

Oxygen Concentrators

Published: 11/01/2019

Next Review: 07/2020

Last Review: 07/2019

Medicare Link(s) Revised: 11/01/2019

IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

“Oxygen is a colorless, odorless gas that comprises 21 percent of the atmospheric gases at sea level. Historically, long term supplemental oxygen has been administered in higher than atmospheric concentrations to patients with chronic hypoxemia, generally resulting from cardiac and/or pulmonary disease. The need for supplemental oxygen is assessed by direct or indirect measurement of the partial pressure of oxygen (conventionally expressed in millimeters of mercury, mmHg) and the oxygen saturation of hemoglobin in arterial blood (expressed as a percent). Chronic oxygen therapy is generally administered via nasal cannulae, face mask, or tracheostomy, from a stationary or portable oxygen tank or an oxygen concentrator.” (NCD 240.2.1)

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy only addresses oxygen concentrators (HCPCS codes E1390 and E1391). While other oxygen equipment may not be subject to routine review under this policy at this time, providers are expected to follow Medicare's medical necessity requirements when

supplying equipment to beneficiaries, regardless of whether or not an applicable published policy exists.

CMS Coverage Manuals*

None

National Coverage Determinations (NCDs)*

See References^[1-3]

These NCDs provide general coverage criteria, which are supplemented by the LCD L33797 below.

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*

Oxygen and Oxygen Equipment ([L33797](#))

See also the LCA for Oxygen and Oxygen Equipment - Policy Article ([A52514](#)) for coding guidance.

Important Notes:

1. These items are eligible for **rental only**. **Purchased** oxygen equipment is statutorily non-covered. (LCA [A52514](#) and *Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies [DMEPOS], §30.6 - Oxygen and Oxygen Equipment*)
2. If a member is on a multi-function home ventilation system (HCPCS E0467), no separate reimbursement is made for oxygen equipment, including HCPCS E1390.
3. For oxygen received while a beneficiary is traveling (e.g., vacation, temporary relocation, etc.), see the Noridian web page for [Travel Oxygen](#) for Medicare's requirements of DME suppliers.

**Scroll to the "Public Version(s)" section at the bottom of the LCD for links to prior versions if necessary.

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

*For additional assistance regarding required documentation for oxygen concentrators, see the Noridian LCA for *Standard Documentation Requirements for All Claims Submitted to DME MACs* ([A55426](#)) and the [Documentation Checklist Oxygen and Oxygen Equipment](#).

- Chart notes and medical records pertinent to the request, documenting the condition for which the equipment is requested, and all relevant test results (e.g., blood gas study, oxygen levels, etc.);
 - Testing must be performed in the “chronic stable state” and all coexisting diseases or conditions that can cause hypoxia must be treated sufficiently.
 - The beneficiary must have a severe lung disease, such as chronic obstructive pulmonary disease, diffuse interstitial lung disease, cystic fibrosis, bronchiectasis, widespread pulmonary neoplasm, or hypoxia-related symptoms or findings that might be expected to improve with oxygen therapy.
 - The beneficiary is not experiencing an exacerbation of their underlying lung disease described in the above bullet, or other acute condition(s) impacting the beneficiary’s oxygen saturation;
 - For beneficiaries with concurrent PAP therapy, the qualifying oxygen saturation test is performed following optimal treatment of the OSA.
 - Documentation that **none** of the following conditions are present (see the oxygen LCD for rationale):
 - Angina pectoris in the absence of hypoxemia.
 - Dyspnea without cor pulmonale or evidence of hypoxemia
 - Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities but in the absence of systemic hypoxemia.
 - Terminal illnesses that do not affect the respiratory system
- Documentation of alternative treatment measures that have been tried or considered, and their outcome.

CROSS REFERENCES

[Noninvasive Ventilators in the Home Setting](#), Durable Medical Equipment, Policy No. M-87

REFERENCES

1. NCD for Home Use of Oxygen ([240.2](#))
2. NCD for Home Use of Oxygen in Approved Clinical Trials ([240.2.1](#))
3. Medicare Transmittal Number (TN961) Change Request (CR4389), Dated May 26, 2006; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R961CP.pdf> [Last Cited 07/09/2019]

CODING

NOTE: Oxygen and oxygen equipment codes not listed on the pre-authorization website do not require prior approval and are not routinely reviewed. In addition, there may be additional oxygen codes not included in this medical policy. However, providers are always expected to follow Medicare’s medical necessity requirements when prescribing and dispensing DME items.

Codes	Number	Description
-------	--------	-------------

CPT	None	
HCPCS	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

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.