# Coverage Summary

## Oxygen for Home Use

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>Products:</th>
<th>Original Approval Date:</th>
</tr>
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<tr>
<td>O-003</td>
<td>UnitedHealthcare Medicare Advantage Plans</td>
<td>04/15/2009</td>
</tr>
<tr>
<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 02/18/2020</td>
</tr>
</tbody>
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### Related Medicare Advantage Policy Guidelines:
- Home Oxygen Use to Treat Cluster Headache (CH) (NCD 240.2.2)
- Home Use of Oxygen (NCD 240.2)
- Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1)
- Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence *(Medicare IOM Pub. No. 100-16, Ch. 4, §90.5)*.

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## I. COVERAGE

**Coverage Statement:** Home use of oxygen is covered when Medicare coverage criteria are met.

**DME Face to Face Requirement:** Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME (including home oxygen). For DME Face to Face Requirement information, refer to the Coverage Summary of Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and

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Guidelines/Notes:

1. **Coverage Criteria for Oxygen and Oxygen Equipment**
   Medicare coverage of home oxygen and oxygen equipment, under the durable medical equipment (DME) benefit, is considered reasonable and necessary only for patients with significant hypoxemia who meet the Medicare coverage criteria.


   For other oxygen related equipment and supplies, see the [Coverage Summary of Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid](https://www.cms.gov/Medicare/Coding/NCD-Coverage-Determination-Center/Coverage-Summary).

2. **Overnight Oximetry Studies**
   Overnight sleep oximetry may be performed in a facility or at home. For home overnight oximetry studies, the oximeter provided to the members 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.

   Home overnight oximetry is limited solely to stand-alone overnight pulse oximetry performed in the member’s home under the conditions specified in the referenced LCD. Overnight oximetry performed as part of home sleep testing or as part of any other home testing is not considered to be eligible under this provision to be used for qualification for reimbursement of home oxygen and oxygen equipment even if the testing was performed in compliance with the requirements specified in the referenced LCD.


   For oximetry studies related to sleep apnea, see the [Coverage Summary for Sleep Apnea: Diagnosis and Treatment](https://www.cms.gov/Medicare/Coding/NCD-Coverage-Determination-Center/Coverage-Summary).

3. **Portable Oxygen System**
   Portable oxygen system may be purchased for chronic use when patient is mobile within the home and the qualifying blood gas study was performed while rest (awake) or during exercise. If the only qualifying blood gas study was performed during sleep, portable oxygen will be denied as not reasonable and necessary. If patient meets the above requirement, the portable oxygen system is usually paid for separately in addition to the stationary system.

   Notes:
   - 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 of oxygen (at higher allowance) or the portable system (at the standard fee schedule allowance for portable system), but not both.
   - When a portable system is added to a stationary system or vice versa a need for blood gas study is not required.
   - 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.

See the DME MAC LCD for Oxygen and Oxygen Equipment (L33797). (Accessed January 27, 2020)

Portable (preset) oxygen system is not covered; considered precautionary equipment; essentially not therapeutic in nature. See the NCD for Durable Medical Equipment Reference List (280.1). (Accessed January 27, 2020)

4. **Emergency or Stand-by Oxygen**

   Emergency or stand-by oxygen tanks, concentrators and other oxygen systems for patients who are not regularly using oxygen are not covered and will be denied as not reasonable and necessary since they are precautionary and not therapeutic in nature. See the DME MAC LCD for Oxygen and Oxygen Equipment (L33797). Also see the NCD for Durable Medical Equipment Reference List (280.1). (Accessed January 27, 2020)

5. **Home Oxygen for Chronic Obstructive Pulmonary Disease (COPD)**

   The home use of oxygen is covered for those members with arterial oxygen partial pressure measurements from 56 to 65 mmHg or oxygen saturation at or above 89% who are enrolled subjects in clinical trials approved by CMS and sponsored by the National Heart, Lung, and Blood Institute [(NHLBI); CMS, 2006]. The additional Group II criteria do not apply to these patients.

   See the NCD for Home Use of Oxygen in Approved Clinical Trials (240.2.1). (Accessed January 27, 2020)

   The list of Medicare approved clinical trials is available at

   For payment rules for NCDs requiring CED, see the Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials.

6. **Home Oxygen Use to Treat Cluster Headaches (CH)**

   Effective for claims with dates of services on or after January 4, 2011, the home use of oxygen to treat CH is covered by Medicare only for beneficiaries with CH participating in an approved prospective clinical study comparing normobaric 100% oxygen (NBOT) with at least one clinically appropriate comparator for the treatment of CH.

   See the NCD for Home Oxygen Use to Treat Cluster Headache (CH) (240.2.2) for specific coverage information. (Accessed January 27, 2020)

   The list of Medicare approved clinical trials is available at

   For payment rules for NCDs requiring CED, see the Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials.

7. **Oxygen Services Furnished by an Airline**

   Oxygen services furnished by an airline to a member are non-covered. See the DME MAC LCA for Oxygen and Oxygen Equipment-Policy Article (A52514). (Accessed January 27, 2020)
II. DEFINITIONS

III. REFERENCES

See above

IV. REVISION HISTORY

02/18/2020  Guideline 2 (Overnight Oximetry Studies)
- Added language to indicate:
  o Overnight sleep oximetry may be performed in a facility or at home
  o For home overnight oximetry studies, the oximeter provided to the members 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
  o Home overnight oximetry is limited solely to stand-alone overnight pulse oximetry performed in the member’s home under the conditions specified in the referenced Local Coverage Determination (LCD)
  o Overnight oximetry performed as part of home sleep testing or as part of any other home testing is not considered to be eligible under this provision to be used for qualification for reimbursement of home oxygen and oxygen equipment even if the testing was performed in compliance with the requirements specified in the referenced LCD
- Added reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled Sleep Apnea: Diagnosis and Treatment
- Removed detailed coverage guidelines [duplicative to the language outlined in the referenced DME MAC Local Coverage Determination (LCD) titled Oxygen and Oxygen Equipment (L33797)]

Guideline 3 (Conditions for which Oxygen Therapy is Not Covered)
- Removed detailed coverage guidelines [duplicative to the language outlined in the reference DME MAC LCD titled Oxygen and Oxygen Equipment (L33797)]