



Provider Newsflash

February 2017

Update to Authorization Process for Oxygen for Patients Covered Under a Medicare Advantage Plan

Purpose of this communication

- To inform providers about a change to the CareCentrix authorization process for oxygen for patients covered under a Medicare Advantage Plan.

What do I need to know?

- Effective April 10, 2017, initial requests for medically necessary covered oxygen for Medicare Advantage patients will be approved for one (1) month. If additional months are ordered beyond one (1) month, an authorization request must be submitted for the additional months.
- Providers are responsible for ensuring that an authorized party, per applicable laws, has prescribed the oxygen and will be required to submit a current order and O2 saturation results with the re-authorization request.
- In order to obtain authorization for additional months, the Provider Portal clinical questions **MUST** be completed including, but not limited to, the following:
 1. Have alternative treatment measures been tried or considered and deemed clinically ineffective?
 2. What is the member's oxygen saturation or ABG (arterial blood gas) level?
 3. What is the date the test (either oxygen saturation or ABG) was done?
 4. Was the test taken at rest, during exercise, or during sleep?
 5. Does the member have any other conditions such as but not limited to: pulmonary hypertension or dependent edema suggestive of congestive heart failure?
 6. If oxygen is to be used in conjunction with a PAP device, sleep study information will be needed (i.e. oxygen saturation during study as well as AHI/RDI).
 7. If portable oxygen is needed, is the member able to move about the home?
 8. Do you have a current signed physician's order?
- Completing these questions with all of the required information helps us respond more quickly to your authorization request.
- For a full description of the required information for oxygen services, please refer to the following Local Coverage Determination from CMS: [Oxygen and Oxygen Equipment \(L33797\)](#)



- As with all services, providers must verify eligibility and benefits with the patient's health plan prior to providing any service, equipment or supply item regardless of where the referral came from (CareCentrix or another referral source).

What else should I know?

- These changes are being implemented as a result of recent CMS publications noting the high utilization of oxygen.
- The oxygen authorization process for commercial members is not impacted by this change and remains the same.

**Thank you in advance for your cooperation and continued partnership.
If you have any questions, please reach out to your assigned network management analyst for assistance.**