



# CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

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Subject **Oxygen for Home Use**

## Table of Contents

Coverage Policy .....	1
General Background .....	3
Coding/Billing Information .....	6
References .....	8
Policy History .....	10

## Hyperlink to Related Coverage Policies

Pulse Oximetry for Home Use

### INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans as well as benefit plans formerly administered by Great-West Healthcare. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a participant's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a participant's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable group benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2009 CIGNA

## Coverage Policy

Many benefit plans provide coverage for oxygen and oxygen delivery systems under the core medical benefits of the plan.

### Stationary Home Oxygen

CIGNA covers a stationary home oxygen system and associated oxygen delivery equipment and accessories as medically necessary when **BOTH** of the following criteria are met:

- presence of diagnosis that significantly impacts respiratory status (e.g., chronic obstructive pulmonary disease [COPD], diffuse interstitial lung disease, cystic fibrosis, bronchiectasis, widespread pulmonary neoplasm, pulmonary hypertension, erythrocytosis, pneumonia, asthma, bronchitis, bronchiolitis or recurrent congestive heart failure due to chronic cor pulmonale)
- hypoxemia as evidenced by the presence of ANY of the following combinations of clinical findings and oxygenation results (performed on room air unless medically contraindicated):
  - arterial PaO2 ≤ 55 mm Hg or arterial oxygen saturation ≤ 88% at rest
  - arterial PaO2 ≤ 55 mm Hg or arterial oxygen saturation ≤ 88% for at least five minutes taken during sleep for an individual who demonstrates an arterial PaO2 ≥ 56 mm Hg or arterial oxygen saturation ≥ 89% while awake
  - a decrease in arterial PaO2 of more than 10 mm Hg, or a decrease in arterial oxygen saturation of more than 5% for at least five minutes taken during sleep, associated with symptoms or signs

- reasonably attributable to hypoxemia, including but not limited to cor pulmonale, “p” pulmonale on ECG, documented pulmonary hypertension and erythrocytosis
- arterial PaO<sub>2</sub> ≤ 55 mm Hg or arterial oxygen saturation ≤ 88% during exercise for an individual who demonstrates arterial PaO<sub>2</sub> ≥ 56 mm Hg or arterial oxygen saturation ≥ 89% during the day at rest (when documented that oxygen improves hypoxemia during exercise)
  - arterial PaO<sub>2</sub> of 56–59 mm Hg or arterial blood oxygen saturation of ≤ 89% at rest, during sleep for at least five minutes, or during exercise (as described in preceding bullet) and ONE of the following:
    - dependent edema secondary to congestive heart failure
    - pulmonary hypertension, chronic cor pulmonale, or congestive heart failure with hypoxemia
    - erythrocythemia with hematocrit > 56%

### **Portable Oxygen Systems**

**CIGNA covers a portable oxygen system as medically necessary when the medical necessity criteria listed above for stationary home oxygen are met and the individual is mobile within the home.**

### **Portable Oxygen Concentrators and Combination Stationary/Portable Oxygen Systems**

**CIGNA covers portable oxygen concentrators and combination stationary/portable oxygen systems as medically necessary when the medical necessity criteria listed above for home oxygen are met and the individual is active and mobile and frequently exceeds the time constrictions inherent in traditional ambulatory oxygen systems.**

### **Cluster Headaches**

**CIGNA covers home oxygen and associated oxygen delivery equipment and accessories as medically necessary for the treatment of cluster headaches.**

**Note: Pulse oximetry and arterial blood oxygen are not required for approval of home oxygen for cluster headaches.**

### **Spare Tank**

**CIGNA covers one spare oxygen tank for any individual who meets the above medical necessity criteria for home oxygen and who requires continuous oxygen and/or the use of an oxygen concentrator.**

### **Air Travel**

**CIGNA covers charges for oxygen furnished by an airline only when the airline flight itself is medically necessary and covered under the medical benefit plan. CIGNA does not cover charges for oxygen furnished by an airline for any other travel reason because under those circumstances it is provided for an individual's convenience and is not medically necessary.**

**Note: An individual who will be traveling to another location should contact CIGNA in advance to determine whether coverage for oxygen is available and can be arranged in the new location.**

### **Proof of Continued Need**

**The medical necessity for ongoing oxygen in the home must be demonstrated via either blood gas results or pulse oximetry performed by the individual's attending physician or an independent respiratory practitioner one month after initiation of therapy for conditions that may be expected to be short-term, such as pneumonia, asthma, bronchitis or bronchiolitis, and three months after initiation of therapy for other conditions. Following the three-month initial evaluation, pulse oximetry or arterial blood gas results must be reported on an annual basis as long as the individual remains on home oxygen.**

## Emergency/Stand-by Systems

CIGNA does not cover emergency or standby oxygen systems because they are considered not medically necessary.

## Duplicate Oxygen Systems and Oxygen Transfilling Systems

CIGNA does not cover duplicate oxygen systems or oxygen transfilling systems (HCPCS code K0738) because each is considered a convenience item and not medically necessary.

## Non-covered Conditions

CIGNA does not cover home oxygen for the treatment or management of any of the following conditions because it is considered not medically necessary (this list may not be all-inclusive):

- angina pectoris in the absence of hypoxemia
- dyspnea without cor pulmonale or hypoxemia
- severe peripheral vascular disease with clinically evident desaturation in one or more extremities in the absence of hypoxemia
- terminal illnesses that have no impact on the respiratory system

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## **General Background**

Home oxygen therapy is used to treat and prevent symptoms and manifestations of hypoxemia. Home oxygen may be indicated for patients with severe lung disease such as chronic obstructive pulmonary disease (COPD), diffuse interstitial lung disease, cystic fibrosis, bronchiectasis, or widespread pulmonary neoplasm. Oxygen therapy may also be indicated for patients with hypoxia-related symptoms, such as pulmonary hypertension, erythrocytosis and recurrent congestive heart failure due to chronic cor pulmonale, which may be expected to improve with oxygen therapy. Short-term oxygen therapy may be indicated for conditions such as pneumonia, asthma, bronchitis or bronchiolitis. Hypoxemia must be demonstrated by a recent blood gas analysis, and alternative treatment methods should be considered and attempted prior to initiating home oxygen.

The presence of any of the following findings and laboratory results demonstrates the appropriateness of home oxygen therapy for the conditions described below:

- arterial PaO<sub>2</sub> ≤ 55 mm Hg or arterial oxygen saturation ≤ 88% at rest
- arterial PaO<sub>2</sub> ≤ 55 mm Hg or arterial oxygen saturation ≤ 88% for at least five minutes taken during sleep for a patient who demonstrates an arterial PaO<sub>2</sub> ≥ 56 mm Hg or arterial oxygen saturation ≥ 89% while awake
- a decrease in arterial PaO<sub>2</sub> of more than 10 mm Hg, or a decrease in arterial oxygen saturation of more than 5% for at least five minutes taken during sleep, associated with symptoms or signs reasonably attributable to hypoxemia, including but not limited to cor pulmonale, “p” pulmonale on electrocardiogram (ECG), documented pulmonary hypertension and erythrocytosis
- arterial PaO<sub>2</sub> ≤ 55 mm Hg or arterial oxygen saturation ≤ 88% during exercise for a patient who demonstrates arterial PaO<sub>2</sub> ≥ 56 mm Hg or arterial oxygen saturation ≥ 89% during the day at rest (when documented that oxygen improves hypoxemia during exercise)
- arterial PaO<sub>2</sub> of 56–59 mm Hg or arterial blood oxygen saturation of ≤ 89% at rest, during sleep for at least five minutes, or during exercise (as described in preceding bullet) and ONE of the following:
  - dependent edema secondary to congestive heart failure
  - pulmonary hypertension, chronic cor pulmonale, or congestive heart failure with hypoxemia
  - erythrocythemia with hematocrit > 56%

Blood gas values must be obtained on room air unless medically contraindicated. Home oxygen must be prescribed by a physician who has seen and examined the patient within one month of the request. The prescription must specify the diagnosis and the oxygen flow rate and estimate the frequency and duration of therapy. The need for ongoing oxygen should be assessed via pulse oximetry performed by the patient's

attending physician or an independent respiratory practitioner three months after initiation of home oxygen. Pulse oximetry should be repeated annually as long as the patient remains on home oxygen.

### **Cluster Headache**

Home oxygen is also frequently used to treat cluster headache. Cluster headache is a distinct, treatable vascular headache syndrome. Episodic cluster headaches are the most common type, causing one to three brief attacks per day over a four- to eight-week period, followed by a pain-free interval of approximately one year. By definition, chronic cluster headaches do not include sustained periods of remission. Chronic cluster headaches may develop several years after an episodic pattern has begun, or they may develop in patients who have never experienced cluster headaches.

Cluster headaches begin without warning with periorbital and sometimes temporal pain that peaks within five minutes. The pain is unilateral and may be excruciating, deep, and generally non-fluctuating, lasting from 30 minutes to two hours. Treatment includes the administration of medications to prevent cluster attacks until the bout ends. Prophylactic medications include prednisone, lithium, methysergide, ergotamine, sodium valproate, and verapamil. Oxygen inhalation at a rate of seven to ten liters per minute via a loose mask is the most effective treatment for the actual attack. Inhalation of 100% oxygen for 15 minutes is often necessary. Subcutaneous sumatriptan may also be used to shorten an attack.

### **Oxygen Delivery Systems**

**Stationary Systems:** Stationary oxygen systems include gaseous oxygen cylinders, liquid oxygen systems, and oxygen concentrators:

- **Oxygen gas cylinders:** Oxygen gas is stored under pressure in tanks or cylinders. Large H cylinders weigh approximately 200 pounds and provide continuous oxygen at two liters per minute for 2.5 days.
- **Liquid oxygen:** Oxygen is stored in a reservoir as a very cold liquid that converts to gas when released from the tank. Liquid oxygen is more expensive than compressed gas but takes up less space and can be more easily transferred to a portable tank. A typical liquid oxygen system weighs approximately 120 pounds and provides continuous oxygen at two liters per minute for 8.9 days. Certain liquid oxygen systems can provide oxygen at the same rate for 30 days or more.
- **Oxygen concentrator:** An oxygen concentrator is an electric device that extracts oxygen from ambient air and delivers oxygen at 85% or greater at concentrations of up to four liters per minute. A back-up oxygen cylinder is used in the event of a power failure for patients on continuous oxygen using concentrators.

**Portable Systems and Ambulatory Systems:** Portable oxygen systems may be appropriate for patients with stationary oxygen systems who are ambulatory within the home and occasionally go beyond the limits of the stationary system tubing. Portable oxygen systems are indicated for patients with blood gas results demonstrating hypoxia at rest or during exercise. Portable systems are not indicated for patients with hypoxia documented only during sleep. Smaller gas cylinders, such as the E cylinder, are available as portable systems. The E cylinder weighs 12.5 pounds alone, 22 pounds with a rolling cart. An E cylinder with an oxygen-conserving device (see below) provides oxygen at two liters per minute for 28.3 hours. Portable oxygen systems, while lighter in weight than stationary systems, are not designed for patients to carry.

Ambulatory systems are portable oxygen systems that are lightweight (less than ten pounds) that most patients can carry. Ambulatory oxygen systems may be indicated for patients who regularly go beyond the limits of a stationary system and have blood gas results demonstrating hypoxia at rest or during exercise. Ambulatory systems are not indicated for patients with hypoxia documented only during sleep. Small gas cylinders are available that weigh 4.5 pounds, including conserver, and provide oxygen at two liters per minute for 12 hours. Portable liquid-oxygen systems that can be filled from the liquid-oxygen reservoir are available in various weights. The smallest weighs 3.4 pounds with a conserver and provides oxygen at two liters per minute for 10 hours.

**Portable and Combination Stationary/Oxygen Concentrators:** These devices are an alternative for highly mobile patients.

The AirSep LifeStyle™ Portable Oxygen Concentrator (AirSep Corp., Buffalo, NY) received U.S. Food and Drug Administration (FDA) approval through the 510(k) process in March 2002. The unit weighs 9.75 pounds,

operates continuously on AC current and may also be operated using a DC outlet, available in an automobile, or using a rechargeable battery. The unit operates for 50 minutes on battery power.

The OxyTec™ 900 Personal Ambulatory Oxygen System (Respironics, Inc., Murrysville, PA) received FDA approval through the 510(k) process in February 2005 and became available in the U.S. in 2006. According to the FDA Summary of Safety and Effectiveness, there is no significant difference between the OxyTec System and its predicate device, the AirSep LifeStyle Portable Oxygen Concentrator.

A portable oxygen concentrator may be indicated for active, mobile patients who frequently exceed the time constrictions inherent in traditional ambulatory oxygen systems. Although this unit is comparable in weight to portable oxygen systems, it allows greater flexibility and increased mobility, since patients need not worry about running out of oxygen.

The Inogen One Oxygen Concentrator (Inogen, Inc., Goleta, CA) received FDA approval through the 510(k) process in May 2004 and became available in October 2004. The Inogen One is marketed as an apparatus that will serve as both a stationary and portable device. It delivers oxygen to the patient using a proprietary demand flow system during the inspiratory cycle. This conserving technology eliminates waste of unused oxygen at other times in the breathing cycle. The device senses the beginning of the inhalation cycle and releases a specified amount of oxygen-enriched gas from the accumulation reservoir through a final filter into the nasal cannula. The Inogen One device weighs 9.7 pounds, including the battery. Battery duration is three hours, and battery charging takes approximately three hours with AC or DC power. The device includes nine flow settings from 1–5 in increments of 0.5.

Combination stationary/portable oxygen concentrators such as the Inogen One may be indicated for active, mobile patients who frequently exceed the time constrictions inherent in traditional ambulatory oxygen systems. The patient's attending physician must confirm that the device is expected to meet the patient's stationary and portable oxygen requirements.

### **Oxygen Transfilling Systems**

Oxygen transfilling systems, which may also be referred to as oxygen cylinder filling systems, are devices that accompany oxygen concentrators and allow an individual to fill their own portable oxygen cylinders in their home. They may be integrated into the stationary concentrator or be a separate component. These devices are considered a convenience item. Oxygen transfilling systems include but are not limited to these devices:

- Invacare HomeFill® (Invacare Corporation, Elyria, OH): this device serves as the patient's stationary concentrator and will also fill cylinders.
- DeVilbiss iFill Personal Oxygen Station (DeVilbiss Healthcare, Somerset, PA): this is a standalone filling station and can be used with any concentrator.

### **Oxygen-Conserving Devices**

Oxygen-conserving devices increase cylinder duration, allowing a patient to use a stationary oxygen system for longer periods of time, especially when a high flow rate is needed. These devices also facilitate the use of smaller, lighter portable and ambulatory systems. Oxygen-conserving devices target oxygen delivery to early inhalation, reducing the liter flow. There are three types of oxygen-conserving devices: reservoir cannulas, demand-pulsing oxygen delivery devices and transtracheal catheters.

### **Oxygen Accessories**

Oxygen accessories include cannulas, humidifiers, masks, mouthpieces, nebulizers for humidification, regulators, stands/racks, and tubing, as well as the oxygen-conserving devices described above: reservoir cannulas, demand-pulsing oxygen delivery devices and transtracheal catheters.

### **Summary**

Home oxygen may be indicated for patients with severe lung disease such as chronic obstructive pulmonary disease (COPD), diffuse interstitial lung disease, cystic fibrosis, bronchiectasis, or widespread pulmonary neoplasm. Oxygen therapy may also be indicated for patients with hypoxia-related symptoms, such as pulmonary hypertension, erythrocytosis and recurrent congestive heart failure due to chronic cor pulmonale. Short-term oxygen therapy may be indicated for conditions such as pneumonia, asthma, bronchitis or bronchiolitis. Hypoxemia must be demonstrated by a recent blood gas analysis, and alternative treatment

methods should be considered and attempted prior to initiating home oxygen. Home oxygen is also frequently used to treat cluster headache and does not require evidence of hypoxia. Portable or ambulatory oxygen systems, portable oxygen concentrators, or combination stationary/portable oxygen systems may be appropriate for certain patients based on mobility, activity, laboratory results and oxygen requirements.

## Coding/Billing Information

**Note:** This list of codes may not be all-inclusive.

**Covered when medically necessary:**

<b>CPT<sup>®</sup>* Codes</b>	<b>Description</b>
82803	Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation)
82805	Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation); with O <sub>2</sub> saturation by direct measurement, except pulse oximetry
82810	Gases, blood O <sub>2</sub> saturation only, by direct measurement, except pulse oximetry
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)

<b>HCPCS Codes</b>	<b>Description</b>
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizers, cannula or mask, and tubing
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizers, cannula or mask, and tubing
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or masks, tubing and refill adaptor
E0439	Stationary liquid oxygen system; rental, includes container, contents, regulator, flowmeter, humidifier, nebulizers, cannula or mask, and tubing
E0440	Stationary liquid oxygen system; purchase, includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), 1 month's supply = 1 unit
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), 1 month's supply = 1 unit
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), 1 month's supply = 1 unit
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), 1 month's supply = 1 unit

E0445	Oximeter device for measuring blood oxygen levels non invasively
E1353	Regulator
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each (Code effective 1/1/09)
E1355	Stand/Rack
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1392	Portable oxygen concentrator, rental
E1405	Oxygen and water vapor enriching system; with heated delivery
E1406	Oxygen and water vapor enriching system; without heated delivery
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot
S8121	Oxygen contents, liquid, 1 unit equals 1 pound

<b>ICD-9-CM Diagnosis Codes</b>	<b>Description</b>
162.0-162.9	Malignant neoplasm of trachea, bronchus, and lung
165.0-165.9	Malignant neoplasm of other and ill-defined sites within the respiratory system and intrathoracic organs
239.1	Neoplasms of unspecified nature, respiratory system
277.00- 277.09	Cystic fibrosis
282.1	Hereditary elliptocytosis
289.0	Polycythemia, secondary
289.6	Familial polycythemia
346.20- 346.21	Variants of migraine (cluster headache)
416.0-416.9	Chronic pulmonary heart disease
428.0-428.9	Heart failure
466.0-466.19	Acute bronchitis and bronchiolitis
480.0-480.9	Viral pneumonia
481	Pneumococcal pneumonia
482.0-482.9	Other bacterial pneumonia
483.0-483.8	Pneumonia due to other specified organisms
484.1-484.8	Pneumonia in infectious diseases classified elsewhere
485	Bronchopneumonia, organism unspecified
486	Pneumonia, organism unspecified
490	Bronchitis, not specified as acute or chronic
491.1-491.9	Chronic bronchitis
492.0-492.8	Emphysema
493.00- 493.92	Asthma
494.0-494.1	Bronchiectasis
515	Postinflammatory pulmonary fibrosis
748.61	Congenital bronchiectasis

#### **Not Medically Necessary/Convenience/Not Covered**

<b>HCPCS Codes</b>	<b>Description</b>
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing

ICD-9-CM Diagnosis Codes	Description
	Multiple/Varied

**\*Current Procedural Terminology (CPT®) ©2008 American Medical Association: Chicago, IL.**

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## Policy History

<b>Pre-Merger Organizations</b>	<b>Last Review Date</b>	<b>Policy Number</b>	<b>Title</b>
CIGNA HealthCare	10/15/2008	0207	Oxygen for Home Use
Great-West Healthcare	10/26/2006	04.269.02	Headaches, Oxygen Treatment for Cluster Headaches

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Connecticut General Life Insurance Company has acquired the business of Great-West Healthcare from Great-West Life & Annuity Insurance Company (GWLA). Certain products continue to be provided by GWLA (Life, Accident and Disability, and Excess Loss). GWLA is not licensed to do business in New York. In New York, these products are sold by GWLA’s subsidiary, First Great-West Life & Annuity Insurance Company, White Plains, N.Y.