



Clinical Medical Policy Oxygen Therapy – Pediatric Populations

Benefit Coverage:

Oxygen is a covered benefit at home when there is qualifying hypoxemia present in members that have chronic but stable conditions. Prior authorization and medical review is required for all items specified in the document “*DME Benefit -Prior Auth Requirements*”

The pediatric population is considered to be the age group of under 19 years of age.

Oxygen equipment is a continuous rental and all accessories and supplies (i.e. regulator, mask or cannula, tubing, etc.) are included in the rental fee.

Description:

Neighborhood utilizes the definition of durable medical equipment (DME) developed by The Centers for Medicare and Medicaid Services (CMS).

DME is equipment which:

- Can withstand repeated use; i.e., could normally be rented and used by successive patients;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a person in the absence of illness or injury; and,
- Is appropriate for use in a patient’s home.

Oxygen therapy, ordered by a physician for use as a therapeutic modality, delivers an increased supply of oxygen to the lungs and thereby increases the availability of oxygen to the body tissues.

The three main types of oxygen systems are:

- **Oxygen concentrators** extract oxygen from the surrounding air and are powered by electricity. Portable alternatives have been developed.
- **Liquid oxygen tanks** contain oxygen that is kept as a liquid at a temperature of -170 degrees Celsius. In the lower part of the tank the liquid oxygen is kept, and a smaller area above is where the oxygen has evaporated into gas. A control valve is opened to supply oxygen to the patient when in use. The portable systems are refillable, which in turn requires a home storage reservoir unit.
- **Oxygen Cylinders** (High-pressure cylinders) store oxygen as gas under pressure.

All these systems deliver oxygen through a nasal cannula or a mask. They all have oxygen flow regulators.

Coverage Determination:



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Coverage of home oxygen therapy is available for children when medical necessity criteria are met.

The type of equipment covered is determined by the following:

- Medical diagnosis and/or condition related to the need for oxygen
- Activity level
- Amount of liter flow needed.

Criteria:

The following conditions must be met for authorization of oxygen:

1. Members who are ventilator dependent with ongoing evaluation of respiratory status which indicates oxygen requirements, or
2. Members in the home setting must meet all of the following *general* criteria:
 - The oxygen saturation rate is 93 percent or below (or PO₂ level is 65 mm HG or below) either consistently or during exacerbations of a chronic respiratory condition.
 - Oxygen is required during a variety of activities (sleeping, feeding, resting)

Portable Oxygen Systems

Above *general* criteria must be met, and:

- Ambulation outside the home is necessary

Exclusions:

Spare tanks of oxygen or emergency oxygen inhalators are not covered.

CMP Number: CMP-037.01
CMP Cross Reference: Durable Medical Equipment

References:

Rhode Island DHS DME Coverage

<http://www.dhs.state.ri.us/dhs/heacre/provsvcs/manuals/dme/scrnlstA.htm>

Oxygen Smart “Types of Oxygen Delivery Systems,” 6-11-08

<http://oxygensmart.com/oxygen-providers-brands/types-of-oxygen-delivery-systems/>



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“Home Oxygen for Children: Who, How and When,” Dr. I M Balfour-Lynn, November 2004

www.thoraxjnl.com

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