

Bulletin Number: MSA 19-30

Distribution: Durable Medical Equipment Providers, Practitioners, Medicaid Health Plans, Integrated Care Organizations

Issued: November 1, 2019

Subject: Documentation Revisions for Home Oxygen Therapy

Effective: December 1, 2019

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS)

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP, the provider must check with the beneficiary's health plan for prior authorization (PA) requirements.

The purpose of this bulletin is to update policy and provide clarification regarding documentation requirements for home oxygen therapy. This policy is effective November 1, 2019.

Documentation

The following revision is made to the required documentation for home oxygen therapy:

- Current pO₂ or oxygen saturation level while on room air.

Six-Month Recertification

After the initial prescription for home oxygen therapy, a six-month follow-up certificate of medical necessity (CMN) must be obtained. At this time, a new pO₂ or oxygen saturation test with the beneficiary on room air must be obtained and indicated on the CMN, along with the date of the test, to substantiate continued need for treatment.

Annual Recertification

Following the first year of oxygen treatment, a new CMN is required annually. An updated lab test is not required unless there is a change in the level of oxygen usage or type of delivery system required. The most recent pO₂ or oxygen saturation level and the date of the test must be documented on each annual CMN.

All other documentation requirements indicated in current policy remain unchanged.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink, appearing to read 'K. Massey', with a long horizontal flourish extending to the right.

Kate Massey, Director
Medical Services Administration