# LCD for Oxygen and Oxygen Equipment (L11468)

## Contractor Information

### Contractor Name, Number, and Type

DME PSC: TriCenturion (77011)
DME MAC: National Government Services (17003) , NHIC (16003)

### Contractor's Affiliation

This LCD has been adopted by DME MAC National Government Services and NHIC who are affiliated with DME PSC TriCenturion.

## LCD Information

### LCD ID Number

L11468

### LCD Title

Oxygen and Oxygen Equipment

### Contractor's Determination Number

OXY20070101

### AMA CPT / ADA CDT Copyright Statement



### CMS National Coverage Policy

CMS Pub. 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Section 240.2

### Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Illinois
Indiana
Kentucky
Massachusetts
Maryland

Maine
Michigan
Minnesota
New Hampshire
New Jersey
New York - Entire State
Ohio
Pennsylvania
Rhode Island
Virginia
Vermont
Wisconsin
West Virginia

**Oversight Region**

Region III
Region V

**DME Region LCD Covers**

Jurisdiction A/B

**Original Determination Effective Date**

For services performed on or after 10/01/1993

**Original Determination Ending Date**

**Revision Effective Date**

For services performed on or after 06/01/2007

**Revision Ending Date**

**Indications and Limitations of Coverage and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

Home oxygen therapy is covered only if all of the following conditions are met:

1. The treating physician has determined that the patient has a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy, and
2. The patient's blood gas study meets the criteria stated below, and
3. The qualifying blood gas study was performed by a physician or by a qualified provider or supplier of laboratory services, and
4. The qualifying blood gas study was obtained under the following conditions:
    - If the qualifying blood gas study is performed during an inpatient hospital stay, the reported test must be the one obtained closest to, but no earlier than 2 days prior to the hospital discharge date, or
    - If the qualifying blood gas study is not performed during an inpatient hospital stay, the reported test must be performed while the patient is in a chronic stable state – i.e., not during a period of acute illness or an exacerbation of their underlying disease, and
5. Alternative treatment measures have been tried or considered and deemed clinically ineffective.

Group I criteria include any of the following:

1. An arterial $PO_2$ at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent taken at rest (awake), or
2. An arterial $PO_2$ at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent, for at least 5 minutes taken during sleep for a patient who demonstrates an arterial $PO_2$ at or above 56 mm Hg or an arterial oxygen saturation at or above 89% while awake, or
3. A decrease in arterial $PO_2$ more than 10 mm Hg, or a decrease in arterial oxygen saturation more than 5 percent, for at least 5 minutes taken during sleep associated with symptoms or signs reasonably attributable to hypoxemia (e.g., cor pulmonale, "P" pulmonale on EKG, documented pulmonary hypertension and erythrocytosis), or
4. An arterial $PO_2$ at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent, taken during exercise for a patient who demonstrates an arterial $PO_2$ at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent during the day while at rest. In this case, oxygen is provided for during exercise if it is documented that the use of oxygen

improves the hypoxemia that was demonstrated during exercise when the patient was breathing room air.

Initial coverage for patients meeting Group I criteria is limited to 12 months or the physician-specified length of need, whichever is shorter. (Refer to the Documentation section for information on recertification.)

Group II criteria include the presence of (a) an arterial $PO_2$ of 56-59 mm Hg or an arterial blood oxygen saturation of 89 percent at rest (awake), during sleep for at least 5 minutes, or during exercise (as described under Group I criteria) and (b) any of the following:

1. Dependent edema suggesting congestive heart failure, or
2. 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), or
3. Erythrocythemia with a hematocrit greater than 56 percent.

Initial coverage for patients meeting Group II criteria is limited to 3 months or the physician specified length of need, whichever is shorter. (Refer to the Documentation section for information on recertification.)

Group III includes patients with arterial $PO_2$ levels at or above 60 mm Hg or arterial blood oxygen saturations at or above 90 percent. For these patients there is a rebuttable presumption of noncoverage.

For all the sleep oximetry criteria described above, the 5 minutes does not have to be continuous.

When both arterial blood gas (ABG) and oximetry tests have been performed on the same day under the same conditions (i.e., at rest/awake, during exercise, or during sleep), the ABG result will be used to determine if the coverage criteria were met. If an ABG test at rest/awake is nonqualifying, but an exercise or sleep oximetry test on the same day is qualifying, the oximetry test result will determine coverage.

If all of the coverage conditions specified above are not met, the oxygen therapy will be denied as not medically necessary. Oxygen therapy will also be denied as not medically necessary if any of the following conditions are present:

1. 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.
2. Dyspnea without cor pulmonale or evidence of hypoxemia.
3. Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities but in the absence of systemic hypoxemia. There is no evidence that increased $PO_2$ will improve the oxygenation of tissues with impaired circulation.
4. Terminal illnesses that do not affect the respiratory system.

Oxygen is covered for patients who are enrolled subjects in clinical trials approved by CMS and sponsored by the National Heart, Lung, and Blood Institute (NHLBI) and who have an arterial $PO_2$ from 56 to 65 mmHg or an oxygen saturation at or above 89%. The additional Group 2 coverage criteria do not apply to these patients.

TESTING SPECIFICATIONS:

The qualifying blood gas study must be one that complies with the Fiscal Intermediary or Local Carrier policy on the standards for conducting the test and is covered under Medicare Part A or Part B. This includes a requirement that the test be performed by a provider who is qualified to bill Medicare for the test – i.e., a Part A provider, a laboratory, an Independent Diagnostic Testing Facility (IDTF), or a physician. A supplier is not considered a qualified provider or a qualified laboratory for purposes of this policy. Blood gas studies performed by a supplier are not acceptable. In addition, the qualifying blood gas study may not be paid for by any supplier. This prohibition does not extend to blood gas studies performed by a hospital certified to do such tests.

For sleep oximetry studies, the oximeter provided to the patient must be tamper-proof and must have the capability to download data that allows documentation of the duration of oxygen desaturation below a specified value.

When oxygen is covered based on an oxygen study obtained during exercise, there must be documentation of three (3) oxygen studies in the patient's medical record – i.e., testing at rest without oxygen, testing during exercise without oxygen, and testing during exercise with oxygen applied (to demonstrate the improvement of the hypoxemia). Only the qualifying test value (i.e., testing during exercise without oxygen) is reported on the CMN. The other results do not have to be routinely submitted but must be available on request.

The qualifying blood gas study may be performed while the patient is on oxygen

as long as the reported blood gas values meet the Group I or Group II criteria.

Home Sleep Oximetry Studies:

Beneficiaries may self-administer home based overnight oximetry tests under the direction of a Medicare-enrolled Independent Diagnostic Testing Facility (IDTF). A DME supplier or another shipping entity may deliver a pulse oximetry test unit and related technology to a beneficiary's home under the following circumstances:

1. The beneficiary's treating physician has contacted the IDTF to order an overnight pulse oximetry test before the test is performed.
2. The test is performed under the direction and/or instruction of a Medicare-approved IDTF. Because it is the beneficiary who self-administers this test, the IDTF must provide clear written instructions to the beneficiary on proper operation of the test equipment and must include access to the IDTF in order to address other concerns that may arise.
3. The test unit is sealed and tamper-proof such that test results cannot be accessed by anyone other than the IDTF who is responsible for transmitting a test report to the treating physician. The DME supplier may use related technology to download test results from the testing unit and transmit those results to the IDTF. In no cases may the DME supplier access or manipulate the test results in any form.

The IDTF must send the test results to the physician. The IDTF may send the test results to the supplier if the supplier is currently providing or has an order to provide oxygen or other respiratory services to the beneficiary or if the beneficiary has signed a release permitting the supplier to receive the report.

Oximetry test results obtained through a similar process while the beneficiary is awake, either at rest or with exercise, may not be used for purposes of qualifying the beneficiary for home oxygen therapy.

CERTIFICATION:

For Initial Certifications, the blood gas study reported on the Certificate of Medical Necessity (CMN) must be the most recent study obtained prior to the Initial Date indicated in Section A of the CMN and this study must be obtained within 30 days prior to that Initial Date. There is an exception for patients who were on oxygen in a Medicare HMO and who transition to fee-for-service Medicare. For those patients, the blood gas study does not have to be obtained 30 days prior to the Initial Date, but must be the most recent test obtained while in the HMO.

For patients initially meeting Group I criteria, the most recent blood gas study prior to the thirteenth month of therapy must be reported on the Recertification CMN.

For patients initially meeting Group I criteria, if the estimated length of need on the Initial CMN is less than lifetime and the physician wants to extend coverage, a repeat blood gas study must be performed within 30 days prior to the date of the Revised Certification.

For patients initially meeting Group II criteria, the most recent blood gas study which was performed between the 61st and 90th day following Initial Certification must be reported on the Recertification CMN. If a qualifying test is not obtained between the 61st and 90th day of home oxygen therapy, but the patient continues to use oxygen and a test is obtained at a later date, if that test meets Group I or II criteria, coverage would resume beginning with the date of that test. For patients initially meeting Group II criteria, if the estimated length of need on the Initial CMN is less than lifetime and the physician wants to extend coverage, a repeat blood gas study must be performed within 30 days prior to the date of the Revised Certification.

For any Revised CMN, the blood gas study reported on the CMN must be the most recent test performed prior to the Revised date.

A repeat blood gas study may be requested at any time.

The patient must be seen and evaluated by the treating physician within 30 days prior to the date of Initial Certification. The patient must be seen and re-evaluated by the treating physician within 90 days prior to the date of any Recertification. If the patient is not seen and re-evaluated within 90 days prior to Recertification but is subsequently seen, payment can be made for dates of service between the scheduled Recertification date and the physician visit date if the blood gas study criteria are met.

PORTABLE OXYGEN SYSTEMS:

A portable oxygen system is covered if the patient is mobile within the home and the qualifying blood gas study was performed while at rest (awake) or during exercise. If the only qualifying blood gas study was performed during sleep, portable oxygen will be denied as not medically necessary.

If coverage criteria are met, a portable oxygen system is usually separately payable in addition to the stationary system. (See exception in Liter Flow Greater Than 4 LPM.)

If a portable oxygen system is covered, the supplier must provide whatever quantity of oxygen the patient uses; Medicare’s reimbursement is the same, regardless of the quantity of oxygen dispensed.

LITER FLOW GREATER THAN 4 LPM:

If basic oxygen coverage criteria have been met, a higher allowance for a stationary system for a flow rate of greater than 4 liters per minute (LPM) will be paid only if a blood gas study performed while the patient is on 4 LPM meets Group I or II criteria. If a flow rate greater than 4 LPM is billed and the coverage criterion for the higher allowance is not met, payment will be limited to the standard fee schedule allowance.

If a patient qualifies for additional payment for greater than 4 LPM of oxygen and also meets the requirements for portable oxygen, payment will be made for either the stationary system (at the higher allowance) or the portable system (at the standard fee schedule allowance for a portable system), but not both. In this situation, if both a stationary system and a portable system are billed for the same rental month, the portable oxygen system will be denied as not separately payable.

MISCELLANEOUS:

Emergency or stand-by oxygen systems will be denied as not medically necessary since they are precautionary and not therapeutic in nature.

Topical hyperbaric oxygen chambers (A4575) will be denied as not medically necessary.

**Coverage Topic**

Durable Medical Equipment
Oxygen Therapy

## Coding Information

**CPT/HCPCS Codes**

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY – No physician or other licensed health care provider order for this item or service
QE - Prescribed amount of oxygen is less than 1 liter per minute (LPM)
QF - Prescribed amount of oxygen is greater than 4 liter per minute (LPM) and portable oxygen is also prescribed
QG - Prescribed amount of oxygen is greater than 4 liters per minute (LPM) and portable oxygen is not prescribed
QH - Oxygen conserving device is being used with an oxygen delivery system
QR - Item or service has been provided in a Medicare specified study.

HCPCS CODES:

EQUIPMENT:

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 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

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

ACCESSORIES:

A4575 TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE

A4606 OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT

A4608 TRANSTRACHEAL OXYGEN CATHETER, EACH

A4615 CANNULA, NASAL

A4616 TUBING (OXYGEN), PER FOOT

A4617 MOUTH PIECE

A4619 FACE TENT

A4620 VARIABLE CONCENTRATION MASK

A7525 TRACHEOSTOMY MASK, EACH

A9900 MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE

E0455 OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS

E0555 HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER

E0580 NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER

E1353 REGULATOR

E1355 STAND/RACK

**ICD-9 Codes that Support Medical Necessity**

Not specified.

**Diagnoses that Support Medical Necessity**

Not specified.

**ICD-9 Codes that DO NOT Support Medical Necessity**

Not specified.

**ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

**Diagnoses that DO NOT Support Medical Necessity**

Not specified.

## General Information

**Documentation Requirements**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

A Certificate of Medical Necessity (CMN) which has been completed, signed, and dated by the treating physician must be kept on file by the supplier and made available upon request. The CMN may act as a substitute for a written order if it is sufficiently detailed. The CMN for home oxygen is CMS Form 484(DME form 484.03). In addition to the order information that the physician enters in Section

B, the supplier can use the space in Section C for a written confirmation of other details of the oxygen order or the physician can enter the other details directly–e.g., the means of oxygen delivery (cannula, mask, etc.) and the specifics of varying oxygen flow rates and/or noncontinuous use of oxygen.

For patients who qualify for oxygen coverage based only on a sleep oximetry study, the oxygen saturation value reported in question 1b of the Oxygen CMN must be the lowest value (not related to artifact) during the 5 minute qualifying period reported on the sleep oximetry study. A report of the sleep study documenting the qualifying desaturation must be available upon request.

If both an arterial blood gas and oximetry test have been performed on the same day under the condition reported on the CMN (i.e., at rest/awake, during exercise, or during sleep), the ABG $PO_2$ must be reported on the CMN.

An Initial, Recertification, or Revised CMN must be submitted in the situations described below. The Initial Date, Recertification Date, and Revised Date specified below refer to the dates reported in Section A of the CMN.

For patients who are enrolled subjects in clinical trials approved by CMS and sponsored by the National Heart, Lung, and Blood Institute (NHLBI), a QR modifier must be added to each claim line.

INITIAL CMN IS REQUIRED:

- With the first claim for home oxygen (even if the patient was on oxygen prior to Medicare eligibility or oxygen was initially covered by a Medicare HMO).

- When an Initial CMN does not meet coverage criteria and the patient was subsequently retested and meets coverage criteria. The Initial Date on this new CMN is the date of the subsequent qualifying blood gas study.

- When there has been a change in the patient's condition that has caused a break in medical necessity of at least 60 days plus whatever days remain in the rental month during which the need for oxygen ended. (This indication does not apply if there was just a break in billing because the patient was in a hospital, nursing facility, hospice, or Medicare HMO, but the patient continued to need oxygen during that time.)

- When a Group I patient with a length of need less than or equal to 12 months was not retested prior to Revised Certification/ Recertification, but a qualifying study was subsequently performed. The Initial Date on this new CMN is the date of the subsequent qualifying blood gas study.

- When the patient initially qualified in Group II, repeat blood gas studies were not performed between the 61st and 90th day of coverage, but a qualifying study was subsequently performed. The Initial Date on this new CMN is the date of the subsequent qualifying blood gas study.

- When there was a change of supplier due to an acquisition and the previous supplier did not file a recertification when it was due and the requirements for the recertification were not met when it was due. The Initial Date on this new CMN is the date of the subsequent qualifying blood gas study.

The blood gas study reported on the Initial CMN must be the most recent study obtained prior to the Initial Date and this study must be obtained within 30 days prior to that Initial Date. There is an exception for patients who were on oxygen in a Medicare HMO and who transition to fee-for-service Medicare. For those patients, the blood gas study does not have to be obtained 30 days prior to the Initial Date, but must be the most recent test obtained while in the HMO.

RECERTIFICATION CMN IS REQUIRED:

- 3 months after Initial Certification (i.e., with the fourth month's claim) - if oxygen test results on the Initial Certification are in Group II. The blood gas study reported must be the most recent study which was performed between the 61st and 90th day following the Initial Date.

- 12 months after Initial Certification (i.e., with the thirteenth month's claim) - if oxygen test results on the Initial Certification are in Group I. The blood gas study reported must be the most recent blood gas study prior to the thirteenth month of therapy.

- In other situations at the discretion of the DME contractor. The blood gas study reported must be the most recent study which was performed within 30 days prior to the Recertification Date.

If a Group I patient with a lifetime length of need was not seen and evaluated by the physician within 90 days prior to the 12 month Recertification but was subsequently seen, the date on Recertification CMN should be the date of the physician visit.

If there was a change of supplier due to an acquisition and the previous supplier did not file a recertification when it was due but all the requirements for the recertification were met when it was due, a Recertification CMN would be filed with the recertification date being 12 or 3 months after the Initial Date depending on whether the Initial Certification was based on Group I or Group II criteria.

REVISED CMN IS REQUIRED:

- When the prescribed maximum flow rate changes from one of the following categories to another: (a) less than 1 LPM, (b) 1-4 LPM, (c) greater than 4 LPM. If the change is from category (a) or (b) to category (c), a repeat blood gas study with the patient on 4 LPM must be performed within 30 days prior to the start of the greater than 4 LPM flow.

- When a portable oxygen system is added subsequent to Initial Certification of a stationary system. In this situation, there is no requirement for a repeat blood gas study unless the initial qualifying study was performed during sleep, in which case a repeat blood gas study must be performed while the patient is at rest (awake) or during exercise within 30 days prior to the Revised Date.

- When a stationary system is added subsequent to Initial Certification of a portable system. In this situation, there is no requirement for a repeat blood gas study.

- When the length of need expires – if the physician specified less than lifetime length of need on the most recent CMN. In this situation, a blood gas study must be performed within 30 days prior to the Revised Date.

- When there is a new treating physician but the oxygen order is the same. In this situation, there is no requirement for a repeat blood gas study. Note: In this situation, the Revised CMN does not have to be submitted with the claim but must be kept on file by the supplier.

If there is a new supplier, that supplier must be able to provide a CMN on request. That CMN would not necessarily be an Initial CMN or the first CMN for that patient. If the supplier obtains a new CMN, it would be considered a Revised CMN. In this situation, if the oxygen order is the same, the CMN does not have to be submitted with the claim.

Submission of a Revised CMN does not change the Recertification schedule specified above.

If the indications for a Revised CMN are met at the same time that a Recertification CMN is due, file the CMN as a Recertification CMN.

MISCELLANEOUS:

In the following situations, a new order must be obtained and kept on file by the supplier, but neither a new CMN nor a repeat blood gas study are required:

- Prescribed maximum flow rate changes but remains within one of the following categories: (a) less than 1 LPM, (b) 1-4 LPM, (c) greater than 4 LPM.

- Change from one type of system to another (i.e., concentrator, liquid, gaseous).

A new CMN or order are not required when switching between standard portable oxygen cylinders (E0431) and portable cylinders filled from a home compressor (K0738).

A new CMN is not required just because a patient changes from Medicare

secondary to Medicare primary.

A new CMN is not required just because the supplier changes assignment status on the submitted claim.

Refer to the Supplier Manual for more information on documentation requirements.

**Appendices**

The term blood gas study in this policy refers to either an arterial blood gas (ABG) test or an oximetry test. An ABG is the direct measurement of the partial pressure of oxygen ($PO_2$) on a sample of arterial blood. The $PO_2$ is reported as mm Hg. An oximetry test is the indirect measurement of arterial oxygen saturation using a sensor on the ear or finger. The saturation is reported as a percent.

**Utilization Guidelines**

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

**Sources of Information and Basis for Decision**

Reserved for future use.

**Advisory Committee Meeting Notes**

**Start Date of Comment Period**

07/20/2001

**End Date of Comment Period**

09/14/2001

**Start Date of Notice Period**

09/01/2003

**Revision History Number**

OXY008

**Revision History Explanation**

Revision Effective Date: 01/01/2007
INDICATIONS AND LIMITATIONS OF COVERAGE:
Added statement about coverage of oxygen used in approved clinical trials.
Added requirements for supplier involvement with home oximetry studies.
HCPCS CODES AND MODIFIERS:
Added QR modifier, K0738
DOCUMENTATION REQUIREMENTS:
Noted the form number of the new CMN.
Added use of QR modifier for patients in an approved clinical trial.
Added clarification about the need for a CMN or order when switching to K0738.
LCD ATTACHMENTS:

Attached the new CMN.

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision effective date: 01/01/2006
HCPCS CODES:
Added: E1392
Deleted: K0671

Revision effective date: 07/01/2005
HCPCS CODES:
Added E1405, E1406, K0671
INDICATIONS AND LIMITATIONS OF COVERAGE:
Clarified what oxygen studies are required when coverage is based on testing during exercise.

Revision effective date: 04/01/2004
HCPCS CODES:
Added: A4608, A7525, E1391
Discontinued: A4621
INDICATIONS AND LIMITATIONS OF COVERAGE:
Substitutes A7525 for A4621, corrects code for transtracheal oxygen catheters (A4608), and adds E1355 in Oxygen Accessories section.
Adds E1391 in the Miscellaneous section.
NONCOVERED DIAGNOSES:
Adds E1391NU and E1391UE
CODING GUIDELINES:Adds billing instructions for E1391.

Revision effective date 01/01/2004
INDICATIONS AND LIMITATIONS OF COVERAGE:
Revises Group I and Group II coverage criteria for sleep oximetry testing to require at least 5 minutes of desaturation. Revises statements concerning who can perform qualifying blood gas tests.Adds specifications for oximeters used in sleep oximetry studies.Adds statements of retesting requirements for patients who are on oxygen when they transfer from a Medicare HMO to Medicare fee-for-service.Revises statement concerning which blood gas study will be used to determine coverage if an ABG and oximetry study are performed on the same day.Adds statement concerning coverage of oxygen if the patient is not re-evaluated by the physician within 90 days prior to recertification.Adds statement regarding supplier’s responsibility when providing portable oxygen contents.Adds statement concerning the noncoverage of topical hyperbaric oxygen chambers.
HCPCS CODES:
Adds A4575
DOCUMENTATION REQUIREMENTS:
Adds a statement specifying the value that must be entered on the CMN if the qualifying test is a sleep oximetry study.Adds a statement concerning what test

result to report when an ABG and oximetry study are performed on the same day.Adds several additional scenarios concerning the requirement for an Initial, Recertification, or Revised CMN.
SOURCES OF INFORMATION:
Adds a list of articles related to the revised sleep oximetry criteria.

Revision effective date: 04/01/2003
HCPCS CODES AND MODIFIERS:
Added:A4606, E0445, EY
INDICATIONS AND LIMITATIONS OF COVERAGE:
Adds standard language concerning coverage of items without an order.
Adds noncoverage statement concerning E0445 and A4606.
CODING GUIDELINES:
Removes statements concerning E1405 and E1406. This policy change had been previously published.
Removes mention of codes ZZ010 and E1377-E1385 which have been discontinued.
DOCUMENTATION REQUIREMENTS:
Adds standard language concerning use of EY modifier for items without an order.
Revises standard language concerning use of a CMN.
OTHER COMMENTS:
Moves Definitions section to this section.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

07/01/2000 - This revision incorporates changes previously published in the DMERC Dialogue. Suppliers should be aware that this is the first revision of the Oxygen policy since 1993 and numerous changes will be found in all sections of the policy. The Documentation Section has been reorganized for easier determination of when initial, revised, and recertification Certificates of Medical Necessity (CMNs) are needed.

Effective for claims with dates of service on or after July 1, 2000, codes E1405 and E1406 (oxygen and water vapor enriching system) are invalid for claim submission to the DMERC. The DMERCs have determined that the devices for which these codes were established are no longer in production. Oxygen concentrators which are capable of delivering 85% or greater oxygen concentration at the prescribed flow rate and are used with a humidifier are correctly billed using code E1390. (There is no separate billing or payment for a humidifier used in conjunction with rented oxygen equipment.) If a manufacturer or supplier has an oxygen concentrator that they thought should be coded as E1405 or E1406, they should contact the SADMERC for a coding determination.

Code ZZ010 (transtracheal oxygen catheter for patient-owned equipment) is invalid for claim submission to the DMERC. As noted in the policy, accessories are separately payable only when they are used with a patient-owned system

that was purchased prior to June 1, 1989. Accessories used with a patient-owned system that was purchased on or after June 1, 1989 are noncovered.

12/01/1993 – Corrected HAO to HA0 in the Documentation section.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

**Reason for Change**

**Last Reviewed On Date**

**Related Documents**

**Article(s)**
A33768 - Oxygen and Oxygen Equipment - Policy Article - June 2007

**LCD Attachments**

OXY CMN CMS-484 (43,295 bytes)

## Article for Oxygen and Oxygen Equipment - Policy Article - June 2007 (A33768)

### Contractor Information

**Contractor Name, Number, and Type**

DME PSC: TriCenturion (77011)
DME MAC: National Government Services (17003) , NHIC (16003)

### Article Information

**Article ID Number**

A33768

**Article Type**

Article

**Key Article**

Yes

**Article Title**

Oxygen and Oxygen Equipment - Policy Article - June 2007

**Primary Geographic Jurisdiction**

Connecticut
District of Columbia
Delaware
Illinois
Indiana
Kentucky
Massachusetts
Maryland
Maine
Michigan
Minnesota
New Hampshire
New Jersey
New York - Entire State
Ohio
Pennsylvania
Rhode Island
Virginia
Vermont
Wisconsin
West Virginia

**DME Region Article Covers**

Jurisdiction A/B

**Original Article Effective Date**

07/01/2005

**Article Revision Effective Date**

06/01/2007

**Article Text**

**NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

OXYGEN CONTENTS:

Oxygen contents are included in the allowance for rented oxygen systems. Stationary oxygen contents (E0441, E0442) are separately payable only when the coverage criteria for home oxygen have been met and they are used with a patient owned stationary gaseous or liquid system respectively. Portable contents (E0443, E0444) are separately payable only when the coverage criteria for home oxygen have been met and:

a) The beneficiary owns a stationary system (concentrator, gaseous, or liquid) and rents or owns a portable system, or

b) The beneficiary has no stationary system (concentrator, gaseous, or liquid) and rents or owns a portable system.

If the criteria for separate payment of contents are met, they are separately payable regardless of the date that the stationary or portable system was purchased.

OXYGEN ACCESSORIES:

Accessories, including but not limited to, transtracheal 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 systems. The supplier must provide any accessory ordered by the physician. Accessories are separately payable only when they are used with a patient-owned system that was purchased prior to June 1, 1989. Accessories used with a patient-owned system that was purchased on or after June 1, 1989 will be denied as noncovered.

TRAVEL OXYGEN:

If a beneficiary travels out of their supplier’s usual service area, it is the beneficiary’s responsibility to arrange for oxygen during their travels. Medicare will only pay one supplier for oxygen during any one rental month.

Oxygen services furnished by an airline to a beneficiary are noncovered. Payment for oxygen furnished by an airline is the responsibility of the beneficiary and not the responsibility of the supplier.

MISCELLANEOUS:

Only rented oxygen systems (E0424, E0431, E0434, E0439, E1390RR, E1405 RR, E1406RR, E1392RR) are eligible for coverage. Purchased oxygen systems (E0425, E0430, E0435, E0440, E1390NU, E1390UE, E1391NU, E1391UE, E1405NU, E1405UE, E1406NU, E1406UE, E1392NU, E1392UE) will be denied as contractual obligation –Advance Beneficiary Notification (ABN) does not apply.

Oximeters (E0445) and replacement probes (A4606) will be denied as noncovered because they are monitoring devices that provide information to physicians to assist in managing the patient’s treatment.

Respiratory therapist services are noncovered under the DME benefit.

**CODING GUIDELINES**

When billing for oxygen contents for beneficiary owned systems, bill E0441

(gaseous) or E0442 (liquid) for stationary contents; bill E0443 (gaseous) or E0444 (liquid) for portable contents. If both stationary and portable contents are provided, bill two codes - one for the stationary contents and one for the portable contents.

The appropriate modifier must be used if the prescribed flow rate is less than 1 LPM (QE) or greater than 4 LPM (QF or QG). These modifiers may only be used with stationary gaseous (E0424) or liquid (E0439) systems or with an oxygen concentrator (E1390, E1391). They must not be used with codes for portable systems or oxygen contents.

Claims for oxygen contents and/or oxygen accessories should not be submitted in situations in which they are not separately payable (see above).

Code E1391 (Oxygen concentrator, dual delivery port) is used in situations in which two beneficiaries are both using the same concentrator. In this situation, this code should only be billed for one of the beneficiaries.

Codes E1405 and E1406 (oxygen and water vapor enriching systems) may only be used for products for which a written coding verification has been received from the SADMERC.

Code E1392 describes an oxygen concentrator which is designed to be portable, is capable of delivering 85% or greater oxygen concentration, and is capable of operating on either AC or DC (e.g., auto accessory outlet) power. Code E1392 includes the device itself, an integrated battery or patient-replaceable batteries that are capable of providing at least 2 hours of remote portability at a minimum of 2 LPM equivalency, a battery charger, an AC power adapter, a DC power adapter, and a carry bag and/or cart. The combined weight of the concentrator and the battery/batteries capable of 2 hours of portability must be 20 pounds or less. If a concentrator meets all of these criteria and is also capable of functioning as a stationary concentrator, operating 24 hours per day, 7 days per week, the stationary concentrator code (E1390) is billed in addition to code E1392.

Code K0738 describes a feature of an oxygen concentrator that allows the beneficiary to fill portable gaseous oxygen cylinders from a stationary concentrator. This feature may be integrated into the stationary concentrator or be a separate component. When code K0738 is billed, code E0431 (portable gaseous oxygen system, rental) must not be used.

Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.

**Coverage Topic**

Durable Medical Equipment
Oxygen Therapy

## Other Information

### Revision History Explanation

Revision Effective Date: 06/01/2007
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:
Revised statements concerning separate payment for portable contents.
In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:
Added statement about noncoverage of respiratory therapist services.
CODING GUIDELINES:
Revised billing instructions for oxygen contents
Revised definition of a portable oxygen concentrator.
Added guidelines for code K0738.

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:
Updated section with HCPCS code changes.
CODING GUIDELINES:
Updated section with HCPCS code changes.

Effective Date: 07/01/2005
LMRP converted to LCD and Policy Article
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:
Added A4619 and E0455 to the list of oxygen accessories.
Revised denial reason for purchased oxygen systems.
CODING GUIDELINES:
Added definition of portable oxygen concentrator system.

### Related Documents

**LCD(s)**
L11468 - Oxygen and Oxygen Equipment