

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.130.MH
Last Review Date: 08/26/2021
Effective Date: 10/01/2021

MP.130.MH – Home Oxygen Therapy

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Home Oxygen Therapy** medically necessary only if all of the following conditions are met:

1. The treating physician has determined that the member has a severe lung disease (such as chronic obstructive pulmonary disease (COPD)), significant hypoxemia, or hypoxia-related symptoms that might be expected to improve with home oxygen therapy; **AND**
2. The member's blood gas study or arterial oxygen saturation meets the following criteria:
 - A. Group I – coverage is provided for members with significant hypoxemia evidenced by any of the following:
 - An arterial PO₂ at or below 55 mm Hg, or an arterial oxygen saturation at or below 88%, taken at rest, breathing room air; OR
 - An arterial PO₂ at or below 55 mm Hg, or an arterial oxygen saturation at or below 88%, taken during sleep for a member who demonstrates an arterial PO₂ at or above 56 mm Hg, or an arterial oxygen saturation at or above 89%, while awake, or a decrease in arterial PO₂ more than 10 mm Hg, or decrease in arterial oxygen saturation more than 5%, associated with symptoms of hypoxemia (e.g. impairment of cognitive processes and nocturnal restlessness or insomnia). In these cases, coverage is provided only for use of oxygen during sleep. Therefore, portable oxygen would not be covered.
 - An arterial PO₂ at or below 55 mm Hg or an arterial oxygen saturation at or below 88% taken during exercise for a member who demonstrates an arterial PO₂ at or above 56 mm Hg, or an arterial oxygen saturation at or above 89%, during the day at rest.
 - B. Group II – coverage is provided for members whose arterial PO₂ is 56-59 mm Hg or whose arterial blood oxygen saturation is 89%, if there is evidence of:
 - Dependent edema suggesting congestive heart failure, or
 - Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P"

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- pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVFL), or
 - Erythrocythemia with a hematocrit greater than 56% associated with hypoxemia
- C. Group III – includes members with arterial PO₂ levels at or above 60 mm Hg or arterial blood oxygen saturations at or above 90%. Home oxygen equipment is not covered for these members.
3. The qualifying blood gas study or pulse oximetry testing was performed by a physician or by a qualified provider or supplier of laboratory services, AND
 4. The qualifying blood gas study or pulse oximetry testing was obtained under the following conditions:
 - If the qualifying blood gas study or pulse oximetry testing 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 or pulse oximetry testing is not performed during an inpatient hospital stay, the reported test must be performed while the member 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. The treating physician's prescription or other medical documentation must indicate that other forms of treatment (e.g. medical and physical therapy directed at secretions, bronchospasm and infection) have been tried, have not been sufficiently successful, and oxygen therapy is still required. While there is no substitution for oxygen therapy, each member must receive optimum therapy before long-term home oxygen therapy is ordered.
 6. Portable oxygen systems are considered medically necessary only if all of the following conditions are met:
 - If the qualifying blood gas study or pulse oximetry testing was performed during rest (awake) or during exercise; AND
 - If the member is mobile within their home

Certification Requirements

An Initial, Recertification, or Revised Certificate of Medical Necessity (CMN) must be obtained and kept on file for the following:

Initial CMN is required:

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1. With the first claim for home oxygen
2. During the first 36 months of the rental period, when there has been a change in the member's condition that has caused a break in medical necessity of at least 60 calendar days
3. When the equipment is being replaced because the reasonable useful lifetime (RUL) of prior equipment has been reached
4. When the equipment is replaced because of irreparable damage, theft, or loss of the originally dispensed equipment. Irreparable damage refers to a specific accident or to a natural disaster (e.g. fire, flood, etc). This does not refer to wear and tear over time.

Recertification CMN is required:

- 12 months after Initial Certification for Group I.
- 3 months after Initial Certification for Group II.

Testing and Visit Requirements for Recertification:

1. For members initially meeting Group I criteria, the most recent qualifying blood gas study or pulse oximetry testing prior to the 13th month of therapy must be reported on the Recertification CMN.
2. For members initially meeting Group II criteria, the most recent blood gas study or pulse oximetry testing that was performed between the 61st and 90th calendar day following Initial Certification must be reported on the Recertification CMN. If a qualifying test is not obtained between the 61st and 90th calendar day of home oxygen therapy, but the member continues to use oxygen and a test is obtained at a later date, if that test meets Group I or Group II criteria, coverage would resume beginning with the date of that test.
3. For members initially meeting Group I or Group II criteria, the member must be seen and re-evaluated by the treating physician within 90 calendar days prior to the date of any Recertification. If the physician visit is not obtained within the 90 calendar day window, but the member continues to use oxygen and the visit is completed at a later date, coverage would resume beginning with the date of that visit.
4. For members requiring replacement equipment, repeat testing is not required. The most recent qualifying test date and results may be used on the CMN. There is no requirement for a physician visit to be completed for replacement equipment.

Revised CMN is required:

1. When the prescribed maximum flow rate changes from one of the following categories to another: a) less than 1 liter per minute (LPM), b) 1-4 LPM, c) greater than 4 LPM. If the member's oxygen requirement changes to greater

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than 4 LPM, a repeat blood gas study or pulse oximetry testing must be performed on the member with oxygen at 4 LPM.

2. When the length of need expires – if the physician specified a time period less than lifetime on the most recent CMN.
3. When a portable oxygen system is added subsequent to Initial Certification of a stationary system.
4. When a stationary system is added subsequent to Initial Certification of a portable system.
5. When there is a new treating physician but the oxygen order is the same.
6. If there is a new supplier and that supplier does not have the prior CMN.

Limitations

1. Conditions for which Home Oxygen Therapy is NOT covered:
 - 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 use is sometimes prescribed to relieve this condition, it is potentially harmful and psychologically addicting;
 - Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities. There is no evidence that increased PO₂ improves the oxygenation of tissues with impaired circulation; or
 - Terminal illnesses that do not affect the respiratory system.
2. Portable oxygen will not be covered for members whose blood gas study or oximetry testing was completed during sleep or for members who are not ambulatory within the home.

MAINTENANCE OF EQUIPMENT

- There is no separate payment for maintenance and servicing (M&S) during the initial 36 month rental period.
- After the 36 month rental period, payment will be made for a maintenance and servicing visit no more often than every six months, beginning no sooner than six months following the end of the rental period.
- If the member elects not to replace a concentrator or trans-filling equipment and if the supplier retains title to the equipment, coverage for M&S is the same as in months 37-60.
- A supplier must actually make a visit to bill the service. If multiple M&S visits are made during a six month period, only one will be paid.

OXYGEN ACCESSORIES

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Accessories, including but not limited to: transtracheal catheters, cannulas, tubing, mouthpieces, face tent, masks, oxygen conserving devices, oxygen tent, humidifiers, nebulizer for humidification, regulators, stand/rack, are included in the allowance for rented oxygen equipment. The supplier must provide any accessory ordered by the physician. Accessories used with member-owned oxygen equipment are not paid for separately.

Background

The Centers for Medicare and Medicaid Services (CMS) define Oxygen as an odorless, colorless gas at room temperature. It can be delivered in a chamber, by compressed air, via oxygen concentrator, or other method.

Long-term oxygen therapy (LTOT), the extended use of oxygen, increases survival and improves the quality of life in hypoxemic patients with COPD. Oxygen is prescribed for at least 18 hours per day.

The 16th edition of Harrison's "Principles of Internal Medicine" defines a cluster headache (CH) as an episodic or chronic unilateral headache syndrome that begins with one to three short-lived headaches per day over many weeks followed by a period of remission.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter
E0431	Portable gaseous oxygen system, purchase; 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 system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)

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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
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
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 containers, regulator, flowmeter, humidifier, cannula or mask, and tubing

Variations

Medicare Advantage: Cluster Headaches (CH)

Home oxygen equipment for the treatment of cluster headaches is covered only for members with Medicare Advantage products when all of the following criteria are met:

- Only a stationary gaseous oxygen system (E0424) and related contents (E0441) are covered for the treatment of cluster headaches; AND
- Members must be enrolled in a clinical trial approved by Centers for Medicare and Medicaid Services (CMS) which are in compliance with the requirements described in the CMS National Coverage Determination Manual

Payment information for Oxygen and Related Equipment (see *Local Coverage Article A52514* for additional details)

Initial 36 months:

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Payment for oxygen equipment is limited to 36 monthly payments. Payment for accessories (i.e. cannula, tubing, etc.), delivery, back-up equipment, maintenance, and repairs is included in the rental allowance. Payment for oxygen contents (stationary and/or portable) is included in the allowance for stationary equipment.

A new 36 month rental period can begin only for:

- Specific incident of damage beyond repair (e.g. fire, flood, etc.), or
- Break-in need of oxygen equipment for at least 60 days plus the days remaining in the month of discontinuation and new medical necessity is established.

A new 36 month rental period does not start in the following situations:

- Replacing equipment due to malfunction, wear and tear, routine maintenance, repair, or
- Providing different equipment based on a physician order or a member request, or
- Break-in need less than 60 calendar days plus the days remaining in the month of discontinuation;
- Changing suppliers.

Months 37-60:

There is no further payment for oxygen equipment during the 5 year reasonable useful lifetime (RUL) of the equipment after 36 rental payments have been made. If use of portable equipment begins after the use of stationary equipment begins, payment for the portable equipment can continue after payment of the stationary equipment ends until 36 rental payments have been made for the portable equipment.

The supplier who provided the equipment during the 36th rental month is required to continue to provide the equipment, accessories, contents (if applicable), maintenance, and repair of the oxygen equipment during the 5 year RUL of the equipment.

A new 36 month rental period can begin only in the following situation:

- Specific incident of damage beyond repair (e.g. dropped and broken, fire, flood, etc.), or the item is stolen or lost

A new 36 month rental period does not start for:

- Replacing equipment due to malfunction, wear and tear, routine maintenance, repair,
- Providing different equipment based on a physician order or a member request,

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- Break-in-need
- Break-in-billing
- Changing suppliers.

Months 61 and after:

At any time after the end of the 5 year RUL, the member may elect to receive new equipment, thus beginning a new 36 month rental period.

If the member elects not to receive new equipment after the end of the 5 year RUL and if the supplier retains title of the equipment, all elements of the payment for months 37-60 remain in effect. There is no separate payment for accessories or repairs. If the member was using gaseous or liquid oxygen equipment during the 36th rental month, payment will continue for oxygen contents.

If the member elects not to receive new equipment after the end of the 5 year RUL and if the supplier transfers title of the equipment to the member, accessories, maintenance, and repairs are not covered. Contents are separately billable for member-owned gaseous or liquid systems.

OXYGEN CONTENTS

Payment for stationary and portable contents is included in the allowance for stationary equipment. No payment can be made for oxygen contents in a month in which payment is made for the stationary equipment.

If the member was using stationary gaseous or liquid equipment during the 36th rental month, payment for stationary contents (E0441 or E0442) begins when the rental period for the stationary equipment ends.

If the member was using portable gaseous or liquid equipment during the 36th rental month of stationary equipment (gaseous, liquid, or concentrator), payment for portable contents (E0443 and E0444) begins when the rental period for the stationary equipment ends. If the member began using portable gaseous or liquid equipment after starting on stationary equipment, payment for the portable equipment would continue until the end of the 36th month rental period for that equipment even though payment was also being made for the portable contents.

If the member is using only portable gaseous or liquid equipment and stationary equipment during months 1 through 36 of the portable equipment rental, payment for portable contents begins when the rental period for the portable equipment begins. If stationary equipment is subsequently added, separate payment for portable contents ends because payment for contents is included in the payment for stationary equipment.

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If the member was not using gaseous or liquid equipment (stationary or portable) in the 36th rental month, but was subsequently switched to gaseous or liquid oxygen based on a physician order, contents may be paid.

If the member has a stationary concentrator, portable liquid equipment, and a stationary liquid tank to fill the portable cylinders, when payment for contents begins, payment will be only made for portable liquid contents.

Suppliers must provide whatever quantity of oxygen contents are needed for a member's activities both inside and outside the home.

A maximum of three month of oxygen contents may be delivered at one time.

There is no difference for payment for oxygen contents for members receiving more than 4 LPM or less than 1 LPM.

References

1. American Thoracic Society. Supplemental Oxygen Therapy. Last Reviewed: January 2019. American Thoracic Society.
<https://www.thoracic.org/members/assemblies/interest-groups/oxygen.php>
2. Centers for Medicare and Medicaid Services (CMS), National Coverage Determination (NCD). No. 240.2. Home Use of Oxygen. Effective 10/27/1993
<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=169&ncdver=1&DocID=240.2&SearchType=Advanced&bc=IAAAAqAAAAAAAA%3d%3d&>
3. Centers for Medicare and Medicaid Services (CMS), Local Coverage Article: No. A52514. Oxygen and Oxygen Equipment -: Policy Article – Effective October 2015. Article Revision Effective Date: 08/02/2020.
<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52514>
4. Centers for Medicare and Medicaid Services (CMS), National Coverage Determination (NCD). No. 240.2.2.Home Oxygen Use to Treat Cluster Headache (CH). Effective 1/4/2011 <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=343&ncdver=1&bc=AgAAqAAAAAAAAA%3d%3d&>
5. Centers for Medicare and Medicaid Services (CMS). Medicare Learning Network (MLN) Matters. No. MM6509 – Revised. – Payment of Maintenance and Servicing of Certain Oxygen Equipment as a Result of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 – CR 6509 RESCEINDS AND FULLY REPLACES CR 6404. Effective Date: July 1, 2009. Revised: May 17, 2011.

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<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6509.pdf>

6. Centers for Medicare and Medicaid Services (CMS). Medicare Learning Network (MLN) Matters. No. MM7416 – July Quarterly Update for 2011 Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule. Effective Date: January 1, 2011 (for fee schedule amounts for codes effective on that date); otherwise – July 1, 2011 <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7416.pdf>
7. Centers for Medicare and Medicaid Services (CMS). Medicare Learning Network (MLN) Matters. No. MM8531 – Revised. Calendar Year (CY) 2019 Update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule. Effective Date: January 18, 2019. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019-Transmittals-Items/R4209CP.html?DLPage=1&DLEntries=10&DLFilter=DME&DLSort=1&DLSortDir=ascending>
8. Centers for Medicare and Medicaid Services (CMS) and Department of Health and Human Services (HHS). Medicare Learning Network. Home Oxygen Therapy. October 2017. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Electronic-Clinical-Templates/DMEPOS-Templates/DMEPOS-Home-Oxygen-Therapy>
9. Tjep BL, Carter R. Long-term supplemental oxygen therapy. UpToDate. Topic 1445 Version 13.0 Last updated: Sept. 16, 2014. http://www.uptodate.com/contents/long-term-supplemental-oxygen-therapy?topicKey=PULM%2F1445&elapsedTimeMs=0&source=search_result&searchTerm=home+oxygen+therapy&selectedTitle=1%7E26&view=print&displayedView=full

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