas analysis" is the measurement of such characteristics of blood as the partial pressure of oxygen or oxygen saturation. It is performed on blood from an artery, often to manage patients receiving oxygen therapy.

(4) "Chronic stable state" is the physical state of a person who is not experiencing acute illness or exacerbation of an underlying disease or other condition that could cause hypoxia. Such illness, disease, or condition must be treated before oxygen therapy is provided.

(5) "Compressed gas oxygen delivery system" is a system in which oxygen in gas form is compressed and stored in a high-pressure storage vessel or tank. Small systems may be portable.

(6) "Cor pulmonale" is a failure of the right side of the heart from chronic low blood oxygen levels, which can be caused by chronic lung disease.

(7) "Dependent edema" is swelling caused by an increase in extracellular fluid in a dependent area of the body (i.e., an area that is lower than the heart) such as the legs, which may result from a number of medical conditions.

(8) "Desaturation" is a decrease in oxygen saturation, a measure of how much oxygen is being carried in the blood.

(9) "Dyspnea" is difficult or labored breathing, a sign of serious disease of the airway, lungs, or heart.

(10) "Echocardiogram" is a test that uses sound waves to create a moving picture of the heart.

(11) "Electrocardiogram (EKG or ECG)" is a test used to check for problems with the electrical activity of the heart.

(12) "Erythrocythemia" is the overproduction of red blood cells, the principal means by which oxygen is distributed through the body. Causes may include hypoxia.

(13) "Gated blood pool scan" is a radioisotope dye test used to indicate how blood pools in the heart during rest and exercise.

(14) "Group I" and "group II" criteria are sets of clinical indicators used to determine the coverage of oxygen services without prior authorization.

(a) Group I criteria.

(i) If the individual is tested while awake and at rest, the following measures apply:

(a) Arterial partial pressure of oxygen (PO2) at or below fifty-five mm Hg; or

(b) Arterial oxygen saturation at or below eighty-eight per cent.

(ii) If the individual is tested while exercising (ambulating), the following measures apply:

(a) Arterial PO2 at or below fifty-five mm Hg during ambulation without oxygen, with documented improvement during ambulation with oxygen; or

(b) Arterial oxygen saturation at or below eighty-eight per cent during ambulation without oxygen, with documented improvement during ambulation with oxygen.

(iii) If the individual is tested while asleep, the following measures apply:

(a) Arterial PO2 at or below fifty-five mm Hg for at least five minutes;

(b) Arterial oxygen saturation at or below eighty-eight per cent for at least five minutes;

(c) A decrease in arterial PO2 of more than ten mm Hg for at least five minutes, associated with symptoms of or signs reasonably attributable to hypoxemia; or

(d) A decrease in arterial oxygen saturation of more than five per cent for at least five minutes, associated with symptoms of or signs reasonably attributable to hypoxemia.

(b) Group II criteria.

(i) Either of the following measures applies:

(a) Arterial PO2 at from fifty-six to fifty-nine mm Hg; or

(b) Arterial oxygen saturation at or above eighty-nine per cent.

(ii) In addition, at least one of the following conditions applies:

(a) Dependent edema suggestive of congestive heart failure;

(b) Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or the presence of P pulmonale on an EKG; or

(c) Erythrocythemia with a hematocrit above fifty-six per cent.

(15) "Hematocrit" is a laboratory test used to screen for, diagnose, or monitor a number of conditions and diseases that affect the proportion of the blood made up of red blood cells.

(16) "Hypoxia" is a reduction in the supply of oxygen to a tissue below physiological level (the level necessary for normal functioning) despite adequate perfusion of the tissue by the blood.

(17) "Hypoxemia" is a medical condition characterized by a reduction in the levels of partial pressure of oxygen.

(18) "Liquid oxygen delivery system" is a system in which oxygen in liquid form is stored in a large, stationary insulated canister that keeps the oxygen at a very low temperature. The large canister may be supplemented with a portable tank that can be filled from the stationary unit.

(19) "Oxygen concentrator" is a device, either stationary or portable, that extracts and concentrates oxygen from ambient air for use in oxygen therapy.

(20) "Oxygen saturation" is the ratio of oxyhemoglobin to hemoglobin in the blood (i.e., the percentage of hemoglobin binding sites in the bloodstream occupied by oxygen), a measure of the amount of oxygen present in the blood.

(21) "P pulmonale" is an electrocardiographic abnormality in which the P wave is tall and peaked, indicative of right atrial enlargement, which is often associated with chronic pulmonary disease.

(22) "P wave" is a deflection in the electrocardiogram produced by excitation of the atria.

(23) "Partial pressure of oxygen (PO2)" is a measure of the amount of oxygen dissolved in the blood; it indicates how much oxygen the lungs are delivering to the blood. Normal PO2 is ninety-five to one hundred mm Hg, lower in

individuals with lung disease and in healthy individuals during exercise.

(24) "Peripheral vascular disease" is disease of the blood vessels located outside the heart and brain, a condition that develops when the arteries that supply blood to the internal organs, arms, and legs become partly or completely blocked.

(25) "Pulmonary hypertension" is high blood pressure in the arteries leading from the heart to the lungs, the main symptom of which is shortness of breath with exertion.

(26) "Transfill unit" is a device that transfers oxygen from a source such as an oxygen concentrator or liquid oxygen canister to portable tanks.

(B) Prescribers and suppliers of oxygen services.

(1) The following eligible medicaid providers may prescribe oxygen services:

(a) An independent physician;

(b) An advanced practice nurse; or

(c) A physician assistant.

(2) The following eligible medicaid providers may render oxygen services:

(a) An independent physician;

(b) An advanced practice nurse;

(c) A physician assistant;

(d) A pharmacy;

(e) A durable medical equipment (DME) supplier; or

(f) An ambulatory health care clinic.

(3) The following eligible medicaid providers may receive medicaid payment for submitting a claim for an oxygen service on behalf of a rendering supplier:

(a) An independent physician;

(b) An advanced practice nurse;

(c) A physician assistant;

(d) A pharmacy;

(e) A DME supplier;

(f) An ambulatory health care clinic; or

(g) A professional medical group.

(C) Certificate of medical necessity.

(1) Payment for oxygen services can be made only if an authorized provider certifies on a form, the certificate of medical necessity (CMN), that the services are medically necessary for an individual. For purposes of this rule, the CMN is form JFS 01909, "Certificate of medical necessity/prescription: oxygen services" (rev. 06/2005). A completed CMN must be signed and dated by the prescriber within thirty days before or after the first date of service. The certification period is limited to a maximum of twelve months for an individual meeting group I criteria and three months for an individual meeting group II criteria. According to the purpose for which a CMN is used, it may be called an initial CMN, a recertifying CMN, or a revised CMN.

(2) An initial CMN is used to document certification for new service.

(a) An initial CMN must be completed in the following circumstances:

(i) The supplier will be rendering oxygen services to an individual for the first time on a fee-for-service basis, even if the individual was using oxygen before gaining medicaid eligibility or oxygen was previously supplied through a medicaid managed care plan;

(ii) Oxygen was previously supplied to the individual on a fee-for-service basis, but a change in the individual's condition has suspended the need for oxygen for at least two full calendar months; or

(iii) Existing equipment must be replaced because it has reached the end of its expected useful life or has been irreparably damaged, lost, or stolen.

(b) If the CMN is needed solely because equipment is being replaced, then neither a prescriber visit nor a new blood gas analysis is required. (The results and test date of the most recent qualifying blood gas analysis may be entered on the form.)

(c) If the CMN is needed for purposes other than equipment replacement alone, then the individual must be seen and evaluated by a prescriber within thirty days before the date of certification, and blood gas analysis is required.

(i) If the individual started using oxygen while enrolled in a medicaid managed care plan, then the most recent blood gas analysis performed while the person was in the managed care plan must be used.

(ii) If the individual is a hospital inpatient or a resident of a long-term care facility (LTCF), then the earliest blood gas analysis performed within forty-eight hours before discharge must be used.

(iii) Otherwise, the most recent blood gas analysis performed within thirty days before the date of certification must be used.

(3) A recertifying CMN is used to extend an existing certification period. Within thirty days before the end of the existing certification period, the individual must be seen and evaluated by a prescriber, and blood gas analysis is required. (The new certification period cannot begin until both the prescriber evaluation and the blood gas analysis have been completed. If two months lapse, then a new initial CMN must be completed.)

(4) A revised CMN is used to modify an existing certification. No prescriber evaluation is required.

(a) The most recent blood gas analysis performed within thirty days before the revision date must be used for the following modifications:

(i) The prescribed maximum flow rate has changed. If the new rate is greater than four liters per minute (LPM), then a new blood gas analysis must be performed while the individual is receiving four LPM.

(ii) The length of need must be extended (if the prescriber has specified a length of need less than lifetime on the most recent CMN).

(iii) Certification has been given for a portable oxygen delivery system to supplement a stationary system for which certification was previously given. If the most recent qualifying analysis was performed during sleep, then a new blood gas analysis must be performed while the individual is awake, either at rest or exercising.

(b) No additional blood gas analysis is required for the following modifications:

(i) Certification has been given for a stationary oxygen delivery system to supplement a portable system for which certification was

previously given.

(ii) There is a new treating practitioner, but the oxygen order is the same.

(iii) There is a new supplier, and the new supplier does not have the most recent CMN.

(D) Coverage.

(1) Payment may be made for the following oxygen services:

(a) Stationary gaseous oxygen system (private residence only);

(b) Portable gaseous oxygen system (private residence only);

(c) Stationary liquid oxygen system (private residence only);

(d) Portable liquid oxygen system (private residence only);

(e) Oxygen contents, gaseous, including supplies (LTCF only);

(f) Oxygen contents, liquid, including supplies (LTCF only);

(g) Oxygen concentrator, single delivery port;

(h) Oxygen concentrator, dual delivery port;

(i) Portable oxygen concentrator (private residence only); and

(j) Transfill unit (private residence only).

(2) A supplier must furnish the least expensive oxygen delivery system that meets an individual's medical and personal needs.

(3) Unless specified otherwise by the prescriber, each oxygen delivery system must have the capacity to furnish a portable oxygen supply. Separate payment for a portable oxygen delivery system may be made in addition to payment for a stationary system only if the following criteria are met:

(a) The individual must have a demonstrable need for a separate portable system, either to maintain mobility in a private residence or to accomplish out-of-home activities;

(b) The individual's stationary oxygen delivery system cannot be used as a portable delivery system; and

(c) The prescribed oxygen flow is four LPM or less. If the prescribed oxygen

flow is greater than four LPM, then no separate payment is made for the portable oxygen delivery system.

(4) Separate payment will not be made, however, for both a stationary and a portable oxygen concentrator.

(5) Prior authorization is not required when a supplier has obtained a properly completed CMN and renders oxygen services to an individual who either meets group I or group II criteria or is a resident of a LTCF.

(6) Prior authorization is required when a supplier has obtained a properly completed CMN and renders oxygen services to an individual who meets neither group I nor group II criteria and is not a resident of a LTCF. If approval is given, then the length of the approval period will be based on medical necessity and cannot exceed the timeframe indicated by the prescriber. The request for prior authorization must include a copy of the completed CMN.

(7) An oxygen service will be denied as not medically necessary if it is prescribed for any of the following conditions:

(a) Angina pectoris in the absence of hypoxemia;

(b) Dyspnea without cor pulmonale or evidence of hypoxemia;

(c) Severe peripheral vascular disease that results in clinically evident desaturation in one or more extremity but does not produce systemic hypoxemia; or

(d) A terminal illness that does not affect the respiratory system.

(E) Payment.

(1) All appropriate procedure codes and modifiers must be reported on claims.

(2) Medicaid allows payment on a monthly basis for oxygen services under certain conditions. Each payment includes payment for the following related items and services:

(a) Setup and instruction on use;

(b) Equipment and supplies;

(c) Maintenance and repair, including the replacement of any part or attachment (such as tubing, cannula, mask, or filter) that is integral to the oxygen system or the operation of the system;

(d) Transportation or delivery charges;

(e) Emergency service, including the provision of backup equipment and supplies;

(f) Oxygen consumed (when applicable); and

(g) Equipment monitoring visits.

(3) The maximum fee for an oxygen service is the amount set forth in the appendix to this rule.

(a) The payment amount is reduced by fifty per cent when the prescribed oxygen flow is less than one LPM.

(b) The payment amount is increased by fifty per cent when the prescribed oxygen flow is greater than four LPM.

(c) The payment amount is increased by fifty per cent when the prescribed oxygen flow is greater than four LPM and portable oxygen is also prescribed.

(d) The payment amount is increased by eight per cent for a stationary oxygen concentrator supplied to an individual in a private residence.

(4) When the prescribed oxygen flow is less than one LPM or greater than four LPM, the supplier must document all actual refill amounts in the individual's file. Amounts that are recorded after a claim has been submitted or that come from sources other than the supplier are unacceptable.

(5) After thirty-six months of continuous use, the rental fee for oxygen equipment becomes zero. The supplier must continue to furnish the equipment to the individual and maintain it for the remainder of its expected useful life. No such fee limit applies to refills for use with gaseous or liquid oxygen delivery systems.

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Certification

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