Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan

Medical Policy

These documents are not used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

Enterprise:	Blue Cross Blue Shield of Michigan
Department	Medical Affairs
Effective Date:	January 1, 2015
Next Review Date	3rd Quarter 2023

Home Oxygen Equipment and Related Supplies

Background:

Oxygen and Oxygen accessories are considered to be Durable Medical Equipment (DME). DME includes items which are used to serve a medical purpose, can withstand repeated use, are generally not useful to a person in the absence of illness, injury, or disease, and are appropriate for use in the patient's home. Coverage for Oxygen Therapy is subject to the terms, conditions and limitations of the DME benefit within the member's specific benefit plan language.

Oxygen is administered by inhalation utilizing devices that provide controlled oxygen concentrations and flow rates to the patients. Oxygen therapy should maintain adequate tissue and cell oxygenation while trying to avoid oxygen toxicity. Monitoring of the patient's condition takes place to assure that the patient is receiving the proper mixtures of gases, mists, and aerosols.

BCBSM medical policies are developed to provide general information. This policy may be updated and is subject to change.

Medical Policy Statement:

Oxygen and Oxygen accessories have been established as clinically safe and effective. These may be considered a useful therapeutic option when indicated.

Home oxygen therapy is reasonable and necessary only if all of the following conditions are met:

1. The treating physician has determined that the patient has a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy, and
2. The patient's blood gas study meets the criteria stated below, and
3. The qualifying blood gas study was performed by a physician or by a qualified provider or supplier of laboratory services, and
4. The qualifying blood gas study was obtained under the following conditions:
    - If the qualifying blood gas study is performed during an inpatient hospital stay, the reported test must be the one obtained closest to, but no earlier than 2 days prior to the hospital discharge date, or
    - If the qualifying blood gas study is not performed during an inpatient hospital stay, the reported test must be performed while the patient is in a chronic stable state – i.e., not during a period of acute illness or an exacerbation of their underlying disease, and
5. Alternative treatment measures have been tried or considered and deemed clinically ineffective.

In this policy, the term blood gas study refers to either an oximetry test or an arterial blood gas test.

NOTE: Arterial blood gases or oximetry is not required for cluster headaches.

Group I criteria include any of the following

1. An arterial PO_2 at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent taken at rest (awake), or
2. An arterial PO_2 at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent, for at least 5 minutes taken during sleep for a patient who demonstrates an arterial PO_2 at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent while awake, or
3. *A decrease in arterial PO_2 more than 10 mm Hg, or a decrease in arterial oxygen saturation more than 5 percent, from baseline saturation, for at least 5 minutes taken during sleep associated with symptoms (e.g., impairment of cognitive processes and [nocturnal restlessness or insomnia]) or signs (e.g., cor pulmonale,* "P" pulmonale on EKG, documented pulmonary hypertension and erythrocytosis) reasonably attributable to hypoxemia, or
4. An arterial PO_2 at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent, taken during exercise for a patient who demonstrates an arterial PO_2 at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent during the day while at rest. 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 patient was breathing room air.

*** See Appendix**

Initial coverage for patients meeting Group I criteria is limited to 12 months or the physician-specified duration of need, whichever is shorter. (See Appendix for diagnoses)

Group II criteria include the presence of (a) an arterial PO_2 of 56–59 mm Hg or an arterial blood oxygen saturation of 89 percent at rest (awake), during sleep for at least 5 minutes, or during exercise (as described under Group I criteria) and (b) any of the following:

1. Dependent edema suggesting congestive heart failure, or
2. Pulmonary hypertension or cor pulmonale, 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), or
3. Erythrocythemia with a hematocrit greater than 56 percent.

Initial coverage for patients meeting Group II criteria is limited to 3 months or the physician specified duration of need, whichever is shorter.

Group III includes patients with arterial PO_2 levels at or above 60 mm Hg or arterial blood oxygen saturations at or above 90 percent.

Generally considered to be non-covered; cases may be reviewed for medical necessity.

If all of the coverage conditions specified above 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.

1. Angina pectoris in the absence of hypoxemia. This condition is generally not the result of a low oxygen level in the blood and there are other preferred treatments.
2. Dyspnea without cor pulmonale or evidence of hypoxemia.
3. Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities but the absence of systemic hypoxemia. There is no evidence that increased PO 2 will improve the oxygenation of tissues with impaired circulation.
4. Terminal Illnesses that do not affect the respiratory system.

LONG TERM Oxygen Therapy Clinical (LTOT) Trials

Oxygen and Oxygen equipment is covered for patients who are enrolled subjects in clinical trials approved by CMS and sponsored by the National Heart, lung, and Blood Institute (NHLBI) and who have an arterial PO^2 from 56 to 65 mm Hg or an oxygen saturation at or above 89 percent. The additional Group 2 coverage criteria do not apply to these patients.

Refer to the APPENDICES section of this policy for additional information about approved clinical trials.

CLUSTER HEADACHES (CH):

BCBSM approves home use of oxygen for members who meet the diagnostic criteria used by the International Headache Society to form a definitive diagnosis of Cluster Headache. Participation in a clinical trial is not required.

NOTE: Arterial blood gases or oximetry are not required for cluster headaches.

The home use of oxygen to treat CH is covered only when furnished to patients who have had at least five severe to very severe unilateral headache attacks lasting 15-180 minutes when untreated. (Intensity of pain: Degree of pain usually expressed in terms of its functional consequence and scored on a verbal 5-point scale: 0=no pain; 1=mild pain, does not interfere with usual activities; 2=moderate pain, inhibits but does not wholly prevent usual activities; 3=severe pain, prevents all activities; 4=very severe pain. It may also be expressed on a visual analogue scale.)

The headaches must be accompanied by at least one of the following findings:

1. Ipsilateral conjunctival injection and/or lacrimation; or
2. Ipsilateral nasal congestion and/or rhinorrhea; or
3. Ipsilateral eyelid edema; or
4. Ipsilateral forehead and facial sweating; or
5. Ipsilateral miosis and/or ptosis; or
6. A sense of restlessness or agitation

Attacks have a frequency from one every other day to eight per day

Not attributed to another disorder

Episodic cluster headache

- All fulfilling criteria from above
- At least two cluster periods lasting from 7 to 365 days and separated by pain free remissions of > 1 month.

Chronic cluster headache

- All fulfilling criteria from above
- Attacks recur for > 1 year without remission periods or with remission periods lasting < 1 month.

***See Appendix**

TESTING SPECIFICATIONS:

General

For purposes of this policy:

- "Blood gas study" shall refer to both arterial blood gas (ABG) studies and pulse oximetry
- "Oximetry" shall refer to routine or "spot" pulse oximetry
- "Overnight oximetry" shall refer to stand-alone pulse oximetry continuously recorded overnight. It does not include oximetry results done as part of other overnight testing such as polysomnography or home sleep testing.

The qualifying blood gas study may be performed while the patient is on oxygen as long as the reported blood gas values meet the Group I or Group II criteria.

When both arterial blood gas (ABG) and oximetry tests have been performed on the same day under the same conditions (i.e., at rest/awake, during exercise, or during sleep), the ABG result will be used to determine if the coverage criteria were met. If an ABG test done at rest and awake is non-qualifying, but either an exercise or sleep oximetry test on the same day is qualifying, the exercise or oximetry test result will determine coverage.

All oxygen qualification testing must be performed in-person by a physician or other medical professional qualified to conduct oximetry testing. With the exception of overnight oximetry (see below), unsupervised or remotely supervised home testing does not qualify as a valid test for purposes of BCBSM's reimbursement of home oxygen and oxygen equipment.

Exercise testing

When oxygen is covered based on an oximetry study obtained during exercise, there must be documentation of three (3) oximetry studies in the patient's medical record. (1) Testing at rest without oxygen, (2) testing during exercise without oxygen, and (3) testing during exercise with oxygen applied (to demonstrate the improvement of the hypoxemia) are required.

All 3 tests must be performed within the same testing session. Exercise testing must be performed in-person by a physician or other medical professional qualified to conduct exercise oximetry testing.

Unsupervised or remotely supervised home exercise testing does not qualify as a valid test for purposes of BCBSM reimbursement of home oxygen and oxygen equipment. Only the testing during exercise without oxygen is used for qualification and reported on the Certificate of Medical Necessity (CMN). The other two results do not have to be routinely submitted but must be available on request.

Oximetry obtained after exercise while resting, sometimes referred to as "recovery" testing, is not part of the three required test elements and is not valid for determining eligibility for oxygen coverage.

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 patient 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.

For all the overnight oximetry criteria described above, the 5 minutes does not have to be continuous. Baseline saturation is defined as the mean saturation level during the duration of the test. For purposes of meeting criterion 3 described in Group I above there must be a minimum of 2 hours test time recorded for sleep oximetry. The result must reach a qualifying test value otherwise the Group III presumption of noncoverage applies.

Home overnight oximetry is limited solely to stand-alone overnight pulse oximetry performed in the patient's home under the conditions specified below. 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 of this section.

Patients 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 patient's home under the following circumstances:

1. The patient's treating physician has contacted the IDTF to order an overnight pulse oximetry test before the test is performed.

2. The test is performed under the direction and/or instruction of a Medicare-approved IDTF. Because it is the patient who self-administers this test, the IDTF must provide clear written instructions to the patient on proper operation of the test equipment and must include access to the IDTF in order to address other concerns that may arise. The DME supplier may not create this written instruction, provide verbal instructions, answer questions from the patient, apply or demonstrate the application of the testing equipment to the patient, or otherwise participate in the conduct of the test.

3. The test unit is sealed and tamper-proof such that test results cannot be accessed by anyone other than the IDTF which is responsible for transmitting a test report to the treating physician. The DME supplier may use related technology to download test results from the testing unit and transmit those results to the IDTF. In no case may the DME supplier access or manipulate the test results in any form.

The 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 patient or if the patient has signed a release permitting the supplier to receive the report.

Oximetry test results obtained through a similar process as described for home overnight oximetry (see above while the patient is awake, either at rest or with exercise, may not be used for purposes of qualifying the patient for home oxygen therapy.

Overnight oximetry does not include oximetry obtained during polysomnography or other sleep testing for sleep apnea, regardless of the location the testing was performed.

CERTIFICATION:

An Initial, Recertification, or Revised CMN must be obtained and submitted in the situations described below. The initial date, recertification date, and revised date specified below refer to the dates reported in Section A of the CMN.

Initial CMN is required:

1. With the first claim for home oxygen.

2. During the first 36 months of the rental period, when there has been a change in the patient's condition that has caused a break in medical necessity of at least 60 days plus whatever days remain in the rental month during which the need for oxygen ended.

3. When the equipment is replaced because the reasonable useful lifetime of prior equipment has been reached.

4. When the equipment is replaced because of irreparable damage, theft, or loss of the originally dispensed equipment.

a. Irreparable damage refers to a specific accident or to a natural disaster [e.g., fire, flood]
b. Irreparable damage does not refer to wear and tear over time

Testing and Visit Requirements:

Initial CMN for situations 1 and 2

- The blood gas study must be the most recent study obtained within 30 days prior to the Initial Date.

- For situation 1, there is an exception to the 30-day test requirement for patients who were started on oxygen while enrolled in a BCBSM HMO and transition to fee-for-service. For those patients, the blood gas study does not have to be obtained 30 days prior to the Initial Date, but must be the most recent qualifying test obtained while in the HMO.

- The patient must be seen and evaluated by the treating physician within 30 days prior to the date of Initial Certification.

Initial CMN for scenarios 3 and 4 (replacement equipment)

- Repeat blood gas testing is not required. Enter the most recent qualifying value and test date. This test does not have to be within 30 days prior to the Initial Date. It could be the test result reported on the most recent prior CMN.

- There is no requirement for a physician visit that is specifically related to the completion of the CMN for replacement equipment.

Recertification CMN is required:

5. 12 months after Initial Certification, (i.e., with the thirteenth month's claim) for Group I

6. 3 months after Initial Certification, (i.e., with the fourth month's claim) for Group II

Testing and Visit Requirements:

Recertification following initial certification situations 1 and 2

• For patients initially meeting Group I criteria, the most recent qualifying blood gas study prior to the thirteenth month of therapy must be reported on the Recertification CMN.

• For patients initially meeting Group II criteria, the most recent blood gas study that was performed between the 61st and 90th day following Initial Certification must be reported on the Recertification CMN. If a qualifying test is not obtained between the 61st and 90th day of home oxygen therapy but the patient continues to use oxygen and a test is obtained at a later date, if that test meets Group I or II criteria, coverage would resume beginning with the date of that test.

• For patients initially meeting group I or II criteria, the patient must be seen and re-evaluated by the treating physician within 90 days prior to the date of any Recertification. If the physician visit is not obtained within the 90-day window but the patient continues to use oxygen and the visit is obtained at a later date, coverage would resume beginning with the date of that visit.

Recertification following initial situations 3 and 4 (replacement equipment)

• Repeat testing is not required. Enter the most recent qualifying value and test date. This test does not have to be within 30 days prior to the Initial Date. It could be the test result reported on the most recent prior CMN.

• There is no requirement for a physician visit that is specifically related to the completion of the CMN for replacement equipment.

Revised CMN is required:

7. When the prescribed maximum flow rate changes from one of the following categories to another:
    a. Less than 1 LPM,
    b. 1-4 LPM,

c. Greater than 4 LPM

If the change is from category (a) or (b) to category (c), a repeat blood gas study with the patient on 4 LPM must be performed.

8. When the duration of need expires – if the physician specified less than lifetime duration of need on the most recent CMN

9. When a portable oxygen system is added subsequent to initial certification of a stationary system

10. When a stationary system is added subsequent to initial certification of a portable system

11. When there is a new treating physician but the oxygen order is the same

12. If there is a new supplier and that supplier does not have the prior CMN submission of a revised CMN does not change the recertification schedule specified above.

If the indications for a Revised CMN are met at the same time that a recertification CMN is due, file the CMN as a recertification CMN.

Testing and Visit Requirements:

None of the revised Certification situations (7-12) require a physician visit.

Revised Certification situations 7 and 8

• The blood gas study must be the most recent study obtained within 30 days prior to the initial Date.

Revised Certification situation 9

• There is no requirement for a repeat blood gas study unless the initial qualifying study was performed during sleep, in which case a repeat blood gas study must be performed while the patient is at rest (awake) or during exercise within 30 days prior to the revised Date.

Revised Certifications situations 10-12

• No blood gas study is required
• For situations 11 and 12, the revised certification does NOT have to be submitted with the claim.

General:

Patients do not change group classification going from an initial certification to a recertification based upon changes in blood oxygen testing results. For example: A patient initially qualifies for group II with an 89% oximetry value. At the 3-month retest a result of 87% is obtained. Despite the group I retesting value, the patient remains in group II. There is no reclassification to group I. Further recertification is not required unless:

• A non-qualifying test result is obtained at the time of recertification but the patient later obtains a qualifying test result; or,

• The specified duration of need (DON) is reached.

Recertification is required to be completed on or prior to the end of the initial certification period. If timely recertification is not completed by the end of the initial certification period, reimbursement ends until the recertification is completed. At such time that the recertification requirements are met, payment will resume at the month in the rental cycle where the rental was stopped due to the expiration of the initial certification. A new, initial rental cycle does not begin when the recertification requirements are met.

A completed and signed Certificate of Medical Necessity (CMN) is required to receive payment for oxygen. Claims submitted without a valid CMN and not meeting criteria will be denied as not reasonable and necessary and may be recovered.

Portable Oxygen System

A portable oxygen system is covered if the patient is mobile within the home and the qualifying blood gas study was performed while at rest (awake) or during exercise. If the only qualifying blood gas study was performed during sleep, portable oxygen will be reviewed thru retrospective audit for denial.

LITER FLOW GREATER THAN 4 LPM:

If basic oxygen coverage criteria have been met, a higher allowance for a stationary system for a flow rate of greater than 4 liters per minute (LPM) will be paid only if a blood gas study performed while the patient is on 4 or more LPM meets Group I or II criteria. If a flow rate greater than 4 LPM is billed and the coverage criterion for the higher allowance is not met, payment will be limited to the standard fee schedule allowance and reimbursement for cases not meeting criteria may be recovered.

Note: Members with Cluster headache require oxygen at a flow rate of 12 liters.

MISCELLANEOUS:

Emergency or stand-by oxygen systems for patients who are not regularly using oxygen will be reviewed retrospectively for denial since they are precautionary and not therapeutic in nature.

Topical hyperbaric oxygen chambers (A4575) will be denied.
Topical oxygen delivery systems (E0446) will be denied.

REFILLS OF OXYGEN CONTENTS:

For Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) items and supplies provided on a recurring basis, billing must be based on prospective, not retrospective use.

Oxygen contents are reimbursed with a monthly allowance covering all contents necessary for the month. Supply allowances are not subject to the refill monitoring and documentation requirements.

All other supplies, e.g. tubing, masks or cannulas, etc., are included in the monthly rental payment. Supplies that are not separately payable are not subject to the refill monitoring and documentation requirements.

Oxygen Delivery Systems

The following delivery systems may be considered medically necessary:

Stationary: Oxygen concentrators, liquid reservoirs, or large cylinders (usually K or H size) that are designed for stationary use. This system is considered medically necessary for members who do not regularly go beyond the limits of a stationary oxygen delivery system with a 50-ft tubing or those who use oxygen only during sleep.

Portable: Systems that weigh 10 lbs or more and are designed to be transported but not easily carried by the patient, e.g., a steel cylinder attached to wheels ("stroller"). This system is considered medically necessary for members who occasionally go beyond the limits of a stationary oxygen delivery system with 50-ft tubing for less than 2 hours per day for most days of the week (minimum 2 hours/week).

Portable Oxygen Concentrators: A portable oxygen system is covered if the member is mobile within the home and the qualifying blood gas study was performed while at rest (awake) or during exercise. If the only qualifying blood gas study was performed during sleep, the portable oxygen will be reviewed retrospectively for a denial. If coverage criteria are met, a portable oxygen system is usually separately payable in addition to the stationary system.

If a portable oxygen system is covered, the supplier must provide whatever quantity of oxygen the patient uses.

Ambulatory: Systems that weigh less than 10 lbs when filled with oxygen, are designed to be carried by the member, and will last for 4 hours at a flow equivalent to 2L/min continuous flow; e.g. liquid refillable units and aluminum or fiber wrapped light-weight cylinders, with or without oxygen conserving devices. This system is considered medically necessary for members who regularly go beyond the limits of a stationary oxygen delivery system with a 50-ft tubing for 2 hours or more per day and for most days of the week (minimum 6 hours/week).

A second oxygen tank (spare tank) is considered not medically necessary, except in instances where the member is dependent on continuous oxygen. A single oxygen tank may be considered medically necessary for a person who is dependent on an oxygen concentrator.

Coding Guidelines

The appearance of a code in this section does not necessarily indicate coverage.

The appropriate modifier must be used if the prescribed flow rate is less than 1 LPM (QA or QE) or greater than 4 LPM (QG or QR).

For claims with dates of service on or after 04/01/2018 the modifier "QB or QF" should be used in conjunction with claims submitted for stationary oxygen (codes E0424, E0439, E1390, or E1391) and portable oxygen (codes E0431, E0433, E0434, E1392, or K0738) when the prescribed amount of oxygen is greater than 4 liters per minute (LPM).

Code E1391 (Oxygen concentrator, dual delivery port) is used in situations in which two patients are both using the same concentrator. In this situation, this code should only be billed for one of the patients.

Codes E1405 and E1406 describe oxygen and water vapor enriching systems with or without heated delivery respectively. These devices both extract oxygen from the surrounding air (similar to an oxygen concentrator) and add humidification. They require substantially higher oxygen flow rates in order to deliver the same concentration of oxygen as that achieved by standard oxygen delivery systems (for example, concentrators or liquid/gaseous systems). Since codes E1405 and E1406 require a higher flow rate but do not provide a benefit to the patient in terms of the inspired concentration of oxygen, modifiers QB, QF, QG, and QR, which are appended to claim lines to indicate oxygen flow rates greater than 4 liters/minute, must not be used with codes E1405 and E1406.

Code E1392 describes an oxygen concentrator which is designed to be portable, is capable of delivering 85% or greater oxygen concentration, and is capable of operating on either AC or DC (e.g., auto accessory outlet) power. Code E1392 includes the device itself, an integrated battery or patient-replaceable batteries that are capable of providing at least 2 hours of remote portability at a minimum of 2 LPM equivalency, a battery charger, an AC power adapter, a DC power adapter, and a carry bag and/or cart. The combined weight of the concentrator and the battery/batteries capable of 2 hours of portability must be 20 pounds or less. If a concentrator meets all of these criteria and is also capable of functioning as a stationary concentrator, operating 24 hours per day, 7 days per week, the stationary concentrator code (E1390) is billed in addition to code E1392.

Code K0738 describes a feature of an oxygen concentrator that allows the patient to fill portable gaseous oxygen cylinders from a stationary concentrator. This feature may be integrated into the stationary concentrator or be a separate component. When code K0738 is billed, code E0431 (portable gaseous oxygen system, rental) must not be used.

Code E0433 describes a feature of an oxygen concentrator that allows the patient to fill portable liquid oxygen cylinders from a stationary concentrator. This feature may be integrated into the stationary concentrator or be a separate component. When code E0433 is billed, code E0434 (portable liquid oxygen system, rental) must not be used.

When oxygen is supplied as part of a CMS approved clinical trial for cluster headaches, equipment must be coded E0424 (STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING).

Refill contents used with equipment to treat cluster headaches must be coded using E0441 (STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT).

E1352 (OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE) provides positive pressure inspiratory support for patients using oxygen. This product consists of multiple components - control unit, flow regulator, connecting hose and nasal interface (pillows). E1352 is an all-inclusive code for this product that includes all components.

Code E0467 (HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS) describes a ventilator that integrates the function of multiple types of equipment into a single device. Code E0467 combines the function of a ventilator with those of any combination or all of the following:

- Oxygen equipment
- Nebulizer and compressor
- Aspirator (suction device)
- Cough stimulator (multiple products)
- Positive airway pressure devices (PAP and RAD)
- Custom fabricated oral appliances

The following oxygen and oxygen equipment HCPCS codes for individual items are included in the functionality of code E0467:

- HCPCS codes E0424, E0431, E0433, E0434, E0439, E0441, E0442, E0443, E0444, E0447, E1390, E1391, E1392, E1405, E1406 and K0738

Claims for any of the HCPCS codes listed above that are submitted on the same claim or that overlap any date(s) of service for E0467 is considered to be unbundling.

In addition, any claim for repair (HCPCS code K0739 for labor and any HCPCS code for replacement items) of patient-owned equipment identified by HCPCS codes listed above is considered as unbundling if the date(s) of service for the repair overlaps any date(s) of service for code E0467.

Claims for code E0467 with a date(s) of service that overlaps date(s) of service for any of the following scenarios are considered as a claim for same or similar equipment when the patient:

Is currently in a rental month for any of the items listed above.

Owns any of the equipment listed above that has not reached the end of its reasonable useful lifetime.

Has oxygen equipment that reached the 36-month rental but has not reached the end of its reasonable useful lifetime.

Equipment:

Procedure Code	Description
E0424	**Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing**
E0425	**Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing**
E0430	**Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing**
E0431	**Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing**
E0433	**Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge**
E0434	**Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing**
E0435	**Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor**
E0439	**Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing**
E0440	**Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing**

E0441	**Stationary oxygen contents, gaseous, 1 month's supply = 1 unit**
E0442	**Stationary oxygen contents, liquid, 1 month's supply = 1 unit**
E0443	**Portable oxygen contents, gaseous, 1 month's supply = 1 unit**
E0444	**Portable oxygen contents, liquid, 1 month's supply = 1 unit**
E0445	**Oximeter device for measuring blood oxygen levels noninvasively**
E0446	**Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories**
E0447	**Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)**
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, each**
E1392	**Portable oxygen concentrator, rental**
E1405	**Oxygen and water vapor enriching system with heated delivery**
E1406	**Oxygen and water vapor enriching system without heated delivery**
K0738	**Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing**

Accessories

Procedure Code	Description
A4575	**Topical hyperbaric oxygen chamber, disposable**
A4606	**Oxygen probe for use with oximeter device, replacement**
A4608	**Transtracheal oxygen catheter, each**
A4615	**Cannula, nasal**
A4616	**Tubing (oxygen), per foot**
A4617	**Mouthpiece**
A4619	**Face tent**

A4620	**Variable concentration mask**
A7525	**Tracheostomy mask, each**
A9900	**Miscellaneous DME supply, accessory, and/or service component of another HCPCS code**
E0455	**Oxygen tent, excluding croup or pediatric tents**
E0555	**Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter**
E0580	**Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter**
E1352	**Oxygen accessory, flow regulator capable of positive inspiratory pressure**
E1353	**Regulator**
E1354	**Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each**
E1355	**Stand/rack**
E1356	**Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each**
E1357	**Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each**
E1358	**Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each**

HCPCS MODIFIERS:

EY – No physician or other licensed health care provider order for this item or service

GA - Waiver of liability (expected to be denied as not reasonable and necessary, ABN on file)

GY - Item or service statutorily excluded or does not meet the definition of any Medicare benefit

GZ - Item or service not reasonable and necessary (expected to be denied as not reasonable and necessary, no ABN on file)

KX - Requirements specified in the medical policy have been met

Q0 (Q-zero) - Investigational clinical service provided in a clinical research study that is in an approved clinical research study

QA - Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is less than 1 liter per minute (LPM)

QB - Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts exceeds 4 liters per minute (LPM) and portable oxygen is prescribed

QE - Prescribed amount of stationary oxygen while at rest is less than 1 liter per minute (LPM)

QF - Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (LPM) and portable oxygen is prescribed

QG - Prescribed amount of stationary oxygen while at rest is greater than 4 liters per minute (LPM)

QH - Oxygen conserving device is being used with an oxygen delivery system

QR - Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is greater than 4 liters per minute (LPM)

RA - Replacement of a DME item

Oxygen Accessories:

Our payment for rental includes all components needed to make rented DME functional; itemized components are not separately billable.

We pay only for supplies and accessories purchased separately for patient owned equipment.

APPENDIX

Diagnoses with Group 1 qualifying values and long term oxygen needs

(List is not all inclusive) include but not limited to:

- **Bronchiectasis**
- **Chronic obstructive pulmonary disease (COPD)**
- **Cystic Fibrosis**
- **Diffuse interstitial lung disease**
- **Pediatric broncho-pulmonary dysplasia (BPD)**
- **Widespread pulmonary neoplasm**

Diagnoses with Group II values and short term oxygen needs

(List is not all inclusive) include but not limited to:

- **Erythrocytosis (hematocrit greater than 55%)**
- **Pulmonary hypertension**

- **Recurring congestive heart failure due to chronic cor-pulmonale**

Diagnoses with Group I or Group II values and short term oxygen needs

(List is not all inclusive) may include but not limited to:

- **Asthma**
- **Bronchitis**
- **Croup**
- **Pneumonia**
- **Hemoglobinopathies**

Miscellaneous

- **Cluster Headache**
  (Long Term need for oxygen therapy)

Scope:

This policy applies to all underwritten contracts; and, self-funded or ASC contracts, pending customer approval.

BCBSM Policy History

Policy Effective Date	BCBSM Signature Date	Comments
1/1/2015	10/10/2014	BCBSM medical policy established
1/1/2015	05/12/2015	Policy updated, Cluster Headache (CH) information; revision approved.
01/01/2015	08/02/2016	Annual review: No revisions
01/01/2015	09/27/2017	Annual review: No revisions
01/01/2015	09/24/2019	Policy updated; added HCPCS procedure code E0447, Coding guidelines section has been updated, added minor verbiage to policy, added page numbers for clarity.

01/01/2015	07/09/2020	Annual review: minor revisions
01/01/2015		Annual review: No revisions
01/01/2015	07/07/2022	LCD Retired
01/01/2015	06/28/2023	Annual review: No revisions

References:

1. Centers for Medicare & Medicaid Services (CMS), Medicare Coverage Database, "LCD for Oxygen and Oxygen Equipment" (L27221). Available online at: http://apps.ngsmedicare.com/applications/content:aspx?DOCID=47&catID=3&RegID=51&ContentID=34. Last accessed August 2017. Retired
2. LCD – DME MAC Jurisdiction B (JB) – CGS Administrators, LLC(17013) IL, IN, KY, MI, MN, OH, WI >Active LCDs – Oxygen and Oxygen Equipment V23 (Rev. Eff. 01/01/2019)

Authorization:

June 28, 2023

_____**Date** _____

Lynne F. Carter, MD, MPH

Senior Medical Director

Blue Cross Blue Shield of Michigan