



<b>CLINICAL MEDICAL POLICY</b>	
<b>Policy Name:</b>	Home Oxygen Therapy (L33797)
<b>Policy Number:</b>	MP-040-MC-PA
<b>Responsible Department(s):</b>	Medical Management
<b>Provider Notice/Issue Date:</b>	09/01/2022; 08/20/2021; 08/10/2020; 01/20/2020; 01/15/2019; 02/15/2018
<b>Effective Date:</b>	10/01/2022; 09/20/2021; 09/07/2020; 01/20/2020; 01/15/2019; 02/15/2018
<b>Next Annual Review:</b>	07/2023
<b>Revision Date:</b>	07/20/2022; 07/21/2021; 07/15/2020; 11/20/2019; 11/14/2018
<b>Products:</b>	Pennsylvania Medicare Assured
<b>Application:</b>	All participating and nonparticipating hospitals and providers
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### Policy History

Date	Activity
10/01/2022	Provider Effective date
07/20/2022	QI/UM Committee review
07/20/2022	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks. The following HCPCS codes have been removed (per CMS guidance): E0425, E0430, E0435, E0440, E0445, E0446, A4575, A4606, A4608, A4615, A4616, A4617, A4619, A4620, A7525, A9900, E0455, E0555, E0580, E1353, E1353, E1354, E1355, E1356, E1357, & E1358. HCPCS codes E0445 and A4606 are now listed as non-covered because they are monitoring devices that provide information to the treating practitioner to assist in managing the patient's treatment (per CMS guidance).
09/20/2021	Provider Effective Date
07/21/2021	QI/UM Committee Review
07/21/2021	Annual Review: Implemented new Medicare policy format. Updated References.
09/07/2020	Provider effective date
07/15/2020	QI/UM Committee review
07/15/2020	Urgent Revision: This policy has been updated to reflect 'rental period' for oxygen equipment, oxygen contents, maintenance and break-in-service as described in LCD L33797; add modifier QB to policy as it included with the last policy review; removed hyperlinks.
01/20/2020	Provider Effective Date

11/20/2019	QI/UM Committee Review
11/20/2019	Annual Review: removed beneficiary and replaced with patient; multiple policy revisions based on the Noridian LCD for Oxygen as follows; added statement of noncoverage for oxygen services provided by airlines and services outside of the United States; added a section for HCPCS modifiers, revised procedure codes-deleted E0560, E0585; added E0550, E0446, A4575, A46169, A7525, A9900; removed all ICD-10 diagnosis codes except for those related to cluster headaches; Page 7, added information on obstructive sleep apnea, polysomnography and home sleep studies; added noncoverage statement regarding oxygen furnished by airlines, services outside the United States, topical oxygen systems (E0446); added list of HCPCS modifiers; updated information related to oxygen accessories that are included in the allowance for rental oxygen equipment
01/15/2019	Provider Effective Date
11/14/2018	QI/UM Committee Review
11/14/2018	Annual Review: Corrected the criteria for all sections of the Procedure section to match the DME LCD: L33797; Deleted code: P29.3 code invalid, requires 5th character and ADDED new codes P29.30 and P29.38; Removed the word 'Covered' from the procedure and diagnosis code tables in Attachments A & B; removed hyperlinks from references.
02/15/2018	Provider effective date
12/20/2017	QI/UM Committee review
10/25/2017	Initial policy developed

### **Disclaimer**

Highmark Wholecare<sup>SM</sup> medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### **Policy Statement**

Highmark Wholecare<sup>SM</sup> may provide coverage under the DME benefits of the Company's Medicare Assured products for medically necessary oxygen therapy in the home. This policy addresses documentation and clinical requirements necessary for use of oxygen gas cylinders, liquid oxygen, and oxygen concentrators.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

## **Procedures**

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement  
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare<sup>SM</sup> at any time pursuant to the terms of your provider agreement.
3. Place of Service  
The proper place of service for home oxygen therapy is in the home setting.

## **Coverage Determination and Links**

Highmark Wholecare<sup>SM</sup> follows the coverage determinations made by CMS as outlined in either the NCD or the state-specific LCD/LCA.

### CMS Link

- [CMS Website](#)

### NCD/LCD Links

- NCD: [Home Use of Oxygen \(240.2\)](#)
- LCD: [Oxygen and Oxygen Equipment \(L33797\)](#)
- Related NCD: [Home Oxygen Use to Treat Cluster Headache \(CH\) \(240.2.2\)](#)

### Article Links

- LCA: [Oxygen and Oxygen Equipment - Policy Article \(A52514\)](#)

## **Reference Sources**

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) 240.2 Home Use of Oxygen. Effective date September 27, 2021. Implementation date January 3, 2023. Accessed on June 29, 2022.

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) 240.2.2 Home Oxygen Use to Treat Cluster Headache (CH). Effective date September 27, 2021. Implementation date January 3, 2023. Accessed on June 29, 2022.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination: Oxygen and Oxygen Equipment (L33797). Original effective date October 1, 2015. Revision Effective date August 2, 2020. Accessed on June 29, 2022.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Oxygen and Oxygen Equipment - Policy Article (A52514). Original effective date October 1, 2015. Revision Effective date August 2, 2020. Accessed on June 29, 2022.

### **Coding Requirements**

Please see the CMS LCA “*Oxygen and Oxygen Equipment - Policy Article*” for specific HCPCS coding and modifier guidance.

<b>HCPCS Code</b>	<b>Description</b>
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	Stationary oxygen contents, gaseous, 1 month’s supply = 1 unit
E0442	Stationary oxygen contents, liquid, 1 month’s supply = 1 unit
E0443	Portable oxygen contents, gaseous, 1 month’s supply = 1 unit
E0444	Portable oxygen contents, liquid, 1 month’s supply = 1 unit
E0447	Portable oxygen contents, liquid, 1 month’s supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure
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, each
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
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

#### Diagnosis Codes for Cluster Headache

ICD-10 Code	Description
G44.001	Cluster headache syndrome, unspecified, intractable
G44.009	Cluster headache syndrome, unspecified, not intractable
G44.011	Episodic cluster headache, intractable
G44.019	Episodic cluster headache, not tractable
G44.021	Chronic cluster headache, intractable
G44.029	Chronic cluster headache, not tractable
<b>Note:</b> Z00.6 must be used concurrently with one of the above diagnosis codes	
Z00.6	Encounter for examination for normal comparison and control in clinical research program; Note: this code must be used with one of the cluster headache diagnosis codes above.

**Note:** Accessories, including but not limited to, trans-tracheal catheters (A4608), cannulas (A4615), tubing (A4616), mouthpieces (A4617), face tent (A4619), masks (A4620, A7525), oxygen conserving devices (A9900), oxygen tent (E0455), humidifiers (E0555), nebulizer for humidification (E0580), regulators (E1353), and stand/rack (E1355) are included in the allowance for rented oxygen equipment. The supplier must provide any accessory ordered by the treating practitioner.

Only rented oxygen equipment is eligible for coverage under this policy. Purchased oxygen equipment is non-covered.

Oximeters (E0445) and replacement probes (A4606) will be denied as non-covered because they are monitoring devices that provide information to the treating practitioner to assist in managing the patient's treatment.

Respiratory therapist services are non-covered under the DME benefit.

#### **Reimbursement**

Participating facilities will be reimbursed per their Highmark Wholecare<sup>SM</sup> contract.