



State of Wyoming
Department of Workforce Services
DIVISION OF WORKERS' COMPENSATION



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PROVIDER BULLETIN

TOPIC: Home Oxygen Therapy

Published by Wyoming Workers' Compensation Medical Case Management Unit
June, 2016

According to the Wyoming Workers' Compensation Rules, Regulations and Fee Schedules, Chapter 9. Section 4. **Fees for Supplies, Implants, Durable Medical Equipment (DME), Orthotics and Prosthetics.** "The Division adopts the Wyoming Medicare rate of the Healthcare Common Procedure Coding System (HCPCS) for the payment of supplies, DME, orthotics and prosthetic devices...".

Based on review of the current literature, including the Medicare system for payment of supplies, the Medical Commission has adopted these guidelines as follows:

1. Must be prescribed by the provider.
2. Documentation of an arterial blood gas study or oximetry test must be done (1) No earlier than 2 days prior to an inpatient hospital stay; (2) Up to 30 days prior to the prescription for home oxygen. The actual test results shall be submitted with the prescription.
 - PO-2 of 55 or less or a SPO-2 of 88 or less
3. Home oxygen will be approved up to 12 months or the treating providers-specified length of need for oxygen, whichever is shorter.
4. A face-to-face examination must be performed each time there is a change to / addition to the prescription for oxygen.
5. The provider shall submit documentation for ongoing use of oxygen on an **annual basis**, including (1) the patient's most recent arterial blood gas result or an oximetry test and (2) a nocturnal oximetry result.
6. All of these guidelines include the use of CPAP/BIPAP, in addition to the already approved guidelines for their use:
 - The "Medicare Standard" for CPAP compliance is 4 or more hours nightly usage on 70% or more of the sampled nights, or 21 of 30 days.



- If the patient’s compliance is below the minimum of 4 or more hours nightly on 70% or more of the nights during the usage period, coverage of the device may be terminated and the equipment returned (or not reimbursed).
- Six months following the approval of CPAP / associated supplies and every six months thereafter, the vendor will be requested to provide a “CPAP Download” which indicates the patient’s usage compliance.
- If the usage compliance is less than the above described Medicare Standard, the costs associated with the machine and supplies will be denied.

