Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

ACTIVE AND ARCHIVED

This document has been archived as of 12/4/2015 and is no longer scheduled for review for either one or more of the following reasons:

1. This document is either primarily administrative in nature AND/OR
2. It addresses operational issues only AND/OR
3. It is mandated by statute or regulation AND/OR
4. It is unlikely that further published literature would change the determination

ARCHIVED POLICIES REMAIN ACTIVE FOR THE PURPOSE OF MEDICAL NECESSITY DETERMINATION

SCOPE:

This policy addresses medically necessary oxygen and oxygen supplies.

POLICY:

For Advantage MD, see Medicare Coverage Database:

National Coverage Determination (NCD): for 240.2.1, National Coverage Determination (NCD) for Home Use of Oxygen in Approved Clinical Trials
National Coverage Determination (NCD): for 240.2.2, National Coverage Determination (NCD) for Home Oxygen Use to Treat Cluster Headache (CH)

I. When benefits are provided under the member’s contract, oxygen and oxygen supplies are considered medically necessary for appropriately selected patients who meet any of the following criteria:
A. In cases when oxygen is prescribed by a physician for health conditions that put patients at risk for inadequate maintenance of tissue and cell oxygenation.
B. In instances where oxygen therapy has demonstrated positive results in the treatment of conditions such as cluster headaches when other treatments have failed.

II. Unless specific benefits apply under the member’s contract, oxygen and oxygen supplies are considered not medically necessary for all other conditions.
B. For Priority Partners members, refer to COMAR regulations 10.09.67.17, 10.09.67.27
C. For Employee Health Plan members, refer to the Summary Plan Description for each employee group.
D. “PRN” oxygen is NOT covered as a benefit.
E. Portable oxygen concentrators and combination stationary/portable oxygen systems are considered medically necessary.
   Portable oxygen concentrators are an acceptable alternative to ambulatory oxygen systems and will be authorized in lieu of, not in addition to portable oxygen systems.

BACKGROUND:

Oxygen therapy is often used for a variety of conditions that cause reduced oxygen levels in the blood or organs. Oxygen therapy is commonly used in patients who suffer from lung or conditions of the heart to ensure these individuals have sufficient levels in order to maintain healthy tissue and organs. A typical oxygen therapy set-up includes a stationary home oxygen concentrator, portable oxygen tanks, tubes, and other accessories to ensure ease of transportation and patient comfort. The medical equipment is often replaced on a monthly basis. In general, portable oxygen concentrators are not considered medically necessary.

CODING INFORMATION:

*CPT Copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*

Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.
Employer Health Programs (EHP) **See Specific Summary Plan Description (SPD)**

Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria

US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria

Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria

<table>
<thead>
<tr>
<th>CPT® CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>99503</td>
<td>Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)</td>
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<table>
<thead>
<tr>
<th>HCPCS CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>E0424</td>
<td>Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing</td>
</tr>
<tr>
<td>E0425</td>
<td>Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing</td>
</tr>
<tr>
<td>E0430</td>
<td>Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing</td>
</tr>
<tr>
<td>E0431</td>
<td>Portable gaseous oxygen system, rental; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing</td>
</tr>
<tr>
<td>E0434</td>
<td>Portable liquid oxygen system rental; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, and tubing</td>
</tr>
<tr>
<td>E0435</td>
<td>Portable liquid oxygen system purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, and tubing</td>
</tr>
<tr>
<td>E0439</td>
<td>Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing</td>
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<tr>
<td>E0440</td>
<td>Stationary liquid oxygen system, purchase; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing</td>
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<tr>
<td>E0441</td>
<td>Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = one unit</td>
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<tr>
<td>E0442</td>
<td>Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = one unit</td>
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<tr>
<td>E0443</td>
<td>Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = one unit</td>
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<tr>
<td>E0444</td>
<td>Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = one unit</td>
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### Medical Policy: Oxygen and Oxygen Supplies

#### Department: Health Services

#### Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E1352</td>
<td>Oxygen accessory, flow regulator capable of positive inspiratory pressure</td>
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<tr>
<td>E1390</td>
<td>Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate</td>
</tr>
<tr>
<td>E1391</td>
<td>Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each</td>
</tr>
<tr>
<td>E1392</td>
<td>Portable oxygen concentrator, rental</td>
</tr>
<tr>
<td>E1405</td>
<td>Oxygen and water vapor enriching system with heated delivery</td>
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<tr>
<td>E1406</td>
<td>Oxygen and water vapor enriching system without heated delivery</td>
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<tr>
<td>K0738</td>
<td>Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing</td>
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<tr>
<td>S8120</td>
<td>Oxygen contents, gaseous, 1 unit equals 1 cubic foot</td>
</tr>
<tr>
<td>S8121</td>
<td>Oxygen contents, liquid, 1 unit equals 1 pound</td>
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### ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY

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<tr>
<th>ICD10 Codes</th>
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<tr>
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<td>Multiple Codes</td>
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<th>Revenue Codes</th>
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<tr>
<td>0271</td>
<td>Medical/Surgical Supplies and Devices-Nonsterile Supply; Hospital; outpatient</td>
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<tr>
<td>0550</td>
<td>Skilled Nursing-General; Hospital; outpatient</td>
</tr>
<tr>
<td>0601</td>
<td>Home Health (HH)-Oxygen-Stat Equip/Supply/Contents; Hospital; outpatient</td>
</tr>
</tbody>
</table>

#### Reference Statement:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

#### References:


