BlueCross BlueShield of North Carolina

Use for Medicare Advantage – including D-SNP

Oxygen
Prior Authorization (PA) Request Form
(Incomplete Form May Delay Processing)

Provider Information		Member Information
Ordering Physician Name: **(REQUIRED)**	NPI #:	Member Name:
Office Phone#: Office Fax#:	Contact Name:	Member ID #:
Vendor Name: **(REQUIRED)**	NPI #:	Member's Date of Birth:
Vendor Phone #: Vendor Fax #:	Contact Name:	Member's Phone #:
ICD-10 Code(s):		

Please answer questions below

Please select equipment being requested: (HCPCS CODE(S) REQUIRED)

Stationary:

☐ E1390 Oxygen concentrator, single delivery port
☐ E1391 Oxygen concentrator, dual delivery port
☐ E0424 Stationary compressed gaseous system
☐ E0439 Stationary liquid oxygen system

Portable:

☐ E1392 Portable oxygen concentrator
☐ E0431 Portable gaseous oxygen system
☐ E0433 Portable liquid oxygen system
☐ E0434 Portable liquid oxygen system
☐ K0738 Portable gaseous oxygen system

Is this an initial oxygen set up, replacement or vendor change?

☐ Initial ☐ Replacement ☐ Vendor Change

If the request is for initial setup:

Date of delivery: _ _ / _ _ / _ _ _ _

Please answer the following questions: **(REQUIRED)**

1. Was the qualifying test performed during a chronic stable state (not during an acute illness? ... ☐ Yes ☐ No
2. Did member have a PO2 at or below 55 mm Hg or pulse oximetry at or below 88 percent taken at rest (awake) while breathing room air?..... ☐ Yes ☐ No

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3. Did member have a PO2 at or below 55 mm Hg, or pulse oximetry at or below 88 percent, taken during sleep for a member who demonstrates a PO2 at or above 56 mm Hg, or pulse oximetry at or above 89 percent while awake? ☐ Yes ☐ No

4. Did member have a decrease in PO2 more than 10 mm Hg, or a decrease in pulse oximetry of more than 5 percent from baseline saturation, for at least 5 minutes taken during sleep associated with symptoms or signs caused by hypoxemia? ☐ Yes ☐ No

5. Did member have a PO2 at or below 55 mm Hg or a pulse oximetry at or below 88 percent, taken during exercise for a member who demonstrates a PO2 at or above 56 mm Hg or a pulse oximetry at or above 89 percent during the day while at rest? ☐ Yes ☐ No

6. Did member have a PO2 of 56 to 59 mm Hg, or pulse oximetry at 89 percent, and any of the following: Dependent edema suggesting CHF, Pulmonary HTN or Cor Pulmonale, Erythrocythemia with HCT greater than 56%? ☐ Yes ☐ No

***Please attach signed and dated test results to support medical necessity for oxygen use.**

If the request is for replacement or vendor change of current oxygen:

1. Who is the previous oxygen vendor: _____

2. What is the initial setup date of the oxygen: _ _ / _ _ / _ _ _ _

3. Did member request replacement of oxygen equipment? ☐ Yes ☐ No

4. If being replaced before RUL is met; is there a service repair report? ☐ Yes ☐ No

5. Replacement date of delivery: _ _ / _ _ / _ _ _ _

I certify that I have appropriate authority to request an organization determination for the item(s) indicated on this request. I further certify that the patient's medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time to verify this information.

Signature:_____ Date: _____

Please Return Completed Form to:
Fax 1-336-794-1556
For questions, please call Care Management at 1-888-296-9790.