

Oxygen for Home Use

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| Effective Date | 10/2008 |
| Next Review Date | 01/2024 |
| Coverage Policy | DME 29 |
| Version | 8 |

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

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.

Criteria:

Virginia Department of Medical Assistance Services, Durable Medical Equipment and Supplies Manual (7.13.22). Chapter IV, Pages 49-56

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

- Individual meets **all of the** following:
 - The treating physician examined and determined that the individual has **1 or more of the following** conditions that might be expected to improve with oxygen therapy:
 - Short term supplemental home oxygen therapy is medically necessary for treatment of hypoxemia related symptoms with qualifying laboratory values associated with acute conditions including, but not limited to **1 or more** of the following:
 - Bronchiolitis
 - Chronic obstructive pulmonary disease exacerbation
 - Pneumonia

- Any other condition in which hypoxemia is found with an arterial oxygen saturation below 90% which is expected to resolve within 3 months or less.
- Long term supplemental home oxygen therapy is medically necessary for treatment of hypoxemia related symptoms with qualifying laboratory values from chronic lung conditions including, but not limited to **1 or more** of the following:
 - Bronchiectasis
 - Chronic lung disease
 - Chronic obstructive pulmonary disease
 - Cystic fibrosis
 - Diffuse interstitial lung disease
 - Pulmonary hypertension
 - Pulmonary neoplasm (primary or metastatic)
 - Recurring congestive heart failure due to chronic cor pulmonale
 - Any other condition in which hypoxemia is found with an arterial oxygen saturation below 90% which is expected to resolve beyond 3 months.
- The treating physician or a qualified provider or supplier of laboratory services conducted the qualifying blood gas study (either an arterial blood gas or a pulse oximetry test). A qualified provider or supplier of laboratory services is **1 or more** of the following:
 - Certified to conduct blood gas studies
 - A hospital certified to conduct blood gas studies
- The qualifying blood gas study value was obtained under **1 or more** of the following conditions:
 - During an inpatient hospital stay - Closest to, but no earlier than, two (2) days prior to the hospital discharge date, with home oxygen therapy beginning immediately following discharge
 - During an outpatient encounter - Within 30 days of the date of initial certification while the individual is in a chronic stable state, which is when the individual is not in a period of acute illness or an exacerbation of his or her underlying disease.
- The treating physician tried or considered alternative treatments and they were deemed clinically ineffective.
- The practitioner has determined that the individual has **1 or more** of the following:
 - A severe lung disease, such as chronic obstructive pulmonary disease (COPD), diffuse interstitial lung disease of known or unknown etiology; cystic fibrosis, bronchiectasis; and symptoms of widespread pulmonary neoplasm
 - Hypoxia-related diagnoses or symptoms that might be expected to improve with oxygen therapy. Examples of these are pulmonary hypertension, recurring congestive heart failure (CHF) due to chronic cor pulmonale, erythrocytosis, impairment of cognitive processes, nocturnal restlessness, and morning headache.
- Individual meets **1 or more** of the following:
 - Initial coverage of **Group I** home oxygen therapy is **limited to 12 months** or the treating physician specified length of need for oxygen, whichever is shorter. Request is for **1 or more** of the following:
 - Stationary oxygen system and individual has blood gas study (either an arterial blood gas or an oximetry test) with values of **1 or more** of the following:
 - Individual on room air while at rest (awake) when tested with **1 or more** of the following:

- Arterial oxygen saturation (pulse ox) is at or below 88 percent
 - Arterial Partial Pressure of Oxygen (P02) is at or below 55 mm Hg
- Individual tested at rest while awake or during exercise, arterial P02 is at or above 56 mm Hg or an arterial oxygen saturation is at or above 89 percent with **all of the** following:
 - Arterial P02 is at or below 55 mm Hg or an arterial oxygen saturation is at or below 88 percent
 - Documented improvement of hypoxemia during exercise with oxygen
- Individual tested during sleep and if arterial P02 is at or above 56 mm Hg or an arterial oxygen saturation is at or above 89 percent while awake, additional testing must show **1 or more** of the following:
 - Arterial P02 is at or below 55 mm Hg or an arterial oxygen saturation is at or below 88 percent for at least 5 minutes taken during sleep
 - Decrease in arterial P02 of more than 10 mm Hg or a decrease in arterial oxygen saturation more than 5 percent for at least 5 minutes associated with symptoms or signs more than 5 percent from baseline saturation for at least 5 minutes taken during sleep associated with symptoms or signs reasonably attributable to hypoxemia (some examples of symptoms are impairment of cognitive processes and nocturnal restlessness or insomnia and some examples of signs are cor pulmonale, "P" pulmonale on electrocardiogram [EKG], documented pulmonary hypertension, and erythrocytosis reasonably attributable to hypoxemia)
- Individual is an infant or child with **1 or more** of the following:
 - Arterial oxygen saturation is at or below 92 percent
 - Arterial Partial Pressure of Oxygen (P02) is at or below 60 mm Hg
- Initial coverage of **Group II** home oxygen therapy is **limited to 3 months** or the treating physician specified length of need for oxygen, whichever is shorter with of **1 or more** of the following:
 - Individual on room air at rest while awake when tested with **1 or more** of the following:
 - Arterial oxygen saturation of 89 percent at rest (awake)
 - Arterial P02 of 56-59 mm Hg with **1 or more** of the following:
 - Dependent edema suggesting congestive heart failure
 - Hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVF)
 - Erythrocythemia with a hematocrit greater than 56 percent
 - Individual tested during exercise with **1 more** of the following:
 - Arterial oxygen saturation of 89 percent
 - Arterial P02 of 56-59 mm Hg with **1 or more** of the following:
 - Dependent edema suggesting congestive heart failure
 - Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVF)

- Erythrocythemia with a hematocrit greater than 56 percent
- Individual tested during sleep for at least 5 minutes with **1 or more** of the following:
 - Arterial oxygen saturation of 89 percent
 - Arterial P02 of 56-59 mm Hg with **1 or more** of the following:
 - Dependent edema suggesting congestive heart failure
 - Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVF)
 - Erythrocythemia with a hematocrit greater than 56 percent
- Individual is an infant or child with **1 or more** of the following:
 - Arterial oxygen saturation is at or below 92 percent
 - Arterial Partial Pressure of Oxygen (P02) is at or below 60 mm Hg
- The individual has appropriately tried other alternative treatment measures without demonstrable success or other forms of treatment have not been tried, but oxygen therapy is needed as part of the individual's initial treatment.

Oxygen for home use for individuals with Sentara Health Plan Virginia Medicaid products are NOT COVERED for ANY of the following:

- Angina pectoris in the absence of hypoxemia. This condition is generally not the result of a low oxygen level in the blood, and there are other preferred treatments.
- Breathlessness without cor pulmonale or evidence of hypoxemia. Although intermittent oxygen is sometimes prescribed to relieve this condition, it is potentially harmful and may be psychologically contraindicated.
- Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities. There is no evidence that increased PO2 will improve the oxygenation of tissues with impaired circulation.
- Terminal illnesses that do not affect the lungs.
- Treatment of headaches, including migraines.
- Treatment of other conditions in which oxygen therapy is determined to be experimental or investigational.

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 |

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| 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:

- 2024: January
- 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).

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Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual's treatment plan;
- Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

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