



## Kaiser Foundation Health Plan of Washington

### Clinical Review Criteria Home Oxygen Therapy for Chronic Use

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### Criteria

#### For Medicare Members

Source	Policy
CMS Coverage Manuals	<a href="#">Medicare Claims Processing Manual Chapter 20, Section 30.6, Oxygen and Oxygen Equipment</a>
National Coverage Determinations (NCD)	<a href="#">Home Use of Oxygen (240.2)</a> <a href="#">Home Use of Oxygen in Approved Clinical Trials (240.2.1)</a>
National Coverage Analysis (NCA) – Decision Memo	<a href="#">Home Use of Oxygen and Home Oxygen Use to Treat Cluster Headaches (CAG-00296R2)</a>
Local Coverage Determinations (LCD)	<a href="#">Home Use of Oxygen and Oxygen Equipment (L33797)</a>
Local Coverage Article	<a href="#">Oxygen and Oxygen Equipment – Policy Article (A52514)</a>

#### For Non-Medicare Members

Kaiser Permanente has elected to use the Home Oxygen (KP-0343) MCG\* for medical necessity determinations. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.

**\*MCG are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

#### If requesting this service, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider and/or specialist (palliative care, primary care, pulmonary care)
- Most recent Pulse Oximetry documentation and/or most recent at rest &/or activity log

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

### Background

In 1986, Kaiser Foundation Health Plan of Washington experienced an increased use of home oxygen and could find no clinical evidence in patient charts that would support the use of oxygen. In addition, once a patient was placed on home oxygen, they were never re-tested to verify continued need of the treatment. In 1989, a task force was initiated to review use and develop clinical indications for use at Kaiser Permanente. The task force reviewed the current literature and adopted the Medicare home oxygen criteria. In addition, they defined several situations where exceptions would be appropriate. The program was initiated for review of all home oxygen requests, and to set up testing and re-testing programs. The program was submitted to Medicare for approval. Medicare not only approved it, but also adopted several of its most critical features such as the re-testing program.

### Applicable Codes

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

CPT® or HCPC Codes	Description
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
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
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

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).**

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Date Created	Date Reviewed	Date Last Revised
12/15/1985	09/07/2010 <sup>MDCRPC</sup> , 07/05/2011 <sup>MDCRPC</sup> , 05/01/2012 <sup>MDCRPC</sup> , 01/08/2013 <sup>MDCRPC</sup> , 11/05/2013 <sup>MPC</sup> , 09/02/2014 <sup>MPC</sup> , 07/07/2015 <sup>MPC</sup> , 05/03/2016 <sup>MPC</sup> , 03/07/2017 <sup>MPC</sup> , 11/06/2018 <sup>MPC</sup> , 11/05/2019 <sup>MPC</sup> , 11/03/2020 <sup>MPC</sup> , 11/02/2021 <sup>MPC</sup> , 11/01/2022 <sup>MPC</sup> , 11/07/2023 <sup>MPC</sup> , 02/13/2024 <sup>MPC</sup> , 02/04/2025 <sup>MPC</sup>	03/01/2022

<sup>MDCRPC</sup> Medical Director Clinical Review and Policy Committee

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
03/01/2022	Updated applicable codes

