

COMMERCIAL REIMBURSEMENT POLICY

Oxygen Aiding Equipment

Active

Section: DME
Policy Number: 002
Effective Date: 06/03/24

Description

This policy addresses coding and reimbursement for oxygen aiding equipment submitted on a professional (837P) claim.

Definitions

Blue Cross and Blue Shield of Minnesota (Blue Cross) defines oxygen and oxygen aiding equipment as the following items:

- Oxygen
- Ventilators
- Negative-Pressure Ventilators
- Oximeters
- Large-Volume Air Compressors
- Airway-Pressure Monitors (excluding CPAP)
- Oxygen Concentrators and Oxygen Conservers
- Humidifiers that are heated, and used with positive airway pressure devices

Policy Statement

Oxygen aiding equipment is reimbursed on either a rental or purchase basis.

The following items are rental only:

- Ventilators
- Large-Volume Air Compressors
- Respiratory Assist Devices (excluding CPAP)
- Oxygen Concentrators and Oxygen Conservers
- Oxygen Systems

Oxygen contents will be reimbursed separately when the patient owns an oxygen system or rents or owns only a portable oxygen system.

Rental of the oxygen stationary systems (E0424, E0439, E1390, E1391) includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. Oxygen contents should not be billed separately because they are included in the rental amount for the system.



If a patient is renting both a stationary **and** portable system (E0431, E0434) the same guidelines apply.

Oximeters (E0445)

Oximeters are noninvasive devices used to measure oxygen levels in the blood. Blue Cross will reimburse hospital grade devices in the home for a rent-to-own period of 10 months or purchase. Consumer grade (over the counter) oximeters will be reimbursed for purchase only using code E1399 with an NU modifier and narrative included on the claim.

Oximeter Probes (A4606)

Replacement probes will not be reimbursed separately during the 10-month rental period. Upon purchase, two non-disposable probes per year or five disposable probes per month will be reimbursed.

Humidifier (E0562)

Rental will be limited to a 10-month rent-to-own period.

These devices are not separately reimbursed in a facility setting.

Portable Oxygen Billing

The units billed for the following codes (E0443, E0444, E0447) should never exceed one (1) per one-month-date range based on the code narrative.

In addition to the oxygen contents only codes, the equipment rental or purchase fees are billed separately, as appropriate, with the corresponding gaseous or liquid system code (E0430, E0431, E0434, E0435).

Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.



All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: RR NU
ICD-10 Diagnosis: N/A
ICD-10 Procedure: N/A
CPT/HCPCS: A4606
 E0424 E0430 E0431 E0433 E0434 E0435 E0439
 E0443 E0444 E0445 E0447 E0562 E1390 E1391
 E1399
Revenue Codes: N/A

Policy History

06/09/2016	Initial Committee Approval
03/20/2018	Annual Policy Review and Code Update
10/26/2021	Annual Policy Review and Code Update
01/01/2023	Code Update
04/01/2023	Code Update
07/25/2023	Annual Policy Review
05/28/2024	Annual Policy Review

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