

Oxygen for Home Use

Table of Content

[Purpose](#)
[Description & Definitions](#)
[Criteria](#)
[Coding](#)
[Document History](#)
[References](#)
[Special Notes](#)
[Keywords](#)

Effective Date	10/2008
Next Review Date	01/2024
Coverage Policy	DME 29
Version	6

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Purpose:

This policy addresses Oxygen for Home Use.

Description & Definitions:

Home oxygen therapy is the home administration of oxygen at concentrations greater than the ambient air.

Back up batteries are considered medically necessary for all members on supplemental oxygen therapy.

Only one delivery system will be approved at a time (gas or liquid) but not both.

Requests for E tanks over the amount of 6 tanks per month will require Medical Director approval.

Exceptions to only one Delivery System:

- A second (spare) oxygen tank is not medically necessary, except where the member is dependent on continuous oxygen.
- A single oxygen tank may be considered medically necessary for a person who is dependent on an oxygen concentrator.

Criteria:

Home oxygen use is considered medically necessary for 1 or more **of the following**:

- Individual has indication for **1 or more** of the following:
 - Cancer (advanced) and **ALL** of the following:
 - Breathlessness that is persistent or episodic
 - Continuous oxygen therapy needed, as indicated by **1 or more** of the following:
 - Failure of simpler methods (eg, opioids) to relieve breathlessness
 - Oxygen needed, as indicated by **1 or more** of the following:
 - Improvement of walking distance with oxygen
 - Oxygen saturation 88% or less or PaO₂ 55 mm Hg (7.3 kPa) or less at rest or with exercise
 - Subjective improvement in breathlessness with oxygen
 - Central sleep apnea, as indicated by **ALL** of the following:
 - Confirmed diagnosis of congestive heart failure

- Medical therapy for congestive heart failure has been optimized
- Pressure support therapies (eg, continuous positive airway pressure, adaptive servo-ventilation) are ineffective or poorly tolerated.
- Chronic obstructive pulmonary disease, as indicated by **1 or more** of the following:
 - Continuous oxygen therapy needed, as indicated by 1 or more of the following:
 - Oxygen saturation 88% or less or PaO₂ 55 mm Hg (7.3 kPa) or less while individual otherwise clinically stable
 - Oxygen saturation 89% or less or PaO₂ 56 to 59 mm Hg (7.5 to 7.9 kPa) while individual otherwise clinically stable and 1 or more of the following:
 - Angina
 - Cor pulmonale
 - Dependent edema suggestive of heart failure
 - Hematocrit greater than 55% (0.55)
 - P pulmonale on electrocardiogram
 - Pulmonary hypertension
 - Oxygen therapy during exercise needed, as indicated by oxygen saturation 88% or less or PaO₂ 55 mm Hg (7.3 kPa) or less during exercise
- Cluster headache, and individual receiving preventive headache therapy (eg, verapamil)
- Congenital heart disease and **1 or more** of the following:
 - Cyanotic congenital heart disease, and individual has demonstrated symptomatic respiratory improvement with supplemental oxygen
 - Eisenmenger syndrome, and individual has demonstrated symptomatic respiratory improvement with supplemental oxygen
 - Pulmonary arterial hypertension that is oxygen-responsive (ie, improvement in oxygen saturation with supplemental oxygen use during exercise or at rest, or improvement of pulmonary vascular parameters during right heart catheterization)
- Cystic fibrosis and **1 or more** of the following:
 - Continuous oxygen therapy needed, as indicated by **1 or more** of the following
 - Oxygen saturation 88% or less or PaO₂ 55 mm Hg (7.3 kPa) or less
 - Oxygen saturation 89% or less or PaO₂ 56 to 59 mm Hg (7.5 to 7.9 kPa) and **1 or more** of the following:
 - Cor pulmonale
 - Peripheral edema
 - Pulmonary hypertension
 - Secondary polycythemia
 - Oxygen therapy needed during exercise, as indicated by oxygen saturation less than 90% or PaO₂ 59 mm Hg (7.9 kPa) or less during exercise
 - Oxygen therapy needed during sleep, as indicated by oxygen saturation less than 90% for 10% or more of sleep time
- Heart failure is considered medically necessary with **1 or more** of the following:
 - Continuous oxygen therapy with oxygen saturation less than or equal to 88% or PaO₂ less than or equal to 55 mmHg at rest
 - Oxygen therapy during exercise with oxygen saturation less than or equal to 88% or PaO₂ less than or equal to 55 mmHg during exercise
 - Oxygen therapy during sleep with oxygen saturation less than or equal to 90% or PaO₂ less than or equal to 60 mmHg for at least 30% of sleep time
- Hemoglobinopathies is considered medically necessary with **All** of the following:
 - Oxygen saturation less than 90% or PaO₂ less than 60 mm Hg
 - Self-administration of adjunctive short-term oxygen therapy for individuals with homoglobinopathies during vaso-occlusive crisis exacerbated by hypoxia
- Interstitial lung disease with either oxygen saturation 88% or less, or PaO₂ 55 mm Hg (7.3 kPa) or less

- Neuromuscular or skeletal disorder (eg, severe kyphoscoliosis, thoracic dystrophy, amyotrophic lateral sclerosis), as indicated by **ALL** of the following:
 - Oxygen saturation 88% or less, or PaO₂ 55 mm Hg (7.3 kPa) or less during sleep or with exercise
 - Individual receiving noninvasive ventilatory support
- Obesity hypoventilation syndrome for nocturnal oxygen, as indicated by **ALL** of the following:
 - Daytime oxygen saturation persistently 88% or less
 - Failure of daytime oxygenation saturation of 88% or less to improve despite bilevel positive airway pressure while asleep
 - Individual adherent to bilevel positive airway pressure
- Obstructive sleep apnea is considered medically necessary with **All** of the following:
 - Severe oxygen desaturation during sleep (for example oxygen saturation equal to or less than 88%)
 - Individual unable to use or tolerate positive pressure therapy
- Pediatric pulmonary disease and **ALL** of the following:
 - Chronic pulmonary disease, as indicated by **1 or more** of the following:
 - Bronchiectasis
 - Bronchopulmonary dysplasia (chronic lung disease of prematurity)
 - Cor pulmonale
 - Interstitial lung disease
 - Pulmonary hypoplasia
 - Oxygen saturation less than 93%
- Pneumonia and **ALL** of the following:
 - Oxygen saturation 90% or less, or PaO₂ 55 mm Hg (7.3 kPa) or less during sleep or with exercise
- Pulmonary hypertension, as indicated by **1 or more** of the following:
 - Adult with **1 or more** of the following:
 - Oxygen saturation less than 90%
 - PaO₂ 59 mm Hg (7.9 kPa) or less
 - Child with oxygen saturation less than 92%
- Individual meets criteria for delivery system for **1 or more** of the following:
 - Ambulatory delivery system for individuals who regularly go beyond the limits of a stationary oxygen delivery system with 50ft tubing for two hours or more per day for most days of the week (minimum 6 hours/week)
 - Stationary delivery system for individuals who do not regularly go beyond the limits of a stationary oxygen delivery system with a 50ft tubing or those who use oxygen only during sleep
 - Portable delivery system for individuals who go beyond the limits of a stationary oxygen delivery system with 50ft tubing for less than two hours per day most days of the week (minimum 2 hours/week)
 - Portable oxygen concentrators and combination stationary/portable oxygen systems alternative for individuals with **All of the following**:
 - Ambulatory delivery system for individuals who regularly go beyond the limits of a stationary oxygen delivery system with 50ft tubing for two hours or more per day for most days of the week (minimum 6 hours/week)
 - Individual is regularly (at least monthly) away from home for durations that exceed the capacity of the ambulatory oxygen system

Coding:

Medically necessary with criteria:

Coding	Description
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing

E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, 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 mask, tubing and refill adaptor
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	Stationary oxygen contents, gaseous, 1
E0442	Stationary oxygen contents, liquid, 1
E0443	Portable oxygen contents, gaseous, 1
E0444	Portable oxygen contents, liquid, 1
E0447	Portable oxygen contents, liquid, 1
E1390	Oxygen concentrator, single delivery port, capable of delivering 85
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85
E1392	Portable oxygen concentrator, rental

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

- 2022: January, February
- 2020: April
- 2019: December
- 2015: February, March, October, December
- 2014: May, October, November
- 2013: October
- 2012: February
- 2011: May, October
- 2010: September

- 2009: November

Reviewed Dates:

- 2023: January
- 2022: October
- 2021: December
- 2019: November
- 2018: July
- 2017: November
- 2016: August
- 2014: March
- 2012: June, October

Effective Date:

- October 2008

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(n.d.). Retrieved Sep 23, 2022, from HAYES:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522oxygen%2522,%2522title%2522:null,%2522term%2522:%2522searchbar%2522,%2522page%2522:%2522%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%2522>

(NCD) Home Oxygen Use to Treat Cluster Headache (CH) 240.2.2 – 9/27/2021. (n.d.). Retrieved Sep 23, 2022, from CMS.gov: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCID=343&ncdver=1&DocID=240.2.2&bc=gAAAAAgAAAAAA%3d%3d&>

(2022). Retrieved May 25, 2022, from MCG 25th Edition: <https://careweb.careguidelines.com/ed25/index.html>

21CFR868.5440 Portable oxygen generator. (2022, Mar 29). Retrieved Sep 23, 2022, from FDA: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=868.5440>

DME Manual - Appendix B: Apnea Monitors, Respiratory, Oxygen and Ventilators. (2022, Jan). Retrieved Sep 22, 2022, from DMAS DME: <https://www.dmas.virginia.gov/media/4493/appendix-b-apnea-respiratory-oxygen-and-vents-f2f-january-2022.pdf>

Home oxygen. (2021). Retrieved Sep 24, 2022, from National Institute for Health and Care Excellence (NICE) Guidelines: <https://www.nice.org.uk/search?q=home+oxygen>

Home Oxygen Therapy for Adults with Chronic Lung Disease. An Official American Thoracic Society Clinical Practice Guideline. (2020). Retrieved Sep 24, 2022, from American Journal of Respiratory and Critical Care Medicine: https://www.atsjournals.org/doi/full/10.1164/rccm.202009-3608ST#_i3

Local Coverage Determination (LCD) OXYGEN and OXYGEN Equipment L33797. (2021, Nov 4). Retrieved Sep 24, 2022, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33797&ver=28&keyword=oxygen&keywordType=starts&areaid=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Long-term supplemental oxygen therapy. (2022, Mar 23). Retrieved Sep 23, 2022, from UpToDate 2: https://www.uptodate.com/contents/long-term-supplemental-oxygen-therapy?search=home%20use%20of%20oxygen&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2

National Coverage Determination (NCD) Home Use of OXYGEN 240.2. (2021, Sep 21). Retrieved Sep 23, 2022, from Centers for Medicare & Medicaid Services NCD 2: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=169&ncdver=2&keyword=oxygen&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

NCD: DURABLE Medical Equipment Reference List - 280.1. (2005, May 5). Retrieved May 25, 2022, from CMS NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=364&ncdver=1&keyword=Lung%20cancer%25>

Oxygen Therapy. (2022). Retrieved Sep 25, 2022, from American Lung Association: <https://www.lung.org/lung-health-diseases/lung-procedures-and-tests/oxygen-therapy>

Portable oxygen delivery and oxygen conserving devices. (2021, Jun 30). Retrieved Sep 23, 2022, from UpToDate: https://www.uptodate.com/contents/portable-oxygen-delivery-and-oxygen-conserving-devices?search=home%20oxygen&source=search_result&selectedTitle=3~78&usage_type=default&display_rank=2

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

SHP Oxygen for Home Use, SHP Durable Medical Equipment 29, Oxygen, tank, pulse, oximetry, humidifier, chronic, obstructive, pulmonary, disease, saturation, sleep, apnea, lung, delivery, stationary, portable, ambulatory, concentrator, Chronic lung disease, Chronic obstructive pulmonary disease, Bronchiectasis, Diffuse interstitial lung disease, Pulmonary neoplasm, oxygen saturation, oxygen therapy, Angina, Cor pulmonale, Dependent edema, heart failure, Hematocrit, P pulmonale, Pulmonary hypertension, Hypoxia, Cardiac arrhythmia, hemoglobinopathies, headache cluster, cystic fibrosis, lung disease, obstructive sleep apnea, OSA, advanced cancer, Interstitial Lung Disease, Neuromuscular disorders, Skeletal Disorders