

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023136 OCTOBER 17, 2023

IHCP announces updates to prior authorization and expands criteria for home oxygen policy

The Indiana Health Coverage Programs (IHCP) is updating its home oxygen policy to be in accordance with evidence-based standards to ensure all members who need oxygen at home are receiving these services. The IHCP is also limiting the prior authorization (PA) requirements for members who have stable lifetime oxygen needs.

The IHCP has made the following changes to the home oxygen policy, effective for dates of service on or after Nov. 20, 2023:

- Removed policy language requiring that indications for oxygen needs must be based on a member's assessment being conducted during a chronic stable state.
- Created a distinction between termed oxygen user (one who may over time no longer require oxygen) and a lifetime oxygen user (one who will require supplemental oxygen for their lifetime).
 - Designation as a termed or lifetime oxygen user will be assessed by the *Certificate of Medical Necessity (CMN) for Oxygen* form (accessible from the [Forms](#) page at in.gov/medicaid/providers). If a medical provider assesses that a member is not expected to recover enough over their lifetime to no longer need supplemental oxygen, then the provider will mark in Section B an Estimated Length of Need to be 99 (99=lifetime). Anything less than **99** is considered a termed oxygen user.
 - ◆ Providers will no longer need to submit a new PA for those with a prior PA and CMN on file identifying the member as a lifetime oxygen user under the following circumstances:
 - ⇒ A change in oxygen prescription
 - ⇒ A change in the attending physician
 - ◆ Providers are asked to keep approved lifetime authorizations on file in the case that a member changes managed care entities or Medicaid programs.
 - Note to providers for fee-for-service (FFS) PA submission:
 - ◆ If submitted through the [Atrezzo Provider Portal](#): Providers will have to respond to the question asking if the member will require supplemental oxygen for their lifetime. For lifetime oxygen users, the authorization must be submitted for a 365-day date of service. Providers are required to submit the CMN as an attachment.
 - ◆ If submitted by phone (Kepro Customer Service line: 866-725-9991) or fax (800-261-2774): Providers must indicate in the PA request that the member is a “lifetime” user and use the “99” as an indicator per the descriptor section of the CMN. For phone submissions, the provider must articulate to the customer service representative that the request is for lifetime user. This will be in addition to the CMN form submission as well.



- Expanded indications for oxygen coverage to include the following for **Group I Criteria**:

- Nocturnal use of oxygen has been expanded to members demonstrating a greater than normal fall in oxygen level during sleep, a decrease in arterial PO₂ more than 10 mm Hg, or a decrease in arterial oxygen saturation of more than 5%, associated with symptoms or signs reasonably attributable to hypoxemia, such as impairment of cognitive processes, nocturnal restlessness or insomnia.
- Providers that believe a member may still be in need of home oxygen but does not meet criteria based on PO₂ or arterial oxygen saturation levels are asked to submit documentation for PA and medical necessity review.



The IHCP would like to remind providers to refer to the IHCP Professional Fee Schedule for coverage and PA requirements for applicable take-home oxygen supplies and equipment. All oxygen supplies and equipment require at minimum an initial prior authorization, and the IHCP Professional Fee Schedule will be updated to ensure this is accurately reflected. The IHCP Professional Fee Schedule is accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Questions about FFS reimbursement and billing should be directed to Gainwell Technologies at 800-457-4584. Questions about PA for FFS services should be directed to Kepro Customer Service at 866-725-9991.

Individual managed care entities (MCEs) establish and publish reimbursement, PA requirements and billing criteria within the managed care delivery system. Questions about managed care reimbursement, PA and billing should be directed to the MCE with which the member is enrolled

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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