## Coverage Summary

### Oxygen for Home Use

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<tr>
<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 02/19/2019</td>
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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)

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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.
Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid.

Guidelines/Notes:

1. **Coverage Criteria**

   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, see the NCD for Home Use of Oxygen (240.2). Also see the DME MAC LCD for Oxygen and Oxygen Equipment (L33797). (Accessed May 17, 2019)

   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.

2. **Overnight Oximetry Studies**

   Members 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 member’s home. Home oximetry testing for determining home oxygen use is covered when the following criteria are met:

   a. The patient’s treating physician has contracted the independent diagnostic testing facility (IDTF) to order the overnight pulse oximetry test before it is performed
   b. The test is performed under the direction and/or instruction of a Medicare-approved IDTF. Because it is patient who self-administers this test, the IDTF must provide clear written instructions on the proper operation of test equipment and must include access to the IDTF in order to address other concerns that might arise. The DME provider may not provide the instructions, answer questions or participate in the test in any way.
   c. Test must be sealed and tamper proof such that the test results cannot be accessed by anyone other than the IDTF who is responsible for transmitting a test report to the treating physician.

**Notes:**

- DME providers may use technology to download the test to the IDTF. In no case may a DME supplier access or manipulate test results in any form.
- 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 results obtained through a similar process while the patient is awake, either at rest or exercise, cannot be used to qualify a patient for home oxygen.

See the DME MAC LCD for Oxygen and Oxygen Equipment (L33797). (Accessed May 17, 2019)
3. **Conditions for which Oxygen Therapy is Not Covered:**

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

a. Angina pectoris in the absence of hypoxemia
b. Breathlessness or dyspnea without cor pulmonale or evidence of hypoxemia
c. Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities but in the absence of systemic hypoxia
d. Terminal illnesses that do not affect the respiratory system

*See the NCD for Home Use of Oxygen (240.2). Also see the DME MAC LCD for Oxygen and Oxygen Equipment (L33797). (Accessed May 17, 2019)*

4. **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 beneficiary 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 May 17, 2019)*

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 17, 2019)*

5. **Emergency or Standby 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 May 17, 2019)*

6. **Home Oxygen for 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 17, 2019)


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

7. **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 17, 2019)


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

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

   Oxygen services furnished by an airline to a member are non-covered. See the LCAs for Oxygen and Oxygen Equipment - Policy Article (A52514). (Accessed May 17, 2019)

### II. DEFINITIONS

### III. REFERENCES

See above

### IV. REVISION HISTORY

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<th>Description</th>
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<td>04/01/2019</td>
<td>Updated policy introduction; added language to clarify:</td>
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<tr>
<td></td>
<td>- There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)</td>
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<tr>
<td></td>
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<td>Annual review; no updates</td>
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07/17/2018  Re-review with the following updates:
Guideline 4 (Portable Oxygen System) – added the following:

*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).*

Guideline 5 (Emergency or Standby Oxygen) – added reference link to the NCD for Durable Medical Equipment Reference List (280.1).

Guideline 8 (Oxygen Services Furnished by an Airline) – added new guideline

02/20/2018  Annual review with the following recommended updates:

Guideline 1 (Indications and Limitations of Coverage)
- Moved the reference link to the NCD for Home Use of Oxygen (240.2) and the DME MAC LCD for Oxygen and Oxygen Equipment (L33797) to the specific applicable guidelines in the CS.
- Changed guideline title to “Coverage Criteria”
- Deleted the language “medical documentation, laboratory evidence and Health conditions specified below”; added cross reference to the DME grid for oxygen related supplies and update guideline to read:

*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, see the NCD for Home Use of Oxygen (240.2). Also see the DME MAC LCDs for Oxygen and Oxygen Equipment (L33797). (Accessed January 30, 2018)*

*For other oxygen related equipment and supplies, see the Coverage Summary of Durable Medical Equipment (DME), Prosthetics, Orthotics and Medical Supplies Grid.*

Guideline 2 (Medical Documentation, Laboratory Evidence and Covered Blood Gas Values) – deleted detailed guidelines; same guidelines are addressed in the NCD for Home Use of Oxygen (240.2) and DME MAC LCD for Oxygen and Oxygen Equipment (L33797) which have reference links under Guideline 1.

Guideline 3 (Overnight Oximetry Studies)
- Renumbered to Guideline 2
- Added reference link to the DME MAC LCD for Oxygen and Oxygen Equipment (L33797).

Guideline 4 (Flow Liters) – deleted detailed guidelines; same guideline is addressed in the NCD for Home Use of Oxygen (240.2) and DME MAC LCD for Oxygen and Oxygen Equipment (L33797) which have reference links under Guideline 1.

Guideline 5 (Home oxygen usage is not covered for the following)
- Renumbered to Guideline 3
- Changed guideline title to “Conditions for which Oxygen Therapy is Not Covered”
Added the following language from the reference NCD and LCD:

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

Added reference links to the NCD for Home Use of Oxygen (240.2) and DME MAC LCD for Oxygen and Oxygen Equipment (L33797).

Guideline 6 (Portable Oxygen System)
- Renumbered to Guideline 4
- Add the following language from the reference LCD:

*If the only qualifying blood gas study was performed during sleep, portable oxygen will be denied as not reasonable and necessary.*

- Add reference link to the DME MAC LCD for Oxygen and Oxygen Equipment (L33797).

Guideline 7 (Emergency or Standby Oxygen)
- Renumbered to Guideline 5
- Add reference link to the DME MAC LCD for Oxygen and Oxygen Equipment (L33797).

Guideline 8 (Home Oxygen for COPD) - renumbered to Guideline 6

Guideline 9 (Home Oxygen Use to Treat Cluster Headaches (CH)) - renumbered to Guideline 7

02/14/2017 Annual review with the following updates:

Guideline 1 - Moved the following language: “The following guidelines (Guidelines 1-7) are based on the NCD for Home Use of Oxygen (240.2) and the DME MAC LCDs for Oxygen and Oxygen Equipment (L33797). Compliance with these LCDs is required where applicable.” from the end of guideline 1 to before Guideline 1.

Guideline 5 (Home oxygen usage is not covered for the following) – Added “or dyspnea” to guideline 5.b. to reflect language from DME MAC LCD for Oxygen and Oxygen Equipment (L33797)

02/16/2016 Annual review with the following updates:

- Guideline 2.d (Covered Blood Gas Values; Group I Criteria) -Moved the following language from “Notes” section to item #4: “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 beneficiary was breathing room air.”

- Guideline 2.d (Covered Blood Gas Values; Group II Criteria)
  - Added the following language to item #2: “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 “
  - Removed the following under “Notes” section: “of the physician specified
Guideline 5 (Home Oxygen) - Deleted the following language: “Patients with arterial PO2 levels at or above 60mm Hg or arterial blood oxygen saturations at or above 90 %, except if there is substantial documentation by the physician of need.”

Guideline 6 (Portable Oxygen System) - Added the following language under “Notes” section: “If a portable oxygen system is covered, the supplier must provide whatever quantity of oxygen the beneficiary uses; Medicare’s reimbursement is the same, regardless of the quantity of oxygen dispensed.”

04/21/2015  Guideline #8 (Home Oxygen for COPD)
- Changed title from “Medicare Clinical Trial Coverage” to “Home Oxygen for COPD”
- Added reference link to the list of Medicare approved clinical trials.
- Updated payment info; added reference link to the Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials for payment rules for NCDs requiring CED.

Guideline #9 (Home Oxygen Use to Treat Cluster Headaches)
- Added reference link to the list of Medicare approved clinical trials.
- Updated payment info; added reference link to the Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials for payment rules for NCDs requiring CED.

03/24/2015  Annual review with following updates:
- Guideline #3 (Overnight Oximetry Studies)
  - Updated title from” Home Sleep Overnight Oximetry Studies/Testing” to “Overnight Oximetry Studies”
  - Removed reference to “Test results obtained under these circumstances will be accepted for the purpose of qualifying for home oxygen therapy. See the DME MAC Local Articles for Overnight Oximetry Testing – Policy Clarification (A36044; A47120; A35433)”. These articles are retired.
- Definitions:
  - Oxygen Concentrator- deleted not in body of CS.
  - Oximetry Device – deleted not in body of CS.

10/21/2014  Removed detailed DME Face-to-Face Requirement information and replaced with a reference link to the DME, Prosthetics, Corrective Appliances/Orthotic and Medical Supplies Grid.

02/18/2014  Annual review; no updates

08/20/2013  Added a note pertaining to the DME Face-to-Face Requirement in accordance with Section 6407 of the Affordable Care Act as defined in the 42 CFR 410.38(g)

02/19/2013  Annual review; no updates

02/27/2012  Annual review; updated to include additional benefit coverage clarification to the following:
- Guidelines #2.d Covered Blood Gas Values;
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<td>12/21/2010</td>
<td>Corrected/updated the link to the NCD for Home Use of Oxygen (240.2); could not open NCD link</td>
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