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# CHAPTER 18: DURABLE MEDICAL EQUIPMENTSECTION 18.2: SPECIFIC COVERAGE CRITERIAPAGE(S) 71

### Group III

Medicaid reimbursement will not be made for beneficiaries with arterial P02 levels at or above 60 mm Hg, or arterial blood saturation at or above 90 percent.

### Portable Oxygen

Portable oxygen equipment will be reimbursed for beneficiaries who need continuous oxygen and require portable units while in route to a doctor's office, hospital or medically necessary appointment.

Documentation of medical necessity as well as the anticipated number of visits per month needed must be submitted by the beneficiary's treating physician with the prior authorization request. Portable systems will not be approved to be used on a standby basis only. Units will be authorized per month based on review of submitted medical justification. An example of justification for refills includes, but is not limited to, multiple weekly visits for radiation or chemotherapy.

For beneficiaries under 21 years of age only, portable oxygen may be approved when needed for travel to and from school.

Beneficiaries may require multiple units of portable oxygen per month for medical appointments, treatment, and/or travel to and from school (for beneficiaries under 21 years of age).

In order to adhere to the CMS National Correct Coding Initiative (NCCI) edits, only one (1) unit per HCPCS for portable oxygen contents is allowed per claim line regardless of the date(s) of service. Multiple claim lines for the HCPCS for portable oxygen contents may be billed for the same dates of service.

### **Reimbursement for Oxygen Concentrators**

Payment for an oxygen concentrator also includes the cost of providing all routine maintenance and servicing, and monitoring the proper usage in the home by a respiratory therapist. At the time of the initial request for PA, the DME provider must describe a plan for routine checking and servicing of the machine and a plan for monitoring the proper usage in the home by a respiratory therapist as a prerequisite to authorization of purchase or rental of an oxygen concentrator from that provider.

Reimbursement will be the flat fee on file for the date of service.

## **Peak Flow Meters and Mucus Clearance (Flutter) Devices**

Portable, manual type peak flow meters can be covered for beneficiaries with asthma when prescribed for the measurement of lung function as part of an effective asthma management program and PA is required.