



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Home Oxygen Therapy		
MNG #: 098	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MA Medicare Preferred <input checked="" type="checkbox"/> MA Medicare Value <input checked="" type="checkbox"/> RI Medicare Preferred <input checked="" type="checkbox"/> RI Medicare Value <input checked="" type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input checked="" type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Approval Date: 2/3/2022;	Effective Date: 05/07/2022;
Last Revised Date:	Next Annual Review Date: 2/3/2023;	Retire Date:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations for home oxygen therapy requests, and InterQual Smart Sheets are used to review prior authorization requests for medical necessity.

LIMITATIONS/EXCLUSIONS:

If a CCA Member is already receiving home oxygen therapy, CCA recognizes that this is a potentially lifesaving therapy and will not deny continuation of these services for inadequate Medicare-required documentation without first making reasonable attempts at obtaining the necessary documentation from the requesting provider. For SCO and One Care, CCA will follow the fully integrated continuity requirements should a member or provider appeal a denial for ongoing services as outlined in 42 CFR 422.632.

CCA reserves the right to switch or change oxygen supplies or vendor without advanced notice should CCA become aware of an interruption in supply or potential mechanical, workmanship, or other safety concern with the equipment supplied in question.

CODES:

HOME OXYGEN THERAPY, PORTABLE SYSTEM

The following HCPCS codes require prior authorization:

Code	Descriptor
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing



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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
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit
E1392	Portable Oxygen Concentrator
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

HOME OXYGEN THERAPY, STATIONARY SYSTEM

Code	Descriptor
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
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



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E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit
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

ATTACHMENTS:

EXHIBIT A:	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION

APPROVALS:

Doug Hsu, MPH, MD

Vice President, Medical Policy & Utilization
Review

CCA Senior Clinical Lead [Print]

Title [Print]

2/3/2022

Signature

Date

CCA Senior Operational Lead [Print]

Title [Print]

Signature

Date

Lori Tishler, MD

Senior Vice President, Medical Services

CCA CMO or Designee [Print]

Title [Print]

2/3/2022



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Signature

Date