

09-E0400-00

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Reviewed: 02/26/26

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Subject: Oxygen

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DESCRIPTION:

This guideline addresses the clinical indications for the use of home oxygen therapy that can be delivered by stationary, portable, concentrator, or transtracheal methods.

POSITION STATEMENT:

Home Oxygen Therapy:

Home oxygen can be used to treat members with both acute and chronic conditions who require medical gas for short term or long-term use.

Home oxygen therapy **meets the definition of medical necessity** when **ALL** of the following criteria are met:

1. Oxygen is prescribed by the treating qualified healthcare professional for:
 - Members with severe lung disease or hypoxia-related symptoms that may improve with oxygen therapy, **OR**
 - Other conditions including, but not limited to, cluster headaches, or other acute conditions for short- or long-term use in both acute and chronic diseases of respiratory and non-respiratory origin.
2. The qualified healthcare professional prescribed **ALL** of the following:
 - The flow rate
 - An estimate of the frequency (i.e. 24 hours per day, during sleep, during activity)
 - Duration of use, **AND**

- Duration of need.
3. The oxygen flow can be regulated and is not preset locked at a preset rate.

Home oxygen therapy **meets the definition of medical necessity** for members exhibiting hypoxemia defined as one of the following:

1. An arterial PO₂ at or below 55 mm Hg, or an arterial oxygen saturation at or below 88% taken at rest on room air
2. An arterial PO₂ at or below 55 mm Hg, or an arterial oxygen saturation at or below 88%, taken during sleep for a member who demonstrates an arterial PO₂ at or above 56 mm Hg, or an arterial oxygen saturation at or above 89%, while awake; or a greater than normal fall in oxygen level during sleep (a decrease in arterial PO₂ more than 10 mm Hg, or decrease in arterial oxygen saturation more than 5%) associated with symptoms or signs reasonably attributable to hypoxemia (e.g. impairment of cognitive processes and nocturnal restlessness or insomnia).

Note: For #1 or #2, coverage is for use of oxygen during sleep with one type of unit (excludes portable oxygen).

3. An arterial PO₂ at or below 55 mm Hg or an arterial oxygen saturation at or below 88%, taken during exercise [defined as either the functional performance of the member or a formal exercise test], for a member who demonstrates an arterial PO₂ at or above 56 mm Hg, or an arterial oxygen saturation at or above 89%, during the day while at rest. Note: Supplemental oxygen is provided for during exercise if the use of oxygen improves the hypoxemia that was demonstrated during exercise when the member was breathing room air.
4. Arterial PO₂ is 56-59 mm Hg or arterial blood oxygen saturation is 89% and there is one of the following:
 - Dependent edema suggesting congestive heart failure;
 - Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram (EKG), or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVFL; **OR**)
 - Erythrocythemia with a hematocrit greater than 56%.

In reviewing the arterial PO₂ levels and the arterial oxygen saturation percentages specified above, variations in oxygen measurements may result from such factors as the member's age, skin pigmentation, altitude level, or the member's decreased oxygen carrying capacity.

The following **do not meet the definition of medical necessity** for oxygen therapy:

- 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
- Breathlessness without cor pulmonale or evidence of hypoxemia. Although intermittent oxygen use is sometimes prescribed to relieve this condition, it is potentially harmful and psychologically addicting

- Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities. There is no evidence that increased PO2 improves the oxygenation of tissues with impaired circulation
- Terminal illnesses unless they affect the ability to breathe
- The use of home oxygen therapy as the sole treatment for sleep apnea, including obstructive sleep apnea (OSA).

NOTES:

Initial claims for oxygen therapy should include results of a qualifying arterial blood gas study that:

- has been ordered and evaluated by the qualified healthcare professional (the preferred sources of lab evidence are physician OR hospital records reflecting the member's medical condition) or
- was performed during an inpatient stay within 2 days of discharge.

An initial O2 saturation measurement obtained by pulse oximetry is acceptable when ordered and evaluated by the qualified healthcare professional and performed under the physician's supervision or when performed by a qualified healthcare professional of laboratory services.

Required qualifying arterial blood gas or oximetry studies must be performed at the time of need.

(Time of need is defined as during the member's illness when the presumption is that the provision of oxygen in the home setting will improve the member's condition. For an inpatient hospital member the time of need is within 2 days of discharge. A qualifying arterial blood gas study or oxygen saturation that originates in the outpatient setting must be performed at time of need by the treating practitioner.)

Annual Renewal: An O2 saturation measurement obtained by pulse oximetry for **annual renewal** of oxygen services is acceptable when performed by a qualified provider/supplier of laboratory services or DME provider of oxygen and oxygen equipment.

Portable oxygen therapy:

Portable oxygen systems **meet the definition of medical necessity** when the member:

- meets the criteria for stationary oxygen as stated above, and
- the qualifying blood gas study was performed while either at rest or during exercise while awake, and
- the member is mobile (i.e. ambulatory or wheelchair bound) within the home.

Portable oxygen systems in combination with stationary oxygen systems are indicated when the above criteria for home oxygen use and portability are met.

Members who are mobile in the home and would benefit from the use of a portable oxygen system in the home may qualify for coverage of a portable oxygen system either by itself or to use in addition to a stationary oxygen system.

If the only qualifying blood gas study was performed during sleep, portable oxygen **does not meet the definition of medical necessity** and is **non-covered**.

Lightweight oxygen tanks may be eligible for coverage for members considered to be frail and unable to manage standard oxygen tanks.

If the coverage criteria for home oxygen therapy are met, portable oxygen systems are reimbursed separately, in addition to stationary systems.

[Informational Note- Special Circumstances: Airline Travel - members traveling should contact the airline carrier for coordination of Portable Oxygen Concentrator (E1392)]

Oxygen Used in Conjunction with CPAP or Bi-level PAP:

Oxygen used in conjunction with CPAP or Bi-level PAP **meets the definition of medical necessity** when:

- The member qualifies for oxygen while on PAP demonstrating that they are still hypoxic after the airway obstruction has been resolved.
- The member has an underlying chronic obstructive pulmonary disease (COPD) or pulmonary disease concomitantly with obstructive sleep apnea and demonstrates hypoxia despite PAP therapy.
- Supporting documentation should include results of an overnight pulse oximetry and the qualified healthcare professional's progress notes. If the member has obstructive sleep apnea (OSA), the treatment should be toward relief of the obstruction with CPAP or Bi-level PAP.
- Oxygen saturation testing must be completed during sleep while on PAP therapy to demonstrate that the member meets the criteria for oxygen therapy despite resolution of the airway obstruction; defined by: AHI/RDI less than 5 based on PAP download or overnight PSG with titration.

Oxygen for Nighttime Use:

A qualified healthcare professional's order for oxygen to be used every night **meets the definition of medical necessity** when the above criteria for home oxygen therapy are met. Nighttime use should not be considered "PRN" oxygen.

Oxygen saturation test completed during sleep meets the above criteria for home oxygen therapy.

The following oxygen services and supplies are specifically **not eligible for coverage**:

- Preset regulators used with oxygen systems. Coverage criteria require that the oxygen flow can be regulated rather than preset.
- Regulators that permit a flow rate greater than 8 liters per minute. Such devices are not appropriate for home use.
- Extra tanks **OR** additional concentrators are considered convenience items and do not meet the definition of medical necessity.
- Prescriptions for oxygen "as needed" or "PRN". "PRN oxygen" or "oxygen as needed" does not fulfill the above coverage criteria of qualified healthcare professional prescribed flow rate, duration of use, and duration of need and does not provide a basis for determining if the amount of oxygen is reasonable and necessary for the member.

BILLING/CODING INFORMATION:

HCPCS Coding

Oxygen equipment, contents, and related supplies are provided by DME suppliers and should be reported using the following HCPCS codes, in addition to the appropriate modifier, -NU (New equipment) or -RR (rental):

A4606	Oxygen probe for use with oximeter device, replacement
A4615	Cannula, nasal
A4616	Tubing (oxygen), per foot
A4617	Mouthpiece
A4619	Face tent
A4620	Variable concentration mask
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 adapter
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and 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, one month's supply = 1 unit
E0442	Stationary oxygen contents, liquid, one month's supply = 1 unit
E0443	Portable oxygen contents, gaseous, one month's supply = 1 unit
E0444	Portable oxygen contents, liquid, one 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)
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 adaptor for portable concentrator, any type, replacement only, each
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
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
K0740	Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
S8120*	Oxygen contents, gaseous, 1 unit equals 1 cubic foot*
S8121*	Oxygen contents, liquid, 1 unit equals 1 pound*

Coding Notes:

* Oxygen contents billed for use with purchased oxygen equipment are reimbursed according to allowances for codes **E0441 OR E0442** rather than **S8120 OR S8121**.

** In 2009, Medicare benefits for oxygen and related supplies changed to allow the equipment to be owned by the member after a certain period of rental time. **E1354, E1356, E1357, and E1358** apply to oxygen equipment that is owned by the member and requires these replacement items.

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

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 member-replaceable batteries that are capable of providing at least two hours of remote portability at a minimum of 2 liters per minute 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 two 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 individual to fill portable gaseous oxygen cylinders from a stationary concentrator. This feature may be integrated into the stationary concentrator or may be a separate component. Code **E0431** (portable gaseous oxygen system, rental) and **K0738** should not be billed together (source: Medicare).

Code **E0433** describes a feature of an oxygen concentrator that allows the individual 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.

REIMBURSEMENT INFORMATION:

1. Reimbursement for oxygen equipment is based on rental of the equipment, not purchase. However, in cases of indefinite or extended use, periodic review of medical records is recommended to determine that hypoxemia persists, and the equipment continues to be medically necessary. Reassessment of the need for oxygen through pulse oximetry at rest and after exercise is required and must be performed yearly in order to re-qualify coverage of oxygen therapy. An O2 saturation measurement obtained by pulse oximetry for annual renewals is acceptable when performed by a qualified provider/supplier of laboratory services or DME provider of oxygen and oxygen equipment.
2. Reimbursement for accessories such as oxygen carts, racks, stands are included in the rental fee for the oxygen tank and are not eligible for coverage as a separate service.
3. Replacement transtracheal catheters (E1399) are limited to two (2) in a three (3) month period unless the medical record documents medical necessity.
4. Codes for the rental of oxygen equipment should be billed once per month.
5. Reimbursement for home oxygen and the associated equipment used for the treatment of cluster headaches is limited to one set-up for six (6) months.
6. Reimbursement for oxygen contents is included in the rental allowance for the oxygen system.
7. Reimbursement for portable oxygen contents is separately payable only when the coverage criteria for home oxygen have been met AND:
 - The member owns a concentrator and rents or owns a portable system OR
 - The member has no stationary system (i.e., concentrator, gaseous, or liquid) and rents or owns a portable system.
8. Reimbursement for setup or installation of respiratory support systems is included in the rental allowance for the oxygen equipment.
9. Reimbursement for oxygen-conserving devices (e.g., Oxylite) is considered included in the allowance for other covered oxygen equipment and supplies.
10. Reimbursement for maintenance, repairs, replacements, and adjustments of oxygen equipment is included in the rental allowance. A separate allowance is made for repair or equipment owned by the member. (K0740).

LOINC Codes:

The following information may be required documentation to support medical necessity: Oxygen must be prescribed by the treating physician - Documentation should include treating physician history and physical, and treatment notes including: established diagnosis; O2 saturation measurement, ABG study, and other pertinent information (i.e., hospital records, nursing home records, home health agency records, records from other healthcare professional and tests reports).

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician visit note or treatment notes	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Blood gas tests (i.e., ABG study)	18767-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Pulmonary studies (i.e., O2 saturation measurement)	27896-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician hospital discharge summary	11490-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Provider orders	46209-3	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician initial assessment	18736-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician consulting initial assessment	18763-3	18805-2	Include all data of the selected type that represents observations made six months or

			fewer before starting date of service for the claim.
Physician consulting progress note	28569-2	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Clinical notes and chart section	28650-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Current, Discharge, or administered medications	34483-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Nurse initial assessment	29753-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Nursing note	46208-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Evaluation and Management services	X0013-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Home Health Certifications	X0016-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Letter of Medical Necessity	X0027-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

The following National Coverage Determinations (NCDs) were reviewed on the last guideline reviewed date and are located at [cms.gov](https://www.cms.gov):

- Home Use of Oxygen (240.2)
- Home Use of Oxygen in Approved Clinical Trials (240.2.1)
- Oxygen Treatment of Inner Ear/Carbon Therapy (50.5).

The following were reviewed on the last guideline reviewed date and are located at cgsmedicare.com:

- Local Coverage Article: Oxygen and Oxygen Equipment- Policy Article (A52514)
- Local Coverage Determination (LCD): Oxygen and Oxygen Equipment (L33797).

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

DEFINITIONS:

None applicable.

RELATED GUIDELINES:

[Durable Medical Equipment \(DME\), 09-E0000-01](#)

[Home Pulse Oximetry, 09-E0000-49](#)

[Hyperbaric Oxygen Therapy \(Systemic & Topical\), 01-99180-01](#)

[Positive Airway Pressure Devices, 09-E0000-21](#)

OTHER:

None applicable.

REFERENCES:

1. Beck E, Sieber WJ, Trejo R. Management of cluster headache. Am Fam Physician. 2005 Feb 15;71(4):717-24.
2. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Home Use of Oxygen in Approved Clinical Trials (240.2.1); located at cms.gov.
3. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Home Use of Oxygen (240.2); located at cms.gov.
4. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Oxygen Treatment of Inner Ear/Carbon Therapy (50.5); located at cms.gov.
5. CGS Administrators, LLC; Local Coverage Article: Oxygen and Oxygen Equipment- Policy Article (A52514); located at cgsmedicare.com.
6. CGS Administrators, LLC; Local Coverage Determination (LCD): Oxygen and Oxygen Equipment (L33797); located at cgsmedicare.com.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 02/26/26.

GUIDELINE UPDATE INFORMATION:

08/15/99	Medical Coverage Guideline Reformatted.
02/22/01	Added Cluster Headaches as covered.
09/01/01	Added code S8105.
10/01/02	Added modifier NU (New equipment).
01/01/03	Annual HCPCS coding update.
03/15/03	Reviewed; Oxygen Matrix updated to remove deleted codes.
10/01/03	4 th Quarter HCPCS update (added S8120, S8121).
08/15/04	Scheduled review with revisions to guideline consisting of adding E1391 to reimbursement table, added statement regarding use of oxygen with CPAP/BiPAP; added statement regarding oxygen used every night; added reimbursement statement for oxygen contents; removed home pulse oximetry information (separate MCG developed); formatting changes.
01/01/05	Annual HCPCS coding update: revised descriptor for E0450; added E0461. Added clarification of coverage for cluster headaches.
04/01/05	2 nd Quarter HCPCS coding update; added K0671 to coding section and Oxygen Reimbursement Table; removed S8121 from Oxygen Reimbursement Table.
01/01/06	Annual HCPCS coding update: replace K0671 with E1392.
04/15/06	Scheduled review (consensus review); no changes in coverage statement.
10/01/06	4 th HCPCS quarter coding update: added K0738.
08/15/07	Reviewed; add information regarding mini-concentrators; change coverage statement for lightweight oxygen tanks; reformatted guideline; revised reimbursement requirements; added Medicare Advantage Program Exception regarding home oxygen use and clinical trials; updated references.
01/01/09	Annual HCPCS coding update: added E1354, E1356, E1357, and E1358.
05/15/09	Scheduled review: no change in position statements; update Program Exceptions for Medicare Advantage products; references updated; formatting changes.
07/01/09	3 rd quarter HCPCS coding update: added K0740; added reimbursement statement for maintenance, repairs, replacements, and adjustments of oxygen equipment.
01/01/10	Annual HCPCS coding update: added E0433 to coding section and reimbursement matrix; revised descriptors for A0441, A0442, A0443, and A0444.
07/15/10	Revisions to Coding and Reimbursement sections and Oxygen Reimbursement Matrix; references updated.
11/15/10	Revisions consisting of formatting changes.
03/15/11	Revisions consisting of formatting changes.
07/01/11	3 rd Quarter HCPCS coding update: Added codes K0741 and K0742.
09/15/11	Revision; formatting changes. Revision; Reimbursement Table updated.
01/01/13	Annual HCPCS coding update: deleted K0741 and K0742.

04/01/13	Revision to add Program Exception for Medicare Advantage products.
01/01/14	Annual HCPCS coding updated: added E1352. Updated Program Exceptions section.
05/15/15	Revision; position statement section updated; formatting changes.
01/01/16	Annual HCPCS/CPT update; codes E0450 and E0461 deleted.
06/15/16	Revision; position statement section, reimbursement section, program exception and references updated.
03/05/18	Revision: Change to MCG number to align with MCG Number naming convention.
09/15/18	Review; Description, position statements, program exception, and references updated; reimbursement table maintained.
01/01/19	Annual CPT/HCPCS coding update. Added code E0447.
08/15/19	Review; Position statements, reimbursement table, and references updated.
10/15/20	Review; Position statements and oxygen reimbursement table maintained.
10/15/22	Review: Position statements updated; references updated.
09/15/24	Review: Informational note on airline travel added; program exception section and references updated.
03/15/26	Position statements maintained.

Oxygen Reimbursement Table			
HCPCS	Codes that CAN be paid with HCPCS in same billing period	Codes that CANNOT be paid in same billing period	Comments
Oxygen Rental Systems			
E0424	E0430, E0431, E0434, K0738	E0425, E0439, E0440, E0441, E0442, E0443*, E0444*, E1390, E1391, E1392, K0740, E0433, E0435	<ul style="list-style-type: none"> Rental includes contents Always use RR Only.
E0431	E0424, E0425, E0443*, E1390, E1391, E1392	E0430, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0444*, K0738, K0740	Always use RR – never NU.
E0434	E0424, E0425, E0439, E0442, E0444*, E1390, E1391, E1392	E0430, E0431, E0433, E0435, E0440, E0441, E0443*, K0738, K0740	Always use RR – never RU.
E0439*	E0433, E0434	E0424, E0425, E0430, E0431, E0435, E0440, E0441, E0442, E0443*, E0444*, E1390, E1391, E1392, K0738, K0740	Always use RR – never NU.
*Stationary or portable liquid oxygen systems (E0439, E0434) or stationary gaseous O2 system (E0424) should never be billed with stationary oxygen contents (E0442).			

*E0442 is denied if rental codes E0439, E0434 or E0424 are reimbursed during the same service period.

Oxygen Contents Codes

E0441	E0425, E0430	E0424, E0431, E0433, E0434, E0435, E0439, E0440, E0442, E0443*, E0444*, E1390, E1391, E1392, K0738, K0740	Never pay with a rental system or concentrator.
E0442	E0434, E0435, E0440	E0424, E0425, E0430, E0431, E0433, E0439, E0441, E0443*, E0444*, E1390, E1391, E1392, K0738, K0740	
E0443*	E0430, E0431	E0424, E0425, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0444*, E1390, E1391, E1392, K0738, K0740	
E0444*	E0434, E0435, E0440	E0424, E0425, E0430, E0431, E0433, E0439, E0441, E0442, E0443*, E1390, E1391, E1392, K0738, K0740	

*E0443 and E0444 are only used to report portable oxygen contents when no stationary gas or liquid system is rented (E0424, E0439) or owned (E0425, E0440).

Not payable if any stationary system is reimbursed during the same service period.

Oxygen Concentrator Codes

E1390	E0431, E0434, E1392, K0738	E0424, E0425, E0430, E0433, E0435, E0439, E0440, E0441, E0442, E0443*, E0444*, E1391, K0740	K0738 represents a portable, Transfill system which requires a stationary concentrator (E1390 & E1391) to be used in order to fill the O2 cylinders with oxygen.
E1391	E0431, E0434, E1392, K0738	E0424, E0425, E0430, E0433, E0435, E0439, E0440, E0441, E0442, E0443*, E0444*, E1390, K0740	K0738 represents a portable, Transfill system which requires a stationary concentrator (E1390 & E1391) to be used in order to fill the O2 cylinders with oxygen.

E1392	E0431, E0434, E1390, E1391	E0424, E0425, E0430, E0433, E0435, E0439, E0440, E0441, E0442, E0443*, E0444*, K0738, K0740	
Oxygen concentrators never need oxygen contents. Do not pay any oxygen contents unless other oxygen equipment is rented or purchased.			
Oxygen Trans-fill Systems			
E0433	E0425, E0439, E0440	E0430, E0431, E0434, E0435, E0441, E0442, E0443*, E0444*, E1390, E1391, E1392, K0738, K0740, E0424	Never pay with contents.
K0738	E0424, E0425, E1390, E1391	E0430, E0431, E0433, E0435, E0439, E0440, E0441, E0442, E0443*, E0444*, E1392, K0740	K0738 represents a portable, Transfill system which requires a stationary concentrator (E1390 & E1391) to be used in order to fill the O2 cylinders with oxygen.
Oxygen Equipment – Purchase Only Codes			
E0440	E0433, E0435, E0442, E0444*, K0740	E0424, E0425, E0430, E0431, E0434, E0439, E0441, E0443*, E1390, E1391, E1392, K0738	Always use NU – never RR.
E0435	E0440, E0442, E0444*, K0740	E0430, E0431, E0433, E0434, E0439, E0441, E0443*, E1390, E1391, E1392, K0738, E0424, E0425	Always use NU – never RR.
E0430	E0424, E0425, E0441, E0443*, K0740	E0431, E0433, E0434, E0435, E0439, E0440, E0442, E0444*, E1390, E1391, E1392, K0738	Always use NU – never RR.
E0425	E0430, E0431, E0433, E0434, E0441, K0738, K0740	E0424, E0439, E0440, E0442, E0443*, E0444*, E1390, E1391, E1392, E0435	Always use NU – never RR.
Oxygen Repair Codes			
K0740	E0425, E0430, E0435, E0440	E0424, E0431, E0433, E0434, E0439, E0441, E0442, E0443*, E0444*, E1390, E1391, E1392, K0738	

