



CLINICAL MEDICAL POLICY	
Policy Name:	Home Oxygen Therapy (L33797)
Policy Number:	MP-040-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	05/01/2025; 03/01/2024; 09/01/2022; 08/20/2021; 08/10/2020; 01/20/2020; 01/15/2019; 02/15/2018
Effective Date:	06/01/2025; 04/01/2024; 10/01/2022; 09/20/2021; 09/07/2020; 01/20/2020; 01/15/2019; 02/15/2018
Next Annual Review:	03/2025
Revision Date:	03/19/2025; 07/19/2023; 07/20/2022; 07/21/2021; 07/15/2020; 11/20/2019; 11/14/2018
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating hospitals and providers
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Policy History

Date	Activity
06/01/2025	Provider Effective date
03/19/2025	QI/UM Committee review
03/19/2025	Annual Review: No changes to clinical criteria. Removed retired NCD 240.2.2. Updated 'Reference Sources' section.
04/01/2024	Provider Effective date
07/19/2023	QI/UM Committee review
07/19/2023	Annual Review: Removed CPT and ICD-10 guidance from policy per CMS guidance. Updated CMS hyperlinks and 'Reference Sources' section.
10/01/2022	Provider Effective date
07/20/2022	QI/UM Committee review
07/20/2022	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks. The following HCPCS codes have been removed (per CMS guidance): E0425, E0430, E0435, E0440, E0445, E0446, A4575, A4606, A4608, A4615, A4616, A4617, A4619, A4620, A7525, A9900, E0455, E0555, E0580, E1353, E1353, E1354, E1355, E1356, E1357, & E1358. HCPCS codes E0445 and A4606 are now listed as non-covered because they are monitoring devices that provide information to the treating practitioner to assist in managing the patient's treatment (per CMS guidance).
09/20/2021	Provider Effective Date
07/21/2021	QI/UM Committee Review

07/21/2021	Annual Review: Implemented new Medicare policy format. Updated References.
10/25/2017	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the DME benefits of the Company's Medicare Assured products for medically necessary oxygen therapy in the home. This policy addresses documentation and clinical requirements necessary for use of oxygen gas cylinders, liquid oxygen, and oxygen concentrators.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
3. Place of Service
The proper place of service for home oxygen therapy is in the home setting.

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD or the state-specific LCD/LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Links

- NCD: [Home Use of Oxygen \(240.2\)](#)

- LCD: [Oxygen and Oxygen Equipment \(L33797\)](#)

Article Links

- LCA: [Oxygen and Oxygen Equipment - Policy Article \(A52514\)](#)

Note: Accessories, including but not limited to, trans-tracheal catheters (A4608), cannulas (A4615), tubing (A4616), mouthpieces (A4617), face tent (A4619), masks (A4620, A7525), oxygen conserving devices (A9900), oxygen tent (E0455), humidifiers (E0555), nebulizer for humidification (E0580), regulators (E1353), and stand/rack (E1355) are included in the allowance for rented oxygen equipment. The supplier must provide any accessory ordered by the treating practitioner.

Only rented oxygen equipment is eligible for coverage under this policy. Purchased oxygen equipment is non-covered.

Oximeters (E0445) and replacement probes (A4606) will be denied as non-covered because they are monitoring devices that provide information to the treating practitioner to assist in managing the patient's treatment.

Respiratory therapist services are non-covered under the DME benefit.

Reference Sources

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) 240.2 Home Use of Oxygen. Effective date September 27, 2021. Implementation date January 3, 2023. Accessed on February 24, 2025.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination: Oxygen and Oxygen Equipment (L33797). Original effective date October 1, 2015. Revision Effective date April 1, 2023. Accessed on February 24, 2025.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Oxygen and Oxygen Equipment - Policy Article (A52514). Original effective date October 1, 2015. Revision Effective date April 1, 2023. Accessed on February 24, 2025

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.