


<p style="text-align: center;">MEDICAL POLICY</p>	<p style="text-align: center;">Temporary Policy Emergency Provisions for: Home Oxygen Therapy and Equipment for Lung Disease or Hypoxia (Medicare Only)</p>
<p>Effective Date: 1/1/2022</p>	<p style="text-align: center;">Medical Policy #292</p>
	<p>Medical Policy Committee Approved Date: 3/2021;12/2021</p>
<p>Medical Officer Date</p>	

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

NEED AND DURATION OF EMERGENCY PROVISIONS

1. **Need for the temporary Provisions: COVID-19 public health emergency**
2. **Documents or source relied upon:** Centers for Medicare & Medicaid Services (CMS) released [“Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19”](#)
3. **Initial Effective Date: 3/1/2020**
4. **Re-review dates: 5/27/2020; 7/22/2020; 9/23/2020; 11/30/2020; 2/3/2021; 3/31/2021; 6/1/2021; 12/8/2021**
5. **Termination Date: 6/30/2022**
6. **Reassessment Date determined at Companies sole discretion: 6/29/2022, or sooner if regulations or clinical practice guidelines change.**

POLICY ADDENDUM

COVID-19 Public Health Emergency

On March 30th, 2020, the Centers for Medicare & Medicaid Services (CMS) released [“Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19”](#), which states:

National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) on Respiratory Related Devices, Oxygen and Oxygen Equipment, Home Infusion Pumps and Home Anticoagulation Therapy: Clinicians now have maximum flexibility in determining patient needs for respiratory related devices and equipment and the flexibility for more patients to manage their treatments at the home. The current NCDs and LCDs that restrict coverage of these devices and services to patients with certain clinical characteristics do not apply during the public health emergency. For example, Medicare will cover non-invasive ventilators, respiratory assist devices and continuous positive airway pressure devices based on the clinician’s assessment of the patient.

MEDICAL POLICY	<p>Temporary Policy Emergency Provisions for:</p> <p>Home Oxygen Therapy and Equipment for Lung Disease or Hypoxia (Medicare Only)</p>
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Therefore, beginning 3/30/2020, the Medicare Guidelines below do not apply during this public health emergency. During this time, the DME addressed in this medical policy will be covered based on the clinician’s assessment of the patient.

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Home Use of Oxygen</i>	National Coverage Determination (NCD) for Home Use of Oxygen (240.2) ¹
<i>Oxygen and Oxygen Equipment</i>	<ul style="list-style-type: none"> Local Coverage Determination (LCD): Oxygen and Oxygen Equipment (L33797)² Local Coverage Article: Oxygen and Oxygen Equipment- Policy Article (A52514)³

BILLING GUIDELINES

See Local Coverage Determination (LCD): Oxygen and Oxygen Equipment [\(L33797\)](#)² and Local Coverage Article: Oxygen and Oxygen Equipment- Policy Article [\(A52514\)](#)³ for billing guidelines.

CPT/HCPCS CODES

Medicare Only
Not Covered

MEDICAL POLICY	Temporary Policy Emergency Provisions for: Home Oxygen Therapy and Equipment for Lung Disease or Hypoxia (Medicare Only)
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A4575	Topical hyperbaric oxygen chamber, disposable
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
No Prior Authorization Required	
Group 1 Codes	
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 non-invasively
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

MEDICAL POLICY	Temporary Policy Emergency Provisions for: Home Oxygen Therapy and Equipment for Lung Disease or Hypoxia (Medicare Only)
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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
Group 2 Codes: Accessories	
A4606	Oxygen probe for use with oximeter device, replacement
A4608	Transtracheal oxygen catheter, each
A4615	Cannula, nasal
A4616	Tubing (oxygen), per foot
A4617	Mouth piece
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

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

MEDICAL POLICY	Temporary Policy Emergency Provisions for: Home Oxygen Therapy and Equipment for Lung Disease or Hypoxia (Medicare Only)
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The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Home Use of Oxygen (240.2). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=169>. Published 1993. Accessed 1/28/2021.
2. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Oxygen and Oxygen Equipment (L33797). Effective 8/2/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33797>. Published 2015. Accessed 1/28/2021.
3. Centers for Medicare & Medicaid Services. Local Coverage Article: Oxygen and Oxygen Equipment - Policy Article (A52514). Effective 8/2/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52514>. Accessed 1/28/2021.