OXYGEN
DME101.007

COVERAGE:

Oxygen and oxygen supplies MAY BE ELIGIBLE FOR COVERAGE for patients only where oxygen is prescribed by a physician.

The prescription must specify:

- a diagnosis of the disease requiring use of oxygen;
- oxygen concentration and flow rate;
- frequency of use (if an intermittent or continuous oxygen therapy, order must include time limits and specific indications for initiating and terminating therapy);
- method of delivery;
- duration of use (if prescribed on an indefinite basis, the care must be periodically reviewed to determine whether a medical need continues to exist).

Oxygen therapy MAY BE ELIGIBLE FOR COVERAGE for the following:

- severe lung disease, defined as: a resting arterial oxygen partial pressure below 55 mm Hg; an oxygen saturation less than 90%; or symptoms associated with oxygen deprivation (i.e., impairment of cognitive processes, restlessness, or insomnia).

Examples of severe lung disease include, but are not limited to the following:

- Chronic obstructive pulmonary disease (COPD);
- Pulmonary fibrosis;
- Cystic fibrosis;
- Bronchiectasis;
- Recurring congestive heart failure due to chronic cor pulmonale;
- Chronic lung disease complicated by erythrocytosis (hematocrit > 56%), and
- cluster headaches when other treatment fails.

Routine oxygen supplies ARE ELIGIBLE FOR COVERAGE and include the
following:

- Portable oxygen systems;
- Mask or nasal cannula;
- Maxi-mist;
- Nebulizer;
- Oxygen gauge;
- Oxygen humidifier; and
- Oxygen tubing.

Oxygen therapy IS NOT ELIGIBLE FOR COVERAGE for the following:

- Angina pectoris in the absence of hypoxemia;
- Breathlessness without evidence of hypoxemia;
- Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities;
- Terminal illnesses that do not affect the lungs.

The following components of oxygen therapy ARE NOT ELIGIBLE FOR COVERAGE:

- Oxygen and oxygen supplies in facilities that are expected to supply such items;
- Setup or installation of respiratory support systems;
- Preset regulators used with portable oxygen systems;
- Pulsed-Dose oxygen delivery system, as they are considered a convenience item;
- Regulators which permit a flow rate greater than 8 liters per minute as these units are not appropriate for home use;
- An excessive number of spare tanks, as they are considered a convenience item only; and
- A prescription for oxygen for use as needed (PRN).

DESCRIPTION:

Oxygen is administered by inhalation—utilizing devices that provide controlled oxygen concentrations and flow rates to the patients.

Oxygen therapy should maintain adequate tissue and cell oxygenation while avoiding oxygen toxicity.

Monitoring of the patient's condition should be done to assure that the patient is receiving the proper mixture of gases, mists, and aerosols.

RATIONALE:
PRICING:

None

DISCLAIMER

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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