

Oxygen for Home Use

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[Instructions for Use](#)

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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 \(NCD 240.2.1\)](#)

Coverage Guidelines

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 titled [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#).

COVID-19 Public Health Emergency Waivers and Flexibilities: In response to the COVID-19 Public Health Emergency, CMS has updated some guidance for certain respiratory services. For details, refer to the following Coronavirus Waivers/Flexibilities: [Physicians and Other Practitioners \(PDF\)](#).

For a comprehensive list of coronavirus waivers and flexibilities, refer to <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>.

(Accessed February 9, 2021)

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 coverage criteria, refer to the [National Coverage Determination \(NCD\) for Home Use of Oxygen \(240.2\)](#).

(Accessed October 4, 2021)

Also refer to the DME MAC [Local Coverage Determination \(LCD\) for Oxygen and Oxygen Equipment \(L33797\)](#).

(Accessed October 4, 2021)

For other oxygen related equipment and supplies, refer to the Coverage Summary titled [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#).

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/LCA. 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/LCA.

Refer to the DME MAC [LCD for Oxygen and Oxygen Equipment \(L33797\)](#). (Accessed October 4, 2021)

For oximetry studies related to sleep apnea, refer to the Coverage Summary titled [Sleep Apnea: Diagnosis and Treatment](#).

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.

Refer to the DME MAC [LCD for Oxygen and Oxygen Equipment \(L33797\)](#). (Accessed October 4, 2021)

Portable (preset) oxygen system is not covered; considered precautionary equipment; essentially not therapeutic in nature.

Refer to the [NCD for Durable Medical Equipment Reference List \(280.1\)](#). (Accessed October 4, 2021)

Note: On September 27, 2021, CMS issued a final decision memo, modifying NCD 240.2, Home Use of Oxygen, in the Medicare NCD Manual, to expand patient access to oxygen and oxygen equipment in the home; allowing patients who are mobile in the home and would benefit from use of portable oxygen system in the home to qualify for coverage of a portable oxygen system either (1) by itself, or, (2) to use in addition to a stationary oxygen system. The final NCD and decision memo can be accessed at <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=301>. (Accessed October 4, 2021)

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.

Refer to the DME MAC [LCD for Oxygen and Oxygen Equipment \(L33797\)](#). (Accessed October 4, 2021)

Also refer to the [NCD for Durable Medical Equipment Reference List \(280.1\)](#). (Accessed October 4, 2021)

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.

Refer to the [NCD for Home Use of Oxygen in Approved Clinical Trials \(240.2.1\)](#). (Accessed October 4, 2021)

The list of Medicare approved clinical trials is available at <http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Home-Oxygen-for-COPD.html>. (Accessed October 4, 2021)

For payment rules for NCDs requiring CED, refer to the Coverage Summary titled [Experimental Procedures and Items, Investigational Devices and Clinical Trials](#).

Home Oxygen Use to Treat Cluster Headaches (CH)

For dates of service starting September 27, 2021:

On September 27, 2021, CMS issued a final decision memo, removing NCD 240.2.2 in the Medicare NCD Manual, ending coverage with evidence development (CED), and allowing the Medicare Administrative Contractors (MACs) to make coverage determinations regarding the use of home oxygen and oxygen equipment for CH. The final NCD and decision memo can be accessed at <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=301>. (Accessed October 4, 2021)

For dates of services January 4, 2021 – September 26, 2021:

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. Refer to the [NCD for Home Oxygen Use to Treat Cluster Headache \(CH\) \(240.2.2\)](#) for specific coverage information. (Accessed October 4, 2021)

The list of Medicare approved clinical trials is available at <http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Home-Oxygen-for-Cluster-Headache.html>. (Accessed October 4, 2021)

For payment rules for NCDs requiring CED, refer to the Coverage Summary titled [Experimental Procedures and Items, Investigational Devices and Clinical Trials](#).

Oxygen Services Furnished by an Airline

Oxygen services furnished by an airline to a member are non-covered. Refer to the DME MAC [LCA for Oxygen and Oxygen Equipment – Policy Article \(A52514\)](#). (Accessed October 4, 2021)

Policy History/Revision Information

Date	Summary of Changes
10/19/2021	<p>Coverage Guidelines</p> <p><i>Portable Oxygen System</i></p> <ul style="list-style-type: none">Added language to indicate:<ul style="list-style-type: none">Effective Sep. 27, 2021, the Centers for Medicare & Medicaid Services (CMS) issued a final decision memo modifying the National Coverage Determination (NCD) for <i>Home Use of Oxygen (240.2)</i> in the Medicare NCD Manual:<ul style="list-style-type: none">To expand patient access to oxygen and oxygen equipment in the homeAllowing patients who are mobile in the home and would benefit from use of portable oxygen system in the home to qualify for coverage of a portable oxygen system either by itself, or to use in addition to a stationary oxygen system

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ The final NCD for <i>Home Use of Oxygen (240.2)</i> and CMS decision memo can be accessed at https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=301 <p><i>Home Oxygen Use to Treat Cluster Headaches (CH)</i></p> <ul style="list-style-type: none"> ● Added language to clarify, effective for claims with dates of services on or after Jan. 4, 2011 <i>through Sep. 26, 2021</i>, 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 <p>Supporting Information</p> <ul style="list-style-type: none"> ● Archived previous policy version MCS069.01

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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 are 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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