

DURABLE MEDICAL EQUIPMENT ORTHOTICS, PROSTHETICS & SUPPLIES MANUAL

COVERAGE AND LIMITATION CRITERIA/POLICIES

ORIGINAL EFFECTIVE DATE: MARCH 2007

REVISED: MARCH 2019

**OXYGEN, EQUIPMENT AND SUPPLIES**

**Indications and limitations of coverage appropriateness:**

Coverage allowed if the following conditions are present:

- Severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy, **and**
- The member’s blood gas study meets the criteria. Follow Medicare’s coverage and rental guidelines.

**Portable Oxygen:**

- Must meet the above criteria and must be mobile in the home and would benefit from portable oxygen in the home.
- Portable systems are non-covered for patients who qualify for oxygen solely based on blood gas studies obtained during sleep.

**Oxygen Contents:**

- Oxygen contents are included in the allowance for rented oxygen systems. Stationary oxygen contents (E0441, E0442) are separately payable only when the coverage criteria for home oxygen have been met and they are used with a patient owned stationary gaseous or liquid system respectively. Portable contents (E0443, E0444) are separately payable only when the coverage criteria for home oxygen have been met **and:**
  - The member owns a concentrator and rents or owns a portable system, **or**
  - Member rents or owns a portable system and has no stationary system (concentrator, gaseous, or liquid).

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## OXYGEN, EQUIPMENT AND SUPPLIES

### Accessories/Supplies:

- Accessories, including but not limited to, cannulas ([A4615](#)), tubing ([A4616](#)), mouthpieces ([A4617](#)), face tent ([A4619](#)), masks ([A4620](#), [A7525](#)), humidifiers ([E0555](#)), included in the allowance for rented systems.
- Rental oxygen systems E0424, E0431, E0434, E0439, E1390RR are eligible for coverage.
- The provider must provide policy covered accessory/accessories as ordered by the practitioner.
- Use appropriate RR or NU modifier.
- The units of service are to be indicated as one unit of service per month.
- Travel oxygen - it is the member's responsibility to arrange oxygen during their travels. Medicaid will only pay one DMEPOS provider for oxygen during any one rental-month.
- Oxygen contents are included in rental stationary systems.
- The portable contents are included in stationary system reimbursement for the stationary contents.

### Documentation Requirements:

- Physician prescription.
- Current physician exam within 60 days of service authorization start date.
- A CMN is required for the initial order and re-certification is required for month 13 and then yearly. The submitted CMN must have the oxygen saturation documented and the oxygen saturation measurement must be within the last 30 days of initial certification and re-certification.



**OXYGEN, EQUIPMENT AND SUPPLIES**  
Service Authorization Required  
CMN Required: [729](#)

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**OXYGEN, EQUIPMENT AND SUPPLIES**

**Date Revised**

**Revisions**

February 2019

Reformatted to new format.