

**Subject:** Durable Medical Equipment: Respiratory Devices

**Medical Policy #:** 4.3

**Status:** Reviewed

**Original Effective Date:** April 1999

**Last Review Date:** 09-27-2023

## Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

- Items that do not require Prior Authorization are subject to retrospective review and are only covered for the indications listed.
- All Durable Medical Equipment is subject to the limitations and exclusions of the member's specific benefit plan.

## Description

Durable Medical Equipment (DME) is defined as equipment which:

- Can withstand repeated use;
- *Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years;*<sup>7</sup>
- Is primarily and customarily used to serve a medical purpose;
- Generally, is not useful to a person in the absence of illness or injury; and
- Is appropriate for use in a patient's home, at school or at work.

DME can be rented or purchased, depending on the length of time the member will need the equipment, or if there must be frequent and substantial servicing in order to avoid risk to the patient's health. The decision whether to rent or purchase DME is made by Presbyterian Health Plan (PHP).

Other related Durable Medical Equipment (DME) medical policies:

- DME for Diabetic Equipment, MPM 4.4
- DME Miscellaneous, MPM 4.5
- DME for Orthotics and Prosthetics, MPM 4.6
- DME for Rehabilitation and Mobility Devices, MPM 4.2
- Osteogenic Bone Growth Stimulators, MPM 15.1

## Coverage Determination

PHP covers Durable Medical Equipment (DME) listed. For ALL Durable Medical Equipment (DME) listed in this MPM, PHP may or may not require Prior Authorization. Log on to Pres Online to verify and/or submit a request:

<https://ds.phs.org/preslogin/index.jsp>

- All items with or without Prior Authorization are subject to retrospective review and are only covered for the indications listed.
- All Durable Medical Equipment is subject to the limitations and exclusions of the member's specific benefit plan.

### Criteria for Respiratory Devices

#### I. Home Apnea Monitors for Infants:

**Prior Authorization/Benefit Certification is not required;** claims are subject to retrospective review and are only covered for the indications listed.

For **Commercial** members, Presbyterian uses MCG Criteria # A-0877. Due to contractual restrictions, providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

For **Medicaid**, PHP follows, [NMAC 8.324.5.12.C.7\(f\)](#) for Apnea.

#### II. Home Oxygen and Oxygen Equipment:

**Prior Authorization/Benefit Certification is not required;** claims are subject to retrospective review and are only covered for the indications listed.

**For Medicare, Commercial, and Medicaid:**

PHP follows LCD [L33797](#) Oxygen and Oxygen Equipment. Refer also to Policy Article ([A52514](#)).

PHP follows, [NCD 240.2.1](#) for Home Use of Oxygen in Approved Clinical Trials.

**For Medicaid:** see also section [NMAC Number 8.324.5.12.C.\(8 a-h\) for details](#).

- For Non-covered services, DME, oxygen and medical supplies see: NMAC, 8.324.5.15.C. or 8.301.3.15 NMAC for an overview. MAD does not cover duplicates of items, for example, a MAP eligible recipient is limited to one wheelchair, one hospital bed, **one oxygen delivery system**, or one of any particular type of equipment.

### III. **Oxygen for Cluster Type Migraine Headaches:**

**Prior Authorization/Benefit Certification is not required;** claims are subject to retrospective review and are only covered for the indications listed.

**For Medicare, Commercial and Medicaid:**

PHP will follow [NCD \(240.2\), Subsection D](#). As indicated in the retired [NCD Manual 240.2.2 Home Oxygen Use to Treat Cluster Head](#), coverage determinations will be allowed as described in Chapter 1, Section 240.2 (Home Use of Oxygen), Subsection D, of Publication 100-03 of the NCD Manual.

### IV. **Portable Oxygen Systems:**

**Prior Authorization/Benefit Certification is not required;** claims are subject to retrospective review and are only covered for the indications listed.

**For Medicare, Medicaid, and Commercial.**

PHP follows LCD ([L33797](#)) Oxygen and Oxygen Equipment and related policy article ([A52514](#)).

A patient meeting the requirements specified below may qualify for coverage of a portable oxygen system either (1) by itself, or (2) to use in addition to a stationary oxygen system. A portable oxygen system is covered for a particular patient if:

1. mobile within the home,  
**and**
2. the qualifying blood gas study was performed only while at rest (awake) or during exercise; but not during sleep.

**For Relocation and Travel** see LCA [A52514](#).

### V. **Oximetry:**

**Prior Authorization/Benefit Certification is not required;** claims are subject to retrospective review and are only covered for the indications listed.

**For Medicare, Medicaid, and Commercial.**

An oximeter device (E0445) is a monitor that measures the hemoglobin oxygen saturation using a non-invasive probe of the blood.

**Note:** In addition to CMS LCD coverage mentioned below, PHP covers continuous pulse oximeter for the following:

- Patients on mechanical ventilation
- Infants or children with bronchopulmonary dysplasia
- Premature infants being treated for apnea

For Oximetry testing, PHP follows Oxygen and Oxygen Equipment, LCD ([L33797](#)) and related article ([A52514](#)) For Oximetry services, PHP follows LCD ([L35434](#)) and related article ([A57205](#)), Oximetry Services.

For **Medicaid** see also [NMAC 8.324.5.13.D.\(2.g\)](#).

### VI. **Respiratory Assist Devices (RAD):**

**Prior Authorization is required for E0470 and E0471.** The related accessory codes do not require PA. Claims are subject to retrospective review and are only covered for the indications listed.

**For Medicare, Medicaid, and Commercial.**

PHP follows Respiratory Assist Devices, LCD [L33800](#) and related policy article ([A52517](#)).

Coverage criteria is specific for the following conditions for codes (E0470 and E0471):

1. Restrictive Thoracic Disorders;
  - a. Due to neuromuscular disease
  - b. Due to severe thoracic cage abnormalities
2. Severe COPD;
3. Central Sleep Apnea (CSA) OR Complex Central Sleep Apnea (CompSA) OR
4. Hypoventilation Syndrome.

**Exclusion:**

According to LCD ([L33718](#)), a bi-level positive airway pressure device with back-up rate (E0471) is not reasonable and necessary if the primary diagnosis is Obstructive Sleep Apnea (OSA). If an E0471 is billed with a diagnosis of OSA, it will be denied as not reasonable and necessary.

**See also DME, Positive Airway Pressure (PAP) and Oral Appliances for the Treatment of Obstructive Sleep Apnea, MPM 49.1 for codes E0470, E0471 and E0601.**

**VII. Home Ventilator (codes E0465, E0466 and E0467) with Noninvasive or Invasive Interfaces:**

**Prior Authorization is not required;** claims are subject to retrospective review and are only covered for the indications listed.

**For Medicare, Medicaid, and Commercial.**

PHP follows Respiratory Assist Devices [LCD L33800](#), (see section on Ventilators); and related policy article ([A52517](#)).

**VIII. Concurrent Use of Oxygen with PAP Therapy:**

**Prior Authorization is not required.**

**Coverage is for Medicare, Medicaid, and Commercial.**

PHP follows Oxygen and Oxygen Equipment, LCD ([L33797](#)) and Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea, LCD ([L33718](#)). To be considered for simultaneous use of home oxygen and oxygen equipment with a PAP device, all requirements in the “Coverage Indications, Limitations and/or Medical Necessity” sections of both Oxygen and Oxygen Equipment LCD ([L33797](#)) and Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea, LCD ([L33718](#)) must be met. See also [MPM 49.1](#).

**IX. High Frequency Chest Wall Oscillation Devices:**

**Prior Authorization is required for (code E0483).**

**Coverage is for Medicare, Medicaid, and Commercial.**

PHP follows CGS, LCD ([L33785](#)) High Frequency Chest Wall Oscillation Devices.

**Coding**

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

**HCPCS for Home Apnea Monitors for Infants**

HCPCS Codes	DME: Pediatric Home Apnea Monitors description
A4556	Electrodes, per pair
A4557	Lead wires, per pair
E0618	Apnea monitor, without recording feature
E0619	Apnea monitor, with recording feature

**HCPCS for Oxygen Equipment**

HCPCS Code	Oxygen and Oxygen Equipment/ Accessories for LCD ( <a href="#">L33797</a> ) & LCA ( <a href="#">A52514</a> )
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

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]

<b>HCPCS Code</b>	<b>Oxygen and Oxygen Equipment/ Accessories for LCD (L33797) &amp; LCA (A52514)</b>
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
E0445	Oximeter device for measuring blood oxygen levels non-invasively
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
E0447	Portable oxygen contents, liquid, 1 month's supply = 1-unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions. (E0447, E1405, and E1406 to HCPCS codes included in E0467)
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
A4606	Oxygen probe for use with oximeter device, replacement
A4608	Transtracheal oxygen catheter, each
A4615	Cannula, nasal
A4616	Tubing (oxygen), per foot
A4617	Mouth piece
A4619	Face tent
A4620	Variable concentration mask
A7525	Tracheostomy mask, each
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
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 adapter for portable concentrator, any type, replacement only, each

<b>CPT Codes</b>	<b>CPT for Oximetry Services for LCD (L35434)</b>
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations
94762	Noninvasive ear or pulse oximetry for oxygen saturation, by continuous overnight monitoring (separate procedure)

<b>CPT Codes</b>	<b>CPT for Oximetry Services for LCD (<a href="#">L35434</a>)</b>
For ICD -10 codes that support medical necessity for Oximetry Services, see related LCA ( <a href="#">A57205</a> )	

<b>HCPCS Codes</b>	<b>Respiratory Assist Devices LCD (<a href="#">L33800</a>) related article (<a href="#">A52517</a>)</b>
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
A4604	Tubing with integrated heating element for use with positive airway pressure device. **1 per 3 months
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each. **1 per 3 months
A7028	Oral cushion for combination oral/nasal mask, replacement only, each. **2 per 1 month
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair. **2 per 1 month
A7030	Full face mask used with positive airway pressure device, each. **1 per 3 months
A7031	Face mask interface, replacement for full face mask, each. **1 per 1 month
A7032	Cushion for use on nasal mask interface, replacement only, each. **2 per 1 month
A7033	Pillow for use on nasal cannula type interface, replacement only, pair. **2 per 1 month
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. **1 per 3 months
A7035	Headgear used with positive airway pressure device. **1 per 6 months
A7036	Chinstrap used with positive airway pressure device. **1 per 6 months
A7037	Tubing used with positive airway pressure device. **1 per 3 months
A7038	Filter, disposable, used with positive airway pressure device. **2 per 1 month
A7039	Filter, non-disposable, used with positive airway pressure device. **1 per 6 months
A7044	Oral interface used with positive airway pressure device, each
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each. **1 per 6 months
E0561	Humidifier, non-heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
For coding instruction for Respiratory Assist Devices, see related policy LCA ( <a href="#">A52517</a> ).	

<b>HCPCS Codes</b>	<b>Respiratory Assist Devices LCD (<a href="#">L33800</a>) or also see(<a href="#">A52467</a>)</b>
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions. The following individual items are included in the functionality of code E0467, it combines the function of a ventilator with those of any combination or all of the following: <ul style="list-style-type: none"> <li>• Oxygen equipment</li> <li>• Nebulizer and compressor</li> <li>• Aspirator (suction device)</li> <li>• Cough stimulator (multiple products)</li> <li>• Positive airway pressure devices (PAP and RAD)</li> </ul>

<b>HCPCS Codes</b>	<b>Respiratory Assist Devices LCD (<a href="#">L33800</a>) or also see(<a href="#">A52467</a>)</b>
	<ul style="list-style-type: none"> <li>• Custom fabricated oral appliances</li> </ul>
<b>HCPCS Codes</b>	High Frequency Chest Wall Oscillation Devices LCD ( <a href="#">L33785</a> ), related LCA ( <a href="#">A52494</a> )
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each

## Reviewed by / Approval Signatures

**Clinical Quality & Utilization Mgmt. Committee:** [Gray Clarke MD](#)

**Medical Director:** [Ana Maria Rael MD](#)

**Date Approved:** 09/27/2023

## References

1. [Medicare NCD Manual, Chapter 1, Part 4 \(Sections 200 – 310.1\) Coverage Determination](#) for: 240.2 Home Use of OXYGEN (Rev. 11263, Issued: 02-10-22, Effective: 09-27-21 Implementation: 06-14-22); 240.2.1 Home Use of Oxygen in Approved Clinical Trails (Rev. 57, Issued: 05-26-06; Effective: 03-20-06; Implementation: 10-03-06); 240.4 CPAP Therapy for OSA; 240.4.1 Sleep Testing for OSA, (Rev. 96, Issued: 10-15-08, Effective: 03-13-08, Implementation: 08-04-08) . Accessed 07/27/2023
  - a. NCD for Home Oxygen Use to Treat Cluster Headache (240.2.2), retired, see instead, [National Coverage Determination Manual, Ch 1, Part 4, Section 240.2, Subsection D](#) until the [NCD 240.2](#) is updated..
  - b. NCD for Home Use of Oxygen in Approved Clinical Trials (240.2.1).
2. CMS, LCD for Oximetry Services (L35434), effective Date: 10/17/2019, last updated 10/17/2019, R5; related article (A57205), last updated 10/01/2022, R4. Accessed 07/26/2023
3. New Mexico Human Services Department, Medical Assistance Division Program Policy Manual, Durable Medical Equipment, Oxygen and Medical Supplies, Prosthetics and Orthotics, Effective 1-1-2014. For New Mexico Covered/Non-Covered Durable Medical Equipment, NMAC Number 8.324.5 see section outlined. [Cited 06-27-2023]
4. Celerian Group Company (CGS), Durable Medical Equipment Medicare Administrative Contractor ([DME MAC A55426](#)), Standard Documentation Requirements for All Claims Submitted to DME MACs\_for Jurisdiction C, Updated Date: 01/01/2023, R19. [Accessed 07/21/2023]
5. CMS, Medicare Benefit Policy Manual, [Chapter 15](#), 110 Durable Medical Equipment – Rev. 11426, 05-20-22. Accessed 07/27/2023.
6. CGS, DME MAC J-C, Respiratory Assist Devices, LCD L33800, Revision History Date 08/08/2021, R8. Related article: A52517, Revision date 08/08/2021, R14. Accessed 07/26/2023
7. CMS, National Coverage Determination Manual, Durable Medical Equipment Reference List, NCD 280.1. Effective Date of this version 05/16/2023, R3. [Cited 07/25/2023]
8. MCG, Home Apnea Monitor. ACG: A-0877, Ambulatory Care 27th Edition. Last Update: 06-27-2023 [Cited 07/21/2023]
9. MCG, Oxygen Therapy, Continuous and Non-Continuous: Home (DME). ACG: A-0343 (AC), Ambulatory Care 27th Edition. Last Update: 06/27/2023 Accessed 07/25/2023.
10. CGS Celerian Group Company, DME Oxygen and Oxygen Equipment, LCD (L33797) – Revision Effective Date: 04/01/2023 , #R11, -related Policy Article (A52514), revision history date 08/02/2020, R15. Accessed 07/21/2023 CGS, Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea, revision date 09/27/2021, R10. [Cited 07/27/2023]
11. CGS, LCD (L33785) High Frequency Chest Wall Oscillation Devices, Revision date 10/01/2022, R10. Related LCA (A52494), Revision date: 05/04/2023, R18. [Cited 10/24/2023]

## Publication History

06-23-10	Annual Review and Revision
08-24-11	Annual Review and Revision
01-29-14	Annual Review
09-28-16	Annual Review
11-28-18	Annual Review
09-25-19	Annual Review to update HCPCS and diagnosis. Included Home Ventilator with Noninvasive or Invasive Interfaces from LCD L33800; also added Concurrent Use of Oxygen with PAP Therapy using both LCD L33718 and L33797. Updated all hyperlinks to all LCDs.
11-18-20	Annual Review. Reviewed by PHP Medical Policy Committee, review completed on 12/09/2020. The following 9 items were reviewed. All links were updated for each item; and each item were updated for which product lines were covered and all items will continue to not require prior authorization. <u>Home Apnea Monitors for Infants:</u> No longer required to request a PA if the Apnea monitor is needed for additional 6 months. Commercial continue to follow MCG A-0877 and Medicaid continues to follow NMAC 8.324.5.12.C.(f). <u>Home Oxygen and Oxygen Equipment:</u>

PHP continues to follow LCD L33797 and NCD (240.2) for Medicare and Commercial and Medicaid continues to follow NMAC Number 8.324.5

Oxygen for Cluster Type Migraine Headaches:

Commercial and Medicaid members will now follow MCG A-0343. The old criteria removed and replaced. The use of oxygen for treatment of cluster headache member must be on preventive headache therapy, such as verapamil. Also, participation in the clinical trial for cluster HA will now be for Commercial and Medicaid, not just for Medicare members; and will continue to follow LCD (L33797).

Portable Oxygen Systems:

Continue to follow LCD (L33797) or NCD (240.2) for all LOB.

Relocation and Travel will continue to follow LCA A52514.

Added two additional codes E0467 and K0739

Oximetry Services:

Continue to follow CMS LCD (L35434) and A57205 for all LOBs. Add that electronic monitoring device and oxygen saturation, is for Medicaid only and will follow NMAC 8.324.5.13.D.(2g)

Respiratory Assist Devices:

Continue to follow Respiratory Assist Devices LCD L33800 for all LOB.

Home Ventilator with noninvasive or invasive Interfaces:

Continue to follow NCD 280.1 and/or LCD L33800 for Ventilators for all LOB. Added home ventilator codes E0465 and E0466.

Positive Airway Pressure (PAP) Devices for Treatment of OSA

Continue to follow LCD L33718 for PAP for all LOBs.

Concurrent Use of Oxygen with Pap Therapy:

Continue to follow LCD - L33797 or L33718 (which are identical) for all LOB.

09-22-21

Annual review. Reviewed by Medical Directors on 09-07-2021. Continue no PA requirement for all nine items. Unrelated codes K0739 and A4575 removed.

Home Apnea Monitors for Infants:

Commercial continue to follow MCG A-0877. Medicaid continue to follow NMAC 8.324.5.12.C.(f).

Home Oxygen and Oxygen Equipment:

Medicare and Commercial continue to follow LCD L33797 and NCD (240.2). Medicaid continue to follow NMAC Number 8.324.5

Oxygen for Cluster Type Migraine Headaches:

Commercial and Medicaid continue to follow MCG A-0343 for treatment of cluster headaches. Medicare, Commercial and Medicaid continue to follow LCD (L33797) for cluster headaches.

Portable Oxygen Systems:

Continue to follow LCD (L33797) or NCD (240.2) for all LOB.

Oximetry Services:

Continue to follow CMS LCD (L35434) and A57205 for all LOBs. For electronic monitoring device and oxygen saturation, is for Medicaid only and will follow NMAC 8.324.5.13.D.(2g)

Respiratory Assist Devices:

Continue to follow Respiratory Assist Devices LCD L33800 for all LOB. Added information on sleep test requirement.

Home Ventilator with noninvasive or invasive Interfaces:

Continue to follow NCD 280.1 and/or LCD L33800 for Ventilators for all LOB.

Positive Airway Pressure (PAP) Devices for Treatment of OSA

Continue to follow LCD L33718 for PAP for all LOBs.

Concurrent Use of Oxygen with Pap Therapy:

Continue to follow LCD - L33797 or L33718 (which are identical) for all LOB.

09-28-22

Annual review. Reviewed by Medical Directors on Aug 09, 2022. Continue no PA requirement for all eight items

Home Apnea Monitors for Infants:

Continue to follow MCG A-0877 for commercial. Medicaid continue to follow NMAC 8.324.5.12.C.(f). Continue no PA requirement.

Home Oxygen and Oxygen Equipment:

Medicare and Commercial continue to follow LCD L33797. No longer referencing NCD 240.2 since Novitas mentions home oxygen therapy in L33797. Medicaid continue to follow NMAC Number 8.324.5. Continue no PA requirement.

Oxygen for Cluster Type Migraine Headaches:

Commercial and Medicaid continue to follow MCG A-0343 for treatment of cluster headaches. For Medicare, Commercial and Medicaid continue to follow LCD (L33797). Continue no PA requirement.

Portable Oxygen Systems:

Continue to follow LCD (L33797) for all LOB. NCD 240.2 is removed. Removed criteria language for relocation and travel, and only provide weblink to (LCA A52514). Continue no PA requirement.

Oximetry:

Removed "Service" from title. Add to follow LCD (L33797) and LCA (A52514) for oximeter device and continue to follow CMS LCD (L35434) and A57205 for oximetry services for all LOBs. The coverage determination guideline language removed from policy and reformatted to only include LCD/LCA weblinks. Reformatted to say, "for Medicaid see also NMAC 8.324.5.13.D.(2g)". Continue no PA requirement.

Respiratory Assist Devices:

Continue to follow Respiratory Assist Devices LCD L33800 for all LOB. The coverage determination guideline language removed from policy and reformatted to only include LCD/LCA weblinks. No longer referencing NCD 240.4.1, since same coverage details are mentioned in LCD L33800. Add to see also DME, Positive Airway Pressure (PAP) and Oral Appliances for the Treatment of Obstructive Sleep Apnea, MPM 49.1 for codes E0470, E0471 and E0601. Continue no PA requirement.

Home Ventilator with noninvasive or invasive Interfaces:

Continue to follow the Ventilator section of the LCD L33800 for code E0465, E0466 and E0467. Removed LCA A52467 and now following LCA A52517. The two LCAs are identical thus no change. Removed NCD 280.1 since the same coverage details are outlined in LCD L33800. Continue no PA requirement.

Positive Airway Pressure (PAP) Devices for Treatment of OSA

Removed item from policy, see DME, Positive Airway Pressure (PAP) and Oral Appliances for the Treatment of Obstructive Sleep Apnea, MPM 49.1 developed on 03/23/2022. Continue no PA requirement.

Concurrent Use of Oxygen with Pap Therapy:

Continue to follow LCD - L33797 and L33718 for all LOB. The coverage determination guideline language removed from policy and reformatted to only include LCD/LCA weblinks. Continue no PA requirement.

Throughout policy replaced "Centennial" with "Medicaid".

09-27-23

Annual review. Reviewed by PHP Medical Policy Committee on 07/25 and 07/26/2023. Added the following newly updated language from: 42 CFR §414.202 regarding "DME defined as equipment" "*Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years;*" found in Durable Medical Equipment Reference List, National Coverage Determination 280.1.

Home Apnea Monitors for Infants: No change. Commercial continue to follow MCG A-0877. Medicaid continues to follow NMAC 8.324.5.12.C.7(f)

Home Oxygen and Oxygen Equipment: No change. Medicare, Medicaid and Commercial continue to follow LCD L33797 and A52514. Correction: Added Medicaid should also be included to follow LCD (L33797), which was erroneously left out. Medicaid continue to follow NMAC Number 8.324.5. Continue no PA requirement. Reformatted to say, "for Medicaid see also NMAC 8.324.5.13.D.(2g)." Added, we follow NCD 240.2.1 for Home Use of Oxygen in approved Clinical Trial. Continue no PA requirement.

Oxygen for Cluster Type Migraine Headaches: Removed the criteria that said to follow MCG A-0343 for treatment cluster headaches therapy. This is removed because it is no longer relevant since Cluster HA is no longer part of a clinical trial. Change: As indicated in the retired NCD Manual 240.2.2 Home Oxygen Use to Treat Cluster Head, effective September 27, 2021, CMS has ended Coverage with Evidence Development (CED), the coverage determinations will be allowed as described in Chapter 1, Section 240.2 (Home Use of Oxygen), Subsection D, of Publication 100-03 of the NCD Manual. For Medicare, Commercial and Medicaid will now follow NCD-240.2, Subsection D. Continue no PA requirement.

Portable Oxygen Systems: No change. Continue to follow LCD (L33797) and related article LCA (A52514) for all LOB. Continue no PA requirement.

Oximetry: For **oximetry testing**, continue to follow LCD (L33797) and related article (A52514) for all LOB. Added the word "*testing*" to this section which was erroneously left out. The **oximetry services**, continue to follow LCD (L35434) and LCA (A57205). Medicaid will continue to also see NMAC 8.324.5.13.D.(2g). Continue no PA requirement for codes: 94760, 94761 and 94762.

Respiratory Assist Devices: Continue to follow Respiratory Assist Devices LCD (L33800) and related article LCA (A52517) for all LOB. Added language pertaining to listing of conditions found in LCD, "*RAD (E0470, E0471) is covered for one of the following clinical disorders: restrictive thoracic disorders (i.e., neuromuscular diseases or severe thoracic cage abnormalities), severe chronic obstructive pulmonary disease (COPD), CSA or CompSA, or hypoventilation syndrome*" as described within LCDs (L33800). Added exclusion language found in LCD for E0471 when billed for primary condition of OSA and referenced LCD (L33718). Clarifying language added to separate the devices vs accessories: Updated policy to say RAD devices E0470 and E0471 require PA, since these codes require PA. Also, added the related accessory codes do not require PA.

Home Ventilator with noninvasive or invasive Interfaces: Continue to follow the Ventilator section of the Respiratory Assist Devices, LCD (L33800) and related LCA (A52517) for codes (E0465, E0466 and E0467) for LOB. Correction: removed the wrong title "Positive Airway Pressure (PAP) Devices for the Treatment of OSA" that was linked erroneously to the related policy article (A52517) of LCD (L33800). Continue no PA requirement.

Concurrent Use of Oxygen with Pap Therapy: Continue to follow LCD (L33797) and LCD (L33718) for all LOB. Updated language found in LCD regarding the "simultaneous use of home oxygen and oxygen



equipment with a PAP device all requirements found in both LCDs would need to be met.”

**Update on 10/25/2023:** Added code E0483 to follow CGS, LCD (L33785) High Frequency Chest Wall Oscillation Devices and related LCA (A52494). Code will continue to require PA.

*This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.*

*For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)*

**Web links:**

*At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.*

*When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.*