Program Name: BadgerCare Plus and Medicaid

Handbook Area: Durable Medical Equipment

08/02/2018

Prior Authorization : Oxygen and Respiratory Equipment

Topic #1877

Airway Clearance Devices

An airway clearance device is a self-administered chest PT (physical therapy) system, consisting of a mechanical device that promotes airway clearance by HFCC (high frequency chest compression).

Key elements for the approval of PA (prior authorization) requests for airway clearance devices are as follows:

- The member must require, as a daily activity, percussion of the chest in order to facilitate the removal of lung secretions.
- The request indicates that use of the airway clearance device will allow the member more independence in performing his or her own percussing. Routine home health care will no longer be needed or be greatly reduced for percussing.
- The one-time charge for purchase of the device covers all replacements per the manufacturer.

Topic #1860

An Overview of Oxygen Services Requiring Prior Authorization

According to the DME (durable medical equipment) Index, PA (prior authorization) is required for all oxygen-related services covered by these procedure codes, as follows:

- All rented and portable and stationary gaseous, liquid systems or concentrators require PA after 30 days of use.
- All oxygen content procedure codes require PA after 30 days of use.

- All portable and stationary oxygen systems for purchase require PA with the initial request.

Required Prior Authorization Forms

Providers are required to submit both the PA/RF (Prior Authorization Request Form, F-11018 (05/13)) and the PA/OA (Prior Authorization/Oxygen Attachment, F-11066 (07/12)) for oxygen-related services, including stationary and portable oxygen systems, oxygen contents, and oxygen concentrators. PA requests for members who reside in nursing homes must include a Record of Actual Daily Oxygen Use (F-11067 (07/12)) form along with the PA/RF and PA/OA. Providers may also be required to submit additional supporting documentation, when applicable.

Providers may attach a photocopy of the physician's prescription to the completed PA/OA or the prescribing physician may sign and date the PA/OA in lieu of attaching the prescription. The prescription (or PA/OA) must be signed and dated within 30 days prior to the date of receipt by ForwardHealth or the requested start date of the PA request. Attach the PA/OA to the PA/RF and send it to ForwardHealth. Standing orders are not acceptable.

Signatures

Providers are required to keep a copy of the physician's signed and dated PA/OA *or* the physician's signed and dated prescription in the member's file. As a reminder, the written copy must match what is stated in the PA request. Web PA users must type in the name of the person who is required to sign the forms for the elements that need a signature. Providers may print a copy of the forms submitted via the Portal and have them signed for their own records.

Record of Actual Daily Oxygen Use Form for Nursing Home Residents

If a member is in an SNF (skilled nursing facility), the PA request must include a record of the actual daily usage of oxygen for at least the first 15 days of the initial 30-day rental period. A provider should submit a PA request for a member in a nursing home even if the member does not use oxygen for 15 *consecutive* days within the 30-day period but uses it a minimum of 15 days within the 30-day period. The provider should explain the situation on the PA request. These PA requests are considered on a case-by-case basis.

When requesting PA, nursing homes are required to indicate with an "X" on the Record of Actual Daily Oxygen Use form each shift that a member uses oxygen or submit a copy of the nursing home's record of the member's oxygen use. Documentation of medication administration is required during every shift for prescription drugs (e.g., oxygen) administered in a nursing home by nursing home staff.

Prior Authorization Requests for Infants Younger than 24 Months

Providers currently are required to indicate the appropriate "Q" modifier on a PA request based on the flow rate indicated in the prescription. However, a specific flow rate is not always specified on the prescription for infants younger than 24 months.

PA requests may be approved without a modifier for infants younger than 24 months if the prescription does not specify a flow rate but specifies maintenance of a certain oxygen saturation level. This applies to the following oxygen systems:

- E0424 — Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, and tubing.
- E0439 — Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.
- E1390 — Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate.

Providers are required to submit a new PA request with a specified flow rate when the child reaches 24 months of age.

Topic #1861

Apnea Monitor

An apnea monitor is a device used to monitor respirations, heart rate, or both, and alert the caregiver when these are outside the limits set by the physician.

The apnea monitor rental includes the alarm, cables, electrodes, and lead wires. These items are not separately reimbursed.

Key elements for the approval of PA (prior authorization) requests for apnea monitors are as follows:

- Documentation must include the alarm settings for the apnea monitor.
- For members up to the age of six months, documentation must include one of the following:
    - Documented family history of apnea, SIDS (sudden infant death syndrome), or near-miss SIDS.
    - One or more incidences of apnea within the past six months, as well as the intervention and outcome that occurred for each incident. Documentation must also include the response plan when the monitor sounds an alarm.
    - Presence of an artificial airway and the type of required assisted breathing device or

ventilator, if used.

- For members over the age of six months, documentation must include all of the following:
  - Presence of an artificial airway and the type of required assisted breathing device or ventilator, if used, including the frequency and amount of time the apnea monitor is used as ordered by the physician.
  - One or more incidences of apnea within the past six months, the response plan when the monitor sounds an alarm, as well as the intervention and outcome which occurred for each incident; abnormal blood gases; or an event recording (histogram) showing abnormalities if the absence of apnea is noted within the past six months.
  - For recurrent apnea, evidence of abnormal blood gases or a clogged airway and information on what has been used to prevent or decrease episodes of a clogged artificial airway.
- Apnea monitors are rarely indicated for members four years of age or over.

Topic #1880

Back-Up or Secondary Home Ventilator Rental

ForwardHealth will cover a back-up or secondary home ventilator rental with PA (prior authorization) in limited circumstances.

Prior Authorization Submission Criteria

Providers are required to submit all of the following when submitting a PA request for coverage of back-up or secondary home ventilator rental:

- A completed PA/RF (Prior Authorization Request Form, F-11018 (05/13))
- A completed PA/DMEA (Prior Authorization/Durable Medical Equipment Attachment, F-11030 (07/12))
- A diagnosis or clinical condition and respiratory assessments from the physician that substantiate the medical necessity for ventilatory support
- Physician prescription
- Ventilator settings
- Documentation of weaning attempts and/or the potential for weaning
- Number of hours per day that the member requires mechanical ventilation
- The mechanical mode of ventilation (invasive or non-invasive)
- The amount of family or skilled care needed
- Pulmonary progress notes

- Documentation of the training on equipment use that has occurred or will occur with family and caregivers
- Documentation of the member's circumstance requiring a back-up or secondary piece of equipment
- Indication of whether or not the primary ventilator is portable

Note: Back-up or secondary home ventilator rental is not covered when provided to members in a nursing home or skilled nursing home setting.

Topic #1863

C-Pap, BiPap

A C-Pap is a non-invasive positive airway pressure device that, by forcing air under pressure into the pharynx and bronchial tubes, prevents structures in the throat from blocking air movement in and out of the lungs during sleep. C-Pap = continuous. BiPap = one level for inspiration, another for expiration.

Key elements for the approval of PA (prior authorization) requests for C-Pap or BiPap are as follows:

- Documentation of a trial of C-Pap or an explanation by the physician of why C-Pap would not be appropriate for the member must accompany requests for Bi-Pap. If the member is unable to tolerate C-Pap, Bi-Pap may be authorized.
- C-Pap and Bi-Pap may be authorized for a diagnosis of obstructive sleep apnea.
- A copy of the member's facility-based or home-based sleep study is required.

Topic #1862

Carbon Dioxide Respiration Monitor

A carbon dioxide respiration monitor is a device that measures end tidal carbon dioxide and is used to monitor carbon dioxide trends.

Key elements for the approval of PA (prior authorization) requests for carbon dioxide respiration monitors are as follows:

- There must be a documented medical need to monitor the inspirations/expirations of the member.
- Documentation from the provider must include recorded carbon dioxide values dated within 30 days of the date the request is received.

Topic #1864

Humidifier

A humidifier is a device used to increase moisture in the air and which may be attached to ventilation/oxygen equipment.

A key element for the approval of humidifiers is that humidifiers are reimbursable only for supplemental humidification during IPPB (intermittent positive pressure breathing) treatments, oxygen delivery, or as part of a ventilation/oxygen system.

Topic #1865

Intermittent Positive Pressure Breathing Device

An IPPB (intermittent positive pressure breathing) device is medically appropriate for the following indications:

- Members at risk of respiratory failure because of decreased respiratory function secondary to kyphoscoliosis or neuromuscular disorders.
- Members with severe bronchospasm or exacerbated chronic obstructive pulmonary disease who fail to respond to standard therapy.
- Management of atelectasis that has not improved with simple therapy.

Topic #1866

Nebulizer, with Compressor

A nebulizer is used to convert liquid into a fine spray; the compressor distributes the mist.

Key elements for the approval of PA (prior authorization) requests for nebulizers with compressors are as follows:

- The compressor is covered when prescribed for use with oxygen or IPPB (intermittent positive pressure breathing) treatments.
- The nebulizer is covered when the member requires aerosol medication therapy due to a respiratory condition. The type and dose of medication must be specified.

Topic #1867

Oximeter Device

The oximeter is a device that measures the oxygen saturation of the blood in a non-invasive manner.

Key elements for the approval of PA (prior authorization) requests for pulse oximeters are as follows:

- Documentation must include:
  - Oxygen saturation levels dated no more than 30 days prior to the date the PA request is received by ForwardHealth.
  - The frequency of monitoring oxygen saturation levels as ordered by the physician.
  - The frequency of low oxygen saturation and the actions and treatments used to treat the low oxygen level.
- For pediatric members (under age 18), the documented oxygen saturation level must be consistently 92 percent or below on room air.
- For adult members (age 18 and older), the documented oxygen saturation level must be 88 percent or below on room air.

Topic #1868

Oxygen Analyzer

The oxygen analyzer is a device used to determine oxygen levels delivered in respirators, incubators, and other medical equipment.

Key elements for the approval of PA (prior authorization) requests for oxygen analyzers are as follows:

- The diagnosis and clinical circumstances, such as use in conjunction with a tracheostomy, a compressor, and a ventilator, must be described.
- Analyzers are most often used for pediatric (under age 18) members.

Topic #1869

Oxygen Conserver

An oxygen conserver is a device that allows the flow of oxygen only during inspiration resulting in reduced oxygen use.

Key elements for the approval of PA (prior authorization) requests for oxygen conservers are as follows:

- A physician prescription dated within 30 days of the first DOS (date of service) being requested must include all of the following:
    - Diagnosis and degree of impairment.
    - Oxygen flow rate and hours per day of use.
    - An estimate of the duration of need.
- The request must include a laboratory report with ABG (arterial blood gases) or pulse oximetry values dated within 60 days of the date the request is received. Values must be consistent with the values currently required by Medicare. For children (under age 18) pulse oximetry would be required, not an ABG. The provider of oxygen services may not perform the laboratory studies.
- This equipment is most appropriate for persons who have a need for portable oxygen for extended periods of time.

Topic #1870

Oxygen Saturation Levels

Medical necessity is established by the measurement of arterial oxygen saturation by arterial blood gas studies or pulse oximetry. Blood gas studies and pulse oximetry readings are acceptable when ordered and evaluated by the attending physician and performed under his or her supervision or when performed by a qualified provider or a supplier of laboratory services. The provider of the oxygen services or its entities may not perform these readings.

Providers should keep the following in mind when obtaining oxygen saturation level readings:

- Room air oxygen saturation levels should be taken when the member is in a stable, chronic state. Documentation must indicate the specific oxygen saturation level at the time the level was taken; ranges are not acceptable.
- If a member's condition dictates, it is acceptable to perform an oxygen saturation level while the member is receiving oxygen if the member's blood oxygen saturation level is equal to or less than 88 percent (on oxygen).
- Room air oxygen saturation level readings must be performed any time the member's medical condition changes resulting in an oxygen usage change. In addition, Wisconsin Medicaid and BadgerCare Plus may request that oxygen saturation levels be indicated on PA (prior authorization) request renewals to ensure medical necessity for continued oxygen services.

Documenting Representative

The credentials of the documenting representative are not specified, but the documenting

representative is required to have direct knowledge or factual information of the oxygen use they are documenting for the member. Additional information may be requested concerning the source of oxygen use documentation. (SNFs (skilled nursing facilities) should follow their policies, which must comply with Wisconsin nursing home rules and regulations.)

Documentation of Oxygen Services in a Member's Home

When a drug (oxygen) is prescribed for self-administration in the member's home, daily documentation is not feasible. However, documentation of hours of concentrator use and maintenance of equipment are required to show the level of service that is provided in the member's home.

Topic #1871

Oxygen Tents

An oxygen tent is a protective canopy used for inhalation therapy.

Key elements for the approval of PA (prior authorization) requests for oxygen tents are as follows:

- The documentation must include a physician prescription dated within 30 days of the date the initial request is received. The prescription or attached certification of medical necessity must specify all of the following:
    - The diagnosis and degree of impairment.
    - Oxygen liter flow rate and hours per day of use.
    - An estimate of the duration of need.
- Laboratory reports of ABG (arterial blood gases) or pulse oximetry values must be included with the request. Values must be consistent with the values currently required by Medicare. For children (under age 18) pulse oximetry would be required, not an ABG. The date of the laboratory test may be no more than 60 days from the date the request is received. The provider of the oxygen services may not perform the laboratory studies.

Topic #1872

Percussor

A percussor is a device used to perform chest physical therapy with the purpose of assisting in removing excess secretions from the bronchial tubes.

Key elements for the approval of PA (prior authorization) requests for percussors are as follows:

- The member must require, as a daily activity, cupping therapy of the chest in order to facilitate the removal of lung secretions.
- The member does not have a primary caregiver or receive routine home health care services.
- The member can self-administer the equipment.

Topic #1873

Respiratory Tests

Respiratory tests, such as oximetry tests, oximetry trending sleep studies, pneumogram/pediscan tests, and oxicario/respirograms, measure respiratory functioning to determine appropriate therapy. For PA (prior authorization) approval, medical documentation must include the purpose of the test and how the results will be used in treatment of the member.

Topic #1876

Suction Pump

A suction pump is a device used to remove excess oropharyngeal, upper respiratory, tracheal, or other secretions by suction.

Key elements for the approval of PA (prior authorization) requests for suction pumps are as follows:

- Suction pumps are covered for members who have difficulty raising and clearing secretions.
- Portable suction pumps are covered for members who may need suctioning while away from home.

Topic #1879

Vaporizer

A vaporizer is a device that converts medicated liquids to vapors for inhalation.

Key elements for the approval of PA (prior authorization) requests for vaporizers are as follows:

- Vaporizers are authorized for home use only in conjunction with an oxygen delivery system.
- The member has an established need for humidification due to respiratory problems.
- The request indicates that the vaporizer is necessary to loosen secretions that may be thick and the member is unable to expectorate.

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